



January 20, 2021

The Honorable Shane E. Pendergrass  
House Health & Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

RE: Support – HB 135: Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medication

Dear Chairman Pendergrass and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support House Bill 135: Pharmacists - Administration of Self-Administered Medications and Maintenance Injectable Medications (HB 135) as many of our patients would benefit from better access to long-acting maintenance medications that treat conditions such as schizophrenia, bipolar disorder, or substance use disorder.

Currently, a pharmacist can administer flu shots and other vaccines. HB 135 seeks to expand a pharmacist's ability to administer injections of prescriptions that MPS's and WPS's members prescribe, such as haloperidol, risperidone, and naltrexone (Vivitrol). Access to maintenance injectables would hopefully avoid patient relapse due to nonadherence to their medications.

If passed, MPS and WPS acknowledge that the Maryland Department of Health will have to develop robust regulations around pharmacist training to include screening for Neuroleptic malignant syndrome (NMS), Tardive dyskinesia (TD), and dystonia before the shot. In addition, MPS and WPS believe that for some drugs, there should be a time window between the physician's last clinical assessment and the shot administration by the pharmacist. For example, clozapine has clinical checkpoints when attempting to mitigate the effects of schizophrenia over time. MPS looks forward to being a part of that regulatory discussion.

For all the reasons stated above, MPS and WPS ask the committee to give HB 135 a favorable report.



If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee