March 17, 2026

The Honorable Heather Bagnall
Chair, House Health Committee
Maryland House of Delegates
241 Taylor House Office Building
Annapolis, Maryland 21401

Dear Chair Bagnall,

On behalf of the Maryland Dermatologic Society and the more than 17,500 U.S. members of the American Academy of Dermatology Association, we oppose HB 1150, which would allow pharmacists to diagnose and treat patients, and prescribe medications and devices, effectively practicing medicine. Pharmacists are essential members of the health care system; however, authorizing pharmacists to practice medicine jeopardizes patient safety and will lead to increased health care costs.

The language in HB 1150 allowing for treatment of "skin conditions" and conditions that "do not require a new diagnosis" or "are minor and generally self-limiting" could encompass serious skin conditions or even skin cancer. Pharmacists and other individuals who do not have the extensive knowledge and expertise in cutaneous medicine, surgery, and pathology may mistakenly diagnose various forms of skin cancer as warts) or other harmless skin conditions. For example:

- The diagnosis of and treatment for allergic contact dermatitis is incredibly complex. Dermatologists complete a detailed patient history and clinical

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examination to accurately identify which one or more of the 15,000 potential allergens to include in a patch test.

- Squamous cell carcinoma (SCC) is a common type of potentially serious skin cancer. SCC of the skin can look very similar to a harmless wart. Many SCCs can be successfully treated when diagnosed early; however, if SCCs grow into deeper layers of the skin and spread to other areas of the body, it can be life-threatening.
- Dry patches of irritated skin or eczema can resemble basal cell carcinoma (BCC), the most common type of skin cancer. An untreated BCC can grow deep into the skin and destroy areas of the body such as the nose and the ear. The cancer cells can develop into large tumors and possibly reach the bone. This can require extensive surgery which, for some people, may be disfiguring.
- Malignant melanoma of the foot can be misdiagnosed as a wart. Melanoma is the deadliest form of skin cancer. While it is highly treatable when detected early, advanced melanoma can spread to the lymph nodes and internal organs and can be fatal.

There are enormous differences between pharmacy and medical education. Board-certified dermatologists diagnose and treat over 3,000 different diseases and conditions. Our members see patients of all ages, from newborns to the elderly. Board-certified dermatologists undertake a minimum of 8 years of exhaustive medical education and training (4 years of medical school, 1 year of internship, 3 years (minimum) of dermatology residency), during which they complete 12,000 to 16,000 hours of direct patient care, before they can practice independently. A physician's medical education includes a comprehensive understanding of multiple organ systems, which allows them to order and interpret tests within the context of a patient's overall health condition.

In contrast, pharmacists attend four years of pharmacy school, which includes 1,700 hours of practice experience. Pharmacists are trained to function as the medication expert within a collaborative health care team. Pharmacy school does not prepare pharmacists to develop the clinical judgment to diagnose or develop a treatment plan.

Further, the physician-patient relationship differs from the relationship patients have with pharmacists. A pharmacist does not have access to the patient history or ability to provide a thorough evaluation of the patient, followed by the necessary patient monitoring.

We appreciate the opportunity to comment on this legislation and urge members of the House Committee on Health to oppose HB 1150. For further information, please contact Russ Kujan, executive director for the Maryland Dermatologic Society, at rkujan@medchi.org.

Sincerely,

Sean Z. Wu, MD, FAAD
President
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