

Chapter 150

(Senate Bill 257)

AN ACT concerning

Task Force to Study Access to Pharmacy Services in Maryland

FOR the purpose of establishing the Task Force to Study Access to Pharmacy Services in Maryland; providing for the composition, chair, and staffing of the Task Force; prohibiting a member of the Task Force from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Task Force to study and make recommendations regarding certain matters; requiring the Task Force to report its findings and recommendations to the Governor, the Health Services Cost Review Commission, the President of the Senate, the Speaker of the House, and certain committees of the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to the Task Force to Study Access to Pharmacy Services in Maryland.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

- (a) There is a Task Force to Study Access to Pharmacy Services in Maryland.
- (b) The Task Force consists of the following members:
 - (1) two members of the Senate of Maryland, appointed by the President of the Senate;
 - (2) two members of the House of Delegates, appointed by the Speaker of the House;
 - (3) one member of the State Board of Pharmacy, appointed by the Secretary of Health and Mental Hygiene;
 - (4) one member of the State Board of Physicians, appointed by the Secretary of Health and Mental Hygiene;
 - (5) one representative of the Maryland Medical Assistance Program, appointed by the Secretary of Health and Mental Hygiene; ~~and~~
 - (6) one member of the State Board of Dental Examiners, appointed by the Secretary of Health and Mental Hygiene;

(7) one representative of the Maryland Behavioral Health Administration, appointed by the Secretary of Health and Mental Hygiene; and

~~(6)~~ (8) the following members, appointed by the Governor:

(i) one representative of the Maryland Society of Health System Pharmacies;

(ii) one representative of the Maryland Pharmacists Association;

(iii) one representative of the ~~National~~ Maryland Association of Chain Drug Stores;

(iv) one representative of the Maryland Hospital Association;

(v) one representative of MedChi, The Maryland State Medical Society;

(vi) one representative of the Maryland Chapter of the Society of Hospital Medicine;

(vii) one representative of the mobility unit of the Maryland Transit Administration; ~~and~~

(viii) one consumer member;

(ix) one representative of the Maryland DC Society of Clinical Oncology;

(x) one representative of the Maryland Dental Society;

(xi) one representative of the Maryland State Dental Association;

(xii) one representative of a federally qualified health center;

(xiii) one representative of an independent retail pharmacy; ~~and~~

(xiv) two representatives of health insurance carriers doing business in the State; and

(xv) one representative of the Pharmaceutical Research and Manufacturers of America.

(c) The Governor shall designate the chair of the Task Force.

(d) The Department of Health and Mental Hygiene shall provide staff for the Task Force.

(e) A member of the Task Force:

(1) may not receive compensation as a member of the Task Force; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The Task Force shall:

(1) study the availability of pharmacy services for patients when they are discharged from the hospital;

(2) identify any barriers or obstacles facing patients when they are discharged from the hospital that may prevent them from filling prescription orders;

(3) ~~compile best practices used around the State to facilitate access to pharmacy services~~ information on best practices, programs, and community pharmacist services used around the State and nationally to provide and to facilitate access to pharmacy services, including community pharmacy medication therapy management services;

(4) explore transition of care and care coordination efforts by hospital staff and direct acute care pharmacists that connect patients with needed pharmacy services after discharge from the hospital;

(5) consider geographic differences in the State relating to access to pharmacy services;

(6) receive public testimony from stakeholders and the public;

(7) recommend strategies to reduce disparities in access to pharmacy services; and

(8) recommend the adoption of regulations by the Department of Health and Mental Hygiene that are consistent with the efforts of the State to redesign the State's Medicare waiver.

(g) On or before ~~June 1, 2015~~ December 31, 2014, the Task Force shall report its findings and recommendations to the Governor, the Health Services Cost Review Commission, and, in accordance with § 2-1246 of the State Government Article, the President of the Senate, the Speaker of the House of Delegates, the Senate Budget and

Taxation Committee, the Senate Finance Committee, the House Appropriations Committee, and the House Health and Government Operations Committee.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2014. It shall remain effective for a period of 1 year and 1 month and, at the end of June 30, 2015, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Approved by the Governor, April 14, 2014.