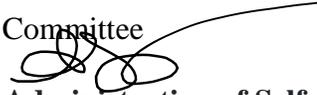




DATE: January 20, 2021
TO: The Honorable Shane Pendergrass, Chair
Members, Health and Government Operations Committee
FROM: Aliyah N. Horton, CAE, Executive Director 
RE: **SUPPORT – House Bill 135 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications**

GOAL:

Utilize pharmacists to fill critical care and medication adherence gaps for chronic conditions.

HISTORY:

This is the third generation of this legislation. It was introduced in 2019 session and was unanimously passed by the House of Delegates in 2020. We believe there was enough momentum and consensus that the bill would have ultimately passed had we not had to contend with the early adjournment of the General Assembly due to COVID-19.

During the last three years, the bill has been substantially modified and narrowed in scope to address stakeholder concerns, from the both provider and patient advocacy communities.

Those modifications include:

- narrowed scope focused on long-acting injectable maintenance medications for the following conditions/needs:
 - Psychiatric conditions;
 - Substance abuse;
 - Contraception; and
 - Vitamin deficiencies
- removal of biologics and infusions
- requirement that prescribers administer the first dose, unless they explicitly indicate otherwise
- Regulations must be developed in conjunction with the Board of Physicians, Board of Nursing and Board of Pharmacy.

PROBLEM - Patients are challenged in accessing medication and its related administration services:

1. ACCESS - Medication may be picked-up in a pharmacy, but the patient has to go to a clinic or find a healthcare provider to have it administered, where there may encounter traveling and scheduling challenges.
2. CONVENIENCE - Patients who are unable to receive their medication injections conveniently are at risk of lower adherence, which results in lack of medication effectiveness and ultimately, increased healthcare costs.
3. ADHERENCE - Difficulties with medication adherence, issues with medication access and lack of knowledge of medication lead to non-adherence.

SOLUTION - Allow pharmacists to administer injectable maintenance medications to address care adherence and convenience gaps for chronic conditions.

The legislation seeks to:

- address healthcare gaps that can be filled with pharmacist expertise;
- empower and better utilize the skills of the pharmacist members of the health care team to get the best patient outcomes; and
- facilitate pharmacists' work with patients to increase medication adherence, increase care provider access and maximize the benefits of medicines, while lowering overall costs from medication underuse and misuse.

WHY? - Pharmacists are the most accessible healthcare provider. They offer knowledgeable, accessible and personal care to patients, improving quality of care and patient experiences

- *The New York Times*, article "*The Cost of not Taking your Medicine,*" (04/17/2017) discussed the "out of control epidemic" in the U.S. that costs more and affects more people in the U.S. than any disease - medication non-adherence. A review in the *Annals of Internal Medicine* estimates that a lack of adherence causes nearly 125,000 deaths, 10 percent of hospitalizations and costs the healthcare system between \$100–\$289 billion a year.
- 46 states allow pharmacists to administer medications beyond vaccines.
- The bill is consistent with the recommendations of the report, "State Policy Recommendations for Pharmacist Administration of Medications." The stakeholder group that authored the report included National Alliance on Mental Illness, American Psychiatric Association, American Nurses Association, US Public Health Service, National Association of State Mental Health Program Directors, National Association of Board of Pharmacy, Substance Abuse, Mental Health Services Administration and National Council of Behavioral Health, as well as other state and national pharmacy organizations.

See attached statement is from one of the participant/authors of the report Brian M. Hepburn, M.D., Executive Director, National Association of State Mental Health Program Directors.

- **Pharmacists are by no means a replacement for physicians.** Each has a substantive and significant role to play in adherence and this bill enhances the communication between the patient, prescriber and pharmacist.
- **Pharmacists are valuable partners in health care** and should be utilized in diverse ways to help provide care and alleviate the state's overburdened health-care system.
- **Pharmacists are medication experts and are focused on getting the medications right.** The pharmacists' role is to determine exactly what medications and supplements a patient is taking; ensure that the patient is taking them as intended; and that they are meeting goals of therapy, while monitoring for drug interactions and adverse effects.

We believe this is a strong step toward filling patient care gaps that will lead to better healthcare outcomes for Maryland residents MPhA urges a favorable report of HB 135.

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The Honorable Shane E. Pendergrass
Chair, Health and Government Operations Committee
Lowe House Office Building, Room 241
Annapolis, Maryland 21401

Support: HB 135 Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications (SB 084)

Dear Chair Pendergrass and Members of the Committee:

As a psychiatrist and as Chief Executive Officer of the National Association of State Mental Health Program Directors (NASMHPD), I again offer a letter of support for HB 135 - Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications. I was pleased that the House passed this important piece of Legislation during the last session, but disappointed that bill was a casualty of early adjournment due to the pandemic. In fact, the pandemic helped prove the need for this bill. As most travel immunization clinics closed and many prescribers moved to telemedicine, access to long acting injectable medications was adversely impacted. It became more and more difficult for patients to stay on their medication. While most pharmacies were still open, pharmacists in Maryland were not able to help these patients, because pharmacists could not legally administer their medications.

In 2016, I had the opportunity to represent directors of state mental health programs at a national summit meeting regarding this topic of pharmacist administration of injections along with colleagues from the American Psychiatric Association and the federal Substance Abuse and Mental Health Services Administration. Through the interactions at this meeting and my previous interactions with pharmacists as the former Director of Maryland's Mental Hygiene Administration, I am convinced that administration of long-acting antipsychotic injections (LAIs) by pharmacists in the community is safe and can improve access to care for individuals with severe mental illness (SMI) who require these medications. The recommendations resulting from this national summit and the language in HB 135 and SB 084 ensure that this process can proceed in a manner that preserves existing prescriber-patient relationships and promotes the public health.

Throughout my career, I have worked with pharmacists who have a strong interest in promoting the public health through access to important underutilized treatments for patients with SMI. Just as pharmacists have expanded access to immunizations and are currently staffing COVID-19 vaccine clinics, they can expand access to other important medications. LAIs can help ensure that patients who don't always take their medications as prescribed receive it. These medications are an important strategy to prevent patient relapses, consumption of emergency resources and costly hospital readmissions. In cases in which we are unsure of how to change medication because of questionable adherence to prescribed regimens, their use guarantees that we know what patients are receiving so that we can adjust doses wisely. In cases where patients may try to manage their doses of oral medication by adjusting their medication on their own, LAIs prevent toxicity.

However, the use of LAIs is challenging. They each differ in their storage requirements, administration techniques and administration schedules. Psychiatrists rarely have appropriate refrigeration or storage in their offices and do not uniformly employ nurses who could administer these medications. These medications are expensive and physicians are not experienced in managing cash flow for expensive medications or inventory. Psychiatrist offices may be distant from a patient placing a burden on patient support systems for transportation while most people are in closer proximity to a pharmacy. Pharmacies are open for longer hours than physician offices adding to patient convenience and allowing patients to work or attend day treatment programs. In order to address these challenges, 46 states have provisions to permit this practice and further the public's health.

HB 135 requires appropriate education and training and promotes a dialog between pharmacist and prescriber as recommended at the aforementioned national summit. It enlists the participation of nursing and physician colleagues in establishing appropriate regulations. In these days of growing interprofessional collaboration, it expands our health care teams.

I hope you will accept my recommendations as well as the national recommendations to expand the pharmacist's scope of practice to include administration of injectable medications to increase patient access to vital treatment.

Sincerely,

A handwritten signature in black ink that reads "Bill Hepburn". The signature is written in a cursive, flowing style.

Executive Director
National Association of State Mental Health Program Directors(NASMHPD)
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