

January 14, 2021

The Honorable Shane E. Pendergrass  
Health and Government Operations Committee  
House Office Building, Room 241  
6 Bladen Street  
Annapolis, MD 21401

**Support: HB135 (SB084) Pharmacists – Administration of Maintenance Injectable Medications**

Dear Chair Pendergrass and Members of the Committee:

Thank you for the opportunity to submit this letter in support of HB135 (SB084) providing pharmacists with the opportunity to administer maintenance injectable medications. I am a board certified psychiatric pharmacist, a professor at the University of Maryland School of Pharmacy (secondary appointment Professor School of Medicine) and a past president of the College of Psychiatric and Neurologic Pharmacists. I was pleased to address your committee in the past, when they passed previous versions of this bill.

Last spring, the pandemic shuttered travel injection clinics, closed ambulatory care centers and caused many prescribers to shift to telemedicine. Yet, most pharmacies remained open. I received numerous calls from colleagues in psychiatry wanting to know if I had any idea how patients requiring maintenance injections could receive them. A normal backup plan would be to send patients to an urgent care center, the emergency room or a hospital based clinic, but hospitals were overwhelmed treating coronavirus and were not suitable sites for those who were healthy. Urgent care clinics were reluctant to administer maintenance medications for patients whom they were not previously following. In most other states, patients could have received these medications in pharmacies. However, not in Maryland. Instead, patients missed medication or had to travel long distances on public transportation. Some health systems spent hours in the middle of a pandemic to put together contingency plans. We were told that some patients decompensated and ended up being admitted to the hospital due to lack of medication access.

Even in normal times, the need for easily accessible medication administration is especially important in behavioral health. Studies have demonstrated that long acting antipsychotics administered every two weeks, monthly or even every three months can reduce the likelihood of relapse for patients with serious mental illnesses. They can also reduce the need for

emergency services and hospital admissions due to failure to take medication.

Furthermore, these medications can be challenging to use. Some require special storage not available in many psychiatrist's offices. Many psychiatrists do not employ nurses to administer medications. These medications are expensive and may require an investment in money to stock in an office or clinic or in time to manage inventory and manufacturer administered patient assistance programs. Finally, psychiatrists are often in short supply.

In December 2016, a national summit was held in Alexandria, Virginia to develop recommendations for pharmacist administration of medications. In addition to representatives from pharmacy organizations, the participants included representatives from the American Psychiatric Association, the US Public Health Service, the American Nurses Association, the National Council for Behavioral Health and the National Alliance on Mental Illness (NAMI). Importantly, the meeting was attended by the medical director of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the CEO of the National Association of Mental Health Program Directors, the organization representing the directors and medical directors for mental health from all 50 states.

This summit concluded “. . . that pharmacists should be authorized to administer any medication, pursuant to a valid prescription and proper training.” They recommended a series of other provisions related to training, policies and procedures that are reflected in HB135. These include safeguards to require that medication be administered only pursuant to a prescriber's order and to ensure ongoing communication with the prescriber.

I hope that you will increase access to medication for Maryland residents and consider issuing a favorable report on HB135.

Sincerely,

A handwritten signature in black ink that reads "Raymond C. Love, PharmD". The signature is written in a cursive, flowing style.

Raymond C. Love, PharmD, BCPP, FASHP