MPhA
MARYLAND PHARMACISTS ASSOCIATION

Date: March 4, 2026
To: The Honorable Heather Bagnall, Chair, House Health Committee
From: Aliyah N. Horton, FASAE, CAE, Executive Director, 240-688-7808
Cc: Members, House Health Committee
Re: **FAVORABLE – HB 1150** Health Occupations – Pharmacists – Minor Conditions and HIV Prevention and Treatment

The Maryland Pharmacists Association (MPHA) and the Maryland Pharmacy Coalition (MPC) recommend a **FAVORABLE report on HB 1150 Health Occupations – Pharmacists – Minor Conditions and HIV Prevention and Treatment.**

NOTE: We fully advocate the bill as introduced. However, we have worked with the Board of Pharmacy and other stakeholders to address concerns that have been raised. We support the amendments that have been submitted by De. Kerr.

Approximately 14 of Maryland's 24 counties are federally designated Health Professional Shortage Areas (HPSAs), and another 8 are partial HPSAs — meaning 22 of 24 counties are affected by provider shortages.[1] Maryland does not have enough primary care access points. Utilizing pharmacists is one of the fastest ways to responsibly expand capacity without building new clinics or significantly increasing state spending.

Many Maryland counties have appointment delays exceeding weeks and emergency room wait times are some of the highest in the country. Our primary care shortages are real. Whether they are staffing a community or ambulatory care pharmacy or embedded in a clinic, pharmacists can extend physician capacity without competing in complex patient care.

CMS Administrator Dr. Mehmet Oz emphasized workforce expansion and enabling clinicians — including pharmacists — to practice at the top of their license as an important part of the Rural Health Transformation Program.[2] Maryland can take lessons learned of more than 30 states that authorize pharmacists to utilize point-of-care tests to diagnose minor conditions and dispense medications. Evidence reviews and international evaluations show pharmacist prescribing for minor ailments and pharmacy-based test-and-treat programs provide safe, clinically appropriate care without increased adverse outcomes.[3]

Point-of-care tests (POCT) proposed in this bill are:

- CLIA-waived
- Low risk
- High specificity
- Protocol-driven
- Paired with clear inclusion/exclusion criteria
- Backed by referral requirements for red flags.

[1] Cicero Institute, "Maryland Physician Shortage Facts," *Cicero Institute*, accessed February 10, 2026, https://ciceroinstitute.org/research/maryland-physician-shortage-facts/

[2] Centers for Medicare & Medicaid Services (CMS). *Rural Health Transformation (RHT) Program Overview* (describing workforce development and providers practicing at the top of their license). CMS.gov. https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview.

[3] Ali A*, Mishra S*, Waddell K, Ciurea P, Cura J, Dass R, Sivanesanathan T, Alam S, Goodale G, Grewal E, MacLean Y, Phelps A, Bhuiya AR, Whitelaw H, Bustamante D, Wilson MG. Rapid evidence synthesis: Impacts of pharmacist prescribing on the equity-centred quadruple-aim outcomes. Hamilton: McMaster Health Forum, 24 July 2025.

Additional provisions in the bill include authorization for pharmacists to provide HIV testing and prescribing of HIV PEP and PrEP because they represent safe, evidence-based strategies to expand timely access to prevention services. Maryland continues to see hundreds of new HIV diagnoses each year, with disproportionate impact in jurisdictions such as Baltimore City and Prince George's County. Pharmacists are often available evenings and weekends without an appointment and are well-positioned to initiate post-exposure prophylaxis within the critical 72-hour window and to expand access to ongoing PrEP prevention. CDC clinical guidance clearly outlines protocols for screening, testing, and follow-up. Department of Health protocols will ensure appropriate referral and continuity of care.

Authorizing pharmacists to conduct HIV testing and to provide PEP and PrEP does not replace physicians; it creates another access point that helps close prevention gaps. Evidence from pharmacist-led programs demonstrates strong safety outcomes, high patient engagement, and increased uptake of prevention services. This is another opportunity to leverage pharmacists, as existing, highly trained professionals, to reduce new infections and improve public health outcomes.

Do Pharmacists want this? YES!

375 pharmacies in Maryland currently hold CLIA-waivers to perform these tests. This is not a novel concept. The goal is to enable pharmacists to fully use the tools they already have. National surveys of pharmacists show overwhelming professional support for expanding clinical services like point-of-care testing — with more than 80% agreeing POCT advances the profession and improves patient care, and roughly three-quarters of pharmacy professionals say they want to expand their clinical role.[4]

Clinical service expansion often increases professional satisfaction. Pharmacists know that practice expansion means disruption and workflow redesign. It requires scope change, regulatory updates, practice and process transformation. Maximizing resources for better health outcomes requires the legislature to be forward-thinking and recognize that pharmacists, patients, and payors must evolve together to expand access, improve equity, and deliver care closer to where people live.

Attached to my testimony, please find the following additional materials:

A. Infographic - Pharmacist Provide Access to Care – Test and Treat

B. Fact Sheet - Myth vs. Fact: Pharmacy-Based Test and Treat

This document expounds upon the following topics from a national perspective with research/study citations.

- Pharmacists training
- Studies on pharmacist testing and treatment services
- Diagnostic integrity of point-of-care testing
- Public support and interest in pharmacy-based clinical services
- Pharmacist/pharmacy accessibility
- Insurance coverage
- Pharmacist capacity
- Fragmented care
- Patient privacy

[4] Gallimore CE, Porter AL, Barnett SG, Portillo E, Zorek JA. A state-level needs analysis of community pharmacy point-of-care testing. *J Am Pharm Assoc.* 2021;61(3):e93-e98. doi:10.1016/j.japh.2020.12.013

Maryland Pharmacists Association
The Maryland Pharmacists Association (MPhA), established in 1882, is the only state-wide professional society representing all practicing pharmacists, student pharmacist and pharmacy technicians. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland Pharmacists and promote excellence in pharmacy practice.

Maryland Pharmacy Coalition (MPC) provides a forum for discussion and understanding between Maryland's professional pharmacy associations on issues impacting the practice of pharmacy and the public's health.

Full Members

- American Society of Consultant Pharmacists – Maryland Chapter
- Maryland Pharmaceutical Society
- Maryland Pharmacists Association
- Maryland Society of Health System Pharmacists
- University of Maryland Baltimore School of Pharmacy Student Government Association
- University of Maryland Eastern Shore School of Pharmacy Student Government Association
- Notre Dame of Maryland University School of Pharmacy Student Government Association

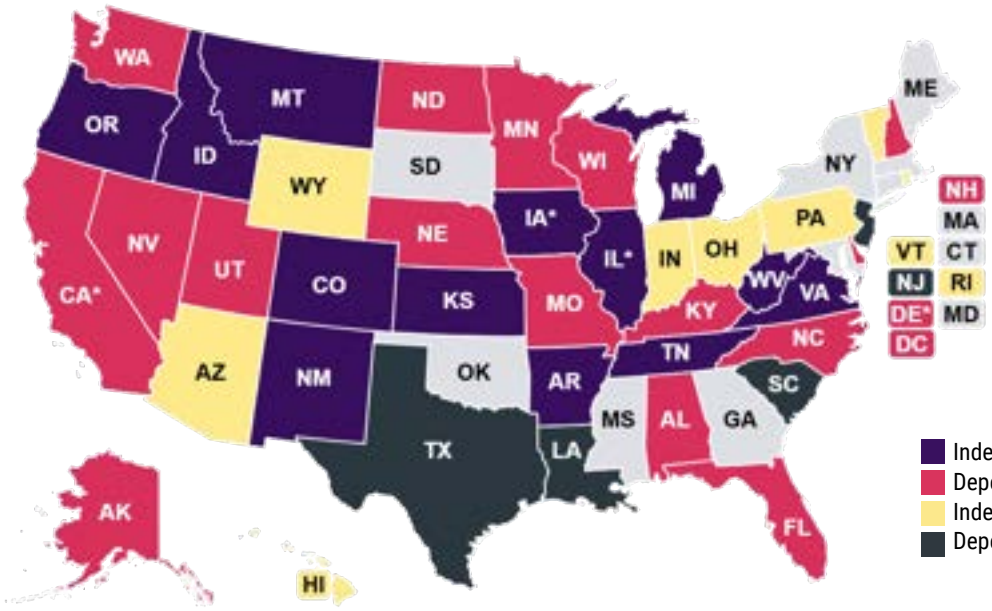
Affiliate Members (non-voting)

- University of Maryland Baltimore School of Pharmacy
- University of Maryland Eastern Shore School of Pharmacy
- Notre Dame of Maryland University School of Pharmacy
- Maryland Association of Chain Drug Stores

PHARMACISTS PROVIDE ACCESS TO CARE

TEST & TREAT

ACROSS THE COUNTRY



LEARN MORE

- Independent test & treat authority for at least 1 condition
- Dependent test & treat authority for at least 1 condition
- Independent testing only for at least 1 condition
- Dependent testing only for at least 1 condition

View additional details at naspa.us/testandtreat

ACCESS TO TEST & TREAT SERVICES

140%

From 2019 to 2024, the use of CLIA-waived tests in pharmacies increased by **140%**, leading to better access for these valuable patient care services.[1]

Pharmacists and pharmacies are increasingly offering test and treat **public health services** to promote prevention, early detection, and disease management.
Patients are referred when appropriate.

Common Pharmacy-Based CLIA-Waived Tests

COVID-19	UTI
Strep	STI
Flu	HIV
RSV	& more

IN THE STATES

42 states & DC

Authorize pharmacists to order and administer CLIA-waived tests.

Authorize pharmacists to prescribe treatment based on the results of a point-of-care test.

30 states & DC

LEARN MORE

State pharmacy associations across the country offer the NASPA POCT Certificate Programs, equipping pharmacists with the skills to test & treat for flu, strep, COVID-19, and more.

Based on research by the National Alliance of State Pharmacy Associations (NASPA) as of July 2025.

YOUR CARE COALITION
Expanding Access THROUGH Pharmacy Services

Myths vs. Facts: Pharmacy-Based "Test and Treat"

Myth: Pharmacists are not sufficiently trained to administer point-of-care tests, conduct patient assessments, nor initiate treatment for common health conditions.

Fact: Pharmacists are clinically trained healthcare professionals who, in addition to serving as medication experts, are educated to order and administer tests and manage treatments for common conditions.

> Since 2004, all entry-level pharmacists graduate with a Doctor of Pharmacy degree, completing a robust curriculum that prepares pharmacists to provide direct patient care, clinical assessments, and evidence-based treatment and management of a wide variety of health conditions.[i] In fact, more than half of the national licensing exam for entry-level pharmacists is focused on obtaining, interpreting, and assessing medical data and patient information, and developing and managing treatment plans.[ii] Additionally, point-of-care tests are often used in both medical offices and pharmacies, and these tests, by definition, are so simple that there is little risk of error.[iii] In initiating any treatments based on test results, pharmacists strictly adhere to evidence-based protocols that reflect the latest clinical guidelines, and as medication experts, are well prepared to manage drug therapy, including any drug interactions.

Myth: Pharmacist testing and treatment services have not been previously studied or implemented.

Fact: For more than a decade, pharmacists in the United States have increasingly provided testing and treatment services.[iv,v]

> In fact, the use of CLIA-waived tests in pharmacies has grown by 140% since 2019, given the essential need for more accessible testing services during the recent public health emergency where pharmacies provided more than 42 million COVID-19 tests. [vi,vii] Further, a wide array of pharmacy-based testing and treatment or referral services have been proven safe and effective, including for influenza, strep throat, blood glucose, HIV, hepatitis C, latent tuberculosis, and more.[viii,ix,x,xi] For example, a study analyzing community pharmacist testing and treatment services tested 273 patients for strep throat, of which 46 patients tested positive and received the appropriate treatment. At follow-up, almost 94% of patients that tested positive reported feeling better, and patients that reported feeling worse were referred to additional care. Also, of those tested, more than 43% did not have a primary care provider.[xii]

Myth: Allowing pharmacists to initiate treatment based on test results could lead to misdiagnosis and mistreatment.

Fact: Pharmacists administer the same high-quality tests used across healthcare settings with robust quality control measures, low user error, and simple-to-read results.[iii]

Pharmacists closely follow the testing manufacturer's instructions for administering tests and reading the results. When initiating treatment based on test results, pharmacists adhere to current, evidence-based clinical guidelines that reflect the most appropriate treatment. In fact, research indicates that pharmacists more strictly follow clinical prescribing guidelines compared to other healthcare providers.[xiii]

In addition to performing a test, pharmacists often conduct other assessments to ensure the most appropriate treatment or referral is provided. These assessments may include a patient interview about their symptoms, a brief physical exam, or a vital signs check. In fact, when a pharmacist's assessment indicates that something more serious may be going on, the pharmacist will refer the patient to higher levels of care, such as the emergency room or their medical provider, as appropriate.

Myth: The public would not seek testing and treatment of common health conditions at pharmacies.

Fact: The public has become even more accustomed to receiving clinical care from their local pharmacist in recent years, including testing and treatment services.

In fact, 58% of Americans are likely to visit a pharmacy first when faced with a non-emergency medical issue and 81% say they trust a pharmacist to diagnose minor illnesses and prescribe medications to treat them.[xiv] Also, more than 70% of Americans believe that it is important for pharmacists to test and treat common illnesses and minor conditions like flu and strep throat.[xv] For example, in a study of people who received testing and treatment services from a pharmacist, 98% were satisfied with the care provided and stated they would use it again.[xvi] Research indicates that when pharmacists offer testing and treatment, over a third of people who utilize the service may not have access to a primary care provider, and almost 40% visit the pharmacy outside of usual medical office hours.[xvii]

Today, more than 100 million Americans do not have a primary care provider, nearly a third of the U.S. population. Without sufficient access to primary care, people may forgo evaluation and treatment for common conditions, which threatens the health of communities, and ultimately contributes to worse health outcomes and higher healthcare costs. Pharmacists providing testing and treatment services can help extend the reach of primary care to close access gaps, while also supporting effective referrals and linkages to primary care and follow-up.

Myth: Pharmacists are not as accessible as other healthcare providers for testing and treatment services.

Fact: With 60,000+ community-based pharmacies across the country, nearly half of Americans live within 1 mile of pharmacy, while 89% live within 5 miles, and 97% live within 10 miles.[xviii]

Pharmacies frequently offer extended hours beyond the typical nine-to-five weekday schedule, providing additional care opportunities after work and school hours. In fact, pharmacies are visited 10 times more frequently than the average patient's primary care provider.[xix] Additionally, 85% percent of adults in the U.S. say pharmacists are easy to access.[16]

Pharmacies are sometimes the only healthcare provider within reach in some rural and underserved communities and allow for more accessible care for those who may have limited mobility or face transportation challenges, such as seniors. Studies show that Medicare patients visit pharmacies significantly more often than primary care providers – 13 visits per-year compared to seven visits per-year. In rural communities, the difference is more significant – 14 visits compared to five visits annually.[xx] By providing "Test-and-Treat" services in pharmacies, people can more easily receive timely care. Also, pharmacy-based testing and treatment services streamline access for people to receive both testing and treatment in one place, instead of going to one healthcare location for the test and then to the pharmacy to pick up their treatment.

Myth: Insurance covers healthcare services provided by pharmacists.

Fact: Unlike services provided by other healthcare professionals, clinical services provided by pharmacists, like testing and treatment, are rarely a covered benefit by health plans, despite evidence on the safety and effectiveness of pharmacist-provided care.

Lacking insurance coverage for pharmacist services ultimately limits public access to receive essential and timely care services at their local pharmacy. Importantly, a significant majority of Americans (71%) support insurers paying pharmacists adequately for testing and initiating treatment for various health conditions, recognizing the importance of these services for improved public health, and the need for sustainable reimbursement.

In alignment with the goals of health plans to facilitate cost-effective healthcare, pharmacist-provided clinical services have been proven to reduce downstream, preventable healthcare costs.[xxi,xxii] Pharmacy interventions provided during the recent public health emergency alone averted more than 1 million deaths, prevented more than 8 million hospitalizations, and saved $450 billion in healthcare costs.[xxiii] When it comes to pharmacist testing and treatment for common conditions, early and timely treatment of these conditions can shorten the duration of symptoms and reduce the risk of additional health complications, preventing unnecessary and costly hospitalizations.[xxiv]

Myth: Pharmacists do not have enough time to offer more services, like testing and treatment.

Fact: Many pharmacists are eager to engage more directly with patients, in fact, a recent survey found that 81% of pharmacists want to expand their clinical services.[xxv]

Notably, a majority of the respondents said the biggest barrier to offering more clinical services beyond the traditional pharmacy care services is due to the lack of payment for these services – not a lack of capacity to take on additional responsibilities. Also, pharmacies have continued to update their systems and processes, where possible, to free up pharmacists' time to provide clinical services. This includes shifting more prescription dispensing responsibilities to remote pharmacy teams, utilizing new technology solutions, and leveraging the expertise of pharmacy technicians to perform more tasks that do not require the clinical skills of pharmacists. In fact, research on expanded technician duties, such as final product verification, has demonstrated meaningful opportunity to distribute more pharmacist time to providing more clinical services.[xxvi, xxvii]

Myth: One-off visits with a pharmacist don't provide an opportunity for follow-up care nor collaboration with the patient's other healthcare providers.

Fact: People visit pharmacies 10 times more often than other healthcare providers,[22] providing ample opportunities for follow-up care. In published examples of pharmacist testing and treatment, follow up is a common practice, typically within 24-48 hours.[xxviii,xxix]

Also, when providing testing and treatment services, pharmacies often share information with the patient's medical provider, if the patient has one. In fact, while the majority of people (60%) use only one pharmacy,[xxx] the average person sees 18 different doctors in their lifetime[xxxi] and about 30% of seniors see 5 or more doctors.[xxxii] Therefore, in some instances, the pharmacy may have the most comprehensive understanding of the patient's medical picture based on the medications being prescribed by different prescribers. This is especially true because there are documented gaps in communication between specialists and primary care providers.[xxxiii] In fact, challenges with data interoperability and communication are prevalent across healthcare in general, and are not unique to pharmacy-based care.

Further, research supports pharmacists' ability to identify health care needs and provide successful referrals and linkage to care when additional care is needed.[xxxiv,xxxv,xxxvi] For example, in a study of 55 community pharmacies providing testing and treatment for flu, pharmacists performed 75 tests and among them, 8 people (11%) tested positive and were provided appropriate treatment. At the initial visit, 4 patients were instructed to seek additional care based on the pharmacist's assessment and clinical judgement. These patients were successfully reached at follow-up and reported the following: one diagnosis of pneumonia, one diagnosis of bronchitis, and two antiviral prescriptions for flu. The patients also reported feeling better due to the pharmacist's referral. In addition, pharmacists successfully followed up with 79% of all tested patients within 48 hours of the initial visit and 78% of those reached reported feeling better.[xxxvii]

Myth: Pharmacies do not offer the privacy necessary to provide testing and treatment services.

Fact: Pharmacies have long adhered to strict privacy rules required since 2003 under the Health Insurance Portability and Accountability Act (HIPAA) regulations to protect patient health information.

In implementing "test-and-treat" programs, pharmacies ensure that test results and patient assessments are conducted in a private manner and that patient data is securely stored and shared only in accordance with healthcare privacy laws. Increasingly, pharmacies are designating space for private rooms near the pharmacy to conduct patient assessments, tests, vaccinations and other healthcare services. For example, in a study evaluating a pharmacist-led HIV pre-exposure prophylaxis (PrEP) program, patients who completed the 6-month visit survey indicated a high level of satisfaction (>95% very satisfied) with the privacy of conversation with the pharmacist.[xxxviii]

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[iii] Clinical Laboratory Improvement Amendments (CLIA) How to Obtain a CLIA Certificate of Waiver. https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf
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