2026 SESSION
MARYLAND BOARD OF PHARMACY
POSITION PAPER

BILL NO:	**HB 1527 – COMPLEMENTARY AND ALTERNATIVE HEALTH CARE – PRACTICE AUTHORIZED (COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE ACT)**
COMMITTEE:	**Health Committee**
POSITION:	**Letter of Opposition**

TITLE: HB 1527 – COMPLEMENTARY AND ALTERNATIVE HEALTH CARE – PRACTICE AUTHORIZED (COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE ACT)

BILL ANALYSIS : The primary purpose of the bill is authorizing individuals to practice a wide range of alternative health services – such as acupressure, aromatherapy, and herbology – without a state-issued license or certification.

POSITION AND RATIONALE:

INTRODUCTION

The Maryland State Board of Pharmacy (the "Board of Pharmacy") respectfully submits this letter of opposition to House Bill 1527, the Complementary and Alternative Health Care Practice Act. The Board is charged by the General Assembly with protecting Maryland residents and promoting quality health care in the field of pharmacy through licensing, standard-setting, and enforcement. See *Md. Cod Ann. Health Occ.*. § 12-101 *et seq.* HB 1527 would fundamentally undermine those protections by creating a broad exemption from occupational licensure for practitioners who may, in the course of their "complementary or alternative health care" practice, dispense, recommend, prepare, or administer substances that are subject to rigorous pharmaceutical oversight under existing Maryland and federal law.

The Board does not take a position on the philosophical merits of complementary or alternative medicine in general. Rather, the Board's opposition is grounded in concrete patient safety concerns, the potential for regulatory conflict with the Maryland Pharmacy Act, and the absence of accountability structures to protect Maryland Consumers from harm.

BACKGROUND

HB 1527 would authorize any individual to practice "complementary or alternative health care" in Maryland without obtaining a license, certification, or other authorization otherwise required under the Health Occupations Article. The bill establishes some requirements and limitations on that practice and provides that certain provisions do not waive specified claims for relief. However, the bill's licensing exemption is broad, its definitions are undefined in the Health Occupations Article, and its consumer protection mechanisms fall short of the standards applied to licensed health care practitioners.

The Maryland Pharmacy Act defines the "practice of pharmacy" to include, among other activities, the dispensing, administering, and compounding of drugs, and the provision of drug therapy management services. *Md. Cod Ann., Health Occ.* § 12-101(n). Complementary and alternative health care practitioners commonly recommend, prepare, and administer herbal remedies, homeopathic preparations, dietary supplements in therapeutic doses, and other substances that may interact with prescription medications or produce direct pharmacological effects. These activities can constitute the practice of pharmacy under existing Maryland law, yet HB 1527 would remove them from Board oversight.

OPPOSITION

I. The Bill Creates Dangerous Ambiguity Regarding Dispensing and Drug-Related Activities

HB 1527 does not define with precision what activities constitute "complementary or alternative health care," nor does it specify what substances such practitioners may handle. This ambiguity is not merely theoretical. Across the county, practitioners operating under "health freedom" or unlicensed practice exemptions have been found recommending and selling substances in therapeutic doses - including compounded botanical preparations, homeopathic injectables, and herbal tinctures - that clearly constitute drugs under federal and Maryland law.

The Maryland Pharmacy Act establishes a comprehensive framework for the safe handling of drugs, including requirements for pharmacists' oversight, accurate labeling, quality controls, patient counseling, and record-keeping. These requirements exist to protect patients from medication errors, adulteration, contamination, and harmful drug interactions. HB 1527, as drafted, would exempt entire categories of practitioners from this framework without establishing equivalent consumer protection.

II. **The Bill Undermines Drug Interaction and Patient Safety Oversight**

Maryland's pharmacy licensure system requires pharmacists to screen for drug-drug interactions, contraindications, and therapeutic duplications before dispensing medications, whether prescription or over the counter. Unlicensed practitioners operating under HB 1527 would have no obligation to access, review, or coordinate with a patient's existing medication profile. This is not a theoretical risk; well-documented interactions exist between commonly used herbal

supplements - including St. John's wort, ginkgo biloba, and high-dose fish oil - and prescription medications used to treat cancer, epilepsy, cardiovascular disease, and organ transplant rejection. (Izzo & Ernst, 2012)

Exempting practitioners who handle these substances from the pharmacist oversight and drug therapy management requirements of the Health Occupations Article exposes Maryland patients to foreseeable harm that the existing regulatory framework is specifically designed to prevent. The Board urges the Committee to consider whether the absence of any drug interaction screening requirement in HB 1527 is consistent with the General Assembly's stated commitment to protecting Maryland consumers.

III. The Bill Lacks Adequate Consumer Disclosure and Accountability Mechanisms

The Board acknowledges that HB 1527 includes some disclosure requirements and limitations. However, disclosure alone is an insufficient substitute for licensure in the health care context. Licensed pharmacists and pharmacy technicians are subject to: continuing education requirements; competency examinations; Board disciplinary jurisdiction; mandatory reporting obligations; professional liability standards; and the full range of administrative and criminal sanctions available under the Maryland Pharmacy Act. HB 1527 provides none of these protections for consumers who receive complementary or alternative care.

Patients seeking alternative health care services are often among the most vulnerable members of the public: those with serious illnesses who have not responded to conventional treatment, elderly individuals, and people who struggle with understanding health information. These populations deserve robust, not diminished, regulatory protection. Disclosure requirements that place the burden of self-protection on vulnerable patients are inadequate substitutes for the accountability structures embedded in Maryland's professional licensing framework.

IV. The Bill Creates Regulatory Conflict with Federal Law and the Maryland Pharmacy Act

The Federal Food, Drug, and Cosmetic Act (the "FDCA") and the Drug Supply Chain Security Act (the "DSCSA") impose comprehensive requirements on the handling, labeling, and distribution of drugs, including dietary supplements used in therapeutic applications. Maryland's own Pharmacy Act implements and supplements these federal protections. HB 1527 does not address how practitioners operating under the proposed exemption are to comply with the FDCA labeling requirements, DSCSA track-and-trace requirements for prescription products, or Maryland's controlled dangerous substance regulations.

The Board is concerned that, as written, HB 1527 could expose Maryland to federal preemption challenges, and could create a population of practitioners who are functionally dispensing drugs under state-law impunity while remaining subject to federal enforcement. This bifurcated enforcement landscape serves neither patients nor legitimate practitioners.

It is for these reasons that the Board respectfully requests that the Committee return an unfavorable report on HB 1527.

References Cited

Izzo, A. A., & Ernst, E. (2012, October 10). Interactions Between Herbal Medicines and Prescribed Drugs. *Drugs*, pp. 2163-2175. doi:https://doi.org/10.2165/00003495-200161150-00002