Maryland-DC Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

HB 838 SUPPORT
State Board of Pharmacy - Prescriber-Pharmacist Agreements
Health Committee Hearing February 25, 2026

Buprenorphine is the only medication affected by HB 838 (because methadone for OUD is not prescribed, and is not dispensed in pharmacies). Pharmacist collaboration appears to reduce barriers to this life-saving treatment.

HB 838 MAY ADDRESS A MAJOR BARRIER TO OVERDOSE DEATH PREVENTION

Buprenorphine (and methadone) are the only treatments of any kind that have been shown to reduce overdose deaths, [1, 2] but access is woefully limited. The fact that only 7.6% of primary care physicians have prescribed buprenorphine [3] is a major barrier where pharmacist collaboration may help. Barriers are even worse for non-white individuals; over 95% of office visits for buprenorphine were for White patients.[4] **Removing barriers and encouraging buprenorphine prescribing were followed within four years by a 79% drop in opioid overdose deaths in France.** [5]

BUPRENORPHINE IS A UNIQUELY SAFE OPIOID:

Buprenorphine, a "partial opioid," is uniquely safe in comparison to almost all other opioids ("full opioids"). It is scheduled in Category III by the DEA, unlike almost all other opioids which are in Category II. Unlike full opioids, which have famously led to an epidemic of opioid use disorder (OUD) and overdose, buprenorphine alone is not known to cause either of these; in fact, it treats OUD.

UNDER THESE AGREEMENTS, MARYLAND PHARMACISTS WORK CLOSELY WITH PRESCRIBERS:

At least 10 states allow pharmacists to prescribe controlled substances under collaborative practice agreements as of 2023.[6] However, under current Prescriber-Pharmacist Agreements in Maryland, pharmacists do not prescribe.[7] Instead, pharmacists "order" or "order under collaborative agreement" (i.e., under a Prescriber-Pharmacist Agreement).[8]

These agreements require a detailed "protocol" indicating the circumstances under which changes in dose, initiation and discontinuation of medication can be ordered. These protocols are described in Article – Health Occupations §12–6A–01, (f) and (g). The protocol must be "disease-state specific," must

be agreed upon by the authorized prescriber and the pharmacist, and the authorized prescriber must be "involved directly in patient care."

Published studies of prescriber-pharmacist agreements for buprenorphine treatment have shown high rates of success. In one there was over 90% retention, and 95% of subjects who completed all visits had no opioids in their drug screens. Over 90% endorsed that they were "very satisfied with their experience" and that "treatment transfer from physician's office to the pharmacy was not difficult at all," and "holding buprenorphine visits at the same place the medication is dispensed was very or extremely useful/convenient." [9] A pilot study conducted by investigators at the University of Maryland School of Pharmacy was similarly promising.[10] ASAM, the American Society of Addiction Medicine supports expanding collaborative practice agreements for addiction medications. [11]

Respectfully,
Joseph Adams, MD, FASAM, addiction & internal medicine, Co-Chair, MDDCSAM Public Policy Committee, Chair, MedChi Opioid, Pain & Addiction Committee

REFERENCES

1. According to the Director of the National Institute on Drug Abuse, "methadone … and buprenorphine have proven to be life-savers … enabling [patients] to live healthy and successful lives, and facilitating recovery… The efficacy of MOUD has been supported in clinical trial after clinical trial, and is considered the standard of care in treatment of OUD, whether or not it is accompanied by some form of behavioral therapy." Five Areas Where "More Research" Isn't Needed to Curb the Overdose Crisis. August 31, 2022
   By Dr. Nora Volkow, Director of NIDA, the National Institute of Drug Abuse
   https://bit.ly/Volkow-areas-where-more-research-not-needed
2. Annotated bibliography of published articles on opioid use disorder treatment
   StopStigmaNow.org https://www.stopstigmanow.org/research-articles/
3. McGinty EE, et al. Medication for Opioid Use Disorder: A National Survey of Primary Care Physicians."
   Ann Intern Med. 2020 Apr 21;173(2):160–162.
4. Lagisetty, P., Ross, R., Bohnert, A. et al. Buprenorphine Treatment Divide by Race/Ethnicity and Payment. JAMA Psychiatry. May 2019.
5. Fatseas M., Auriacombe M.: Why buprenorphine is so successful in treating opiate addiction in France. Curr Psychiatry Rep 2007; 9 (5): pp. 358-364.
6. Adams JA, et al., Opportunities for pharmacist prescriptive authority of buprenorphine following passage of the Mainstreaming Addiction Treatment (MAT) Act. J Am Pharm Assoc (2003). 2023 Sep-Oct;63(5):1495-1499.
7. The fact that a pharmacist does not "prescribe" in this agreement is made clear in Article - Health Occupations §12–6A–01: "Authorized prescriber" means a licensed physician, licensed podiatrist, or certified advanced practice nurse with prescriptive authority…."
8. Personal communication, February 2026, with Bethany DiPaula, Pharm.D., BCPP, FASHP, FAAPP,
   Professor and Co-Director, Mental Health Program, University of Maryland School of Pharmacy
9. Li-Tzy W, et al. Buprenorphine physician-pharmacist collaboration in the management of patients with opioid use disorder: Results from a multisite study of the National Drug Abuse Treatment Clinical Trials Addiction. 2021 Jan 11;116(7):1805–1816.

10. DiPaula BA, Menachery E. Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients. J Am Pharm Assoc (2003). 2015 Mar-Apr;55(2):187-92.
11. ASAM Public Policy Statement: 'The Role of Pharmacists in Medications for Addiction Treatment' July, 2024 https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2024/07/22/the-role-of-pharmacists-in-medications-for-addiction-treatment