

**Department of Legislative Services**  
Maryland General Assembly  
2014 Session

**FISCAL AND POLICY NOTE**  
**Revised**

Senate Bill 257

(Senator Kelley, *et al.*)

Finance

Health and Government Operations

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**Task Force to Study Access to Pharmacy Services in Maryland**

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This bill establishes the Task Force to Study Access to Pharmacy Services in Maryland to study the availability of pharmacy services for patients when they are discharged from the hospital. By December 31, 2014, the task force must report its findings and recommendations to the Governor, the Health Services Cost Review Commission, the presiding officers, and specified committees of the General Assembly. The Department of Health and Mental Hygiene (DHMH) must provide staff for the task force.

The bill takes effect June 1, 2014, and terminates June 30, 2015.

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**Fiscal Summary**

**State Effect:** Minimal increase in general fund expenditures for DHMH in FY 2015 only for administrative expenses associated with the task force. Staffing can be provided using existing budgeted resources.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** The 25-member task force includes 2 members of the Senate and 2 members of the House of Delegates. The Governor must designate the chair of the task force. A member of the task force may not receive compensation but is entitled to reimbursement for expenses.

The task force must (1) study the availability of pharmacy services for patients when they are discharged from the hospital; (2) identify barriers or obstacles facing such patients; (3) compile information on best practices, programs, and community pharmacist services used around the State and nationally; (4) explore transition of care and care coordination efforts that connect patients with pharmacy services after discharge; (5) consider geographic differences 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 DHMH that are consistent with the efforts of the State to redesign the State's Medicare waiver.

**Background:** Hospital discharge can be a difficult transition of care, particularly for older and sicker patients. Noncompliance with discharge instructions, including prescription medications, increases the potential for hospital readmission. Some individuals, due to illness, disability, geography, lack of resources, or other issues, may not be able to fill their prescription orders or may not have access to a pharmacy that can promptly provide the prescription at the time of discharge (*i.e.*, no 24-hour pharmacy in the community). The bill is intended to identify and address such barriers and share potential best practices for transition of care and care coordination efforts following hospital discharge.

One example of a transition of care program is Walgreens' WellTransitions<sup>®</sup> program. The program provides medication alignment and prescription therapy planning prior to discharge, bedside medication delivery and patient counseling, and patient follow-up after discharge. In Maryland, the program is in use at Washington Adventist Hospital. According to an assessment by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality, the program has allowed the hospital to identify and address multiple challenges facing at-risk patients after discharge, has contributed to a meaningful decline in readmissions among high-risk patients, and has generated high levels of patient satisfaction.

**State Expenditures:** DHMH indicates that one full-time contractual health policy specialist is needed to staff the task force (at an annualized cost of \$75,000 in fiscal 2015) at the Health Systems and Infrastructure Administration. The Department of Legislative Services disagrees and notes that staffing of the task force can likely be handled within existing budgeted resources. General fund expenditures for DHMH likely increase by a minimal amount for administrative expenses associated with the task force, including reimbursement for task force members.

## Additional Information

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality, Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - January 27, 2014  
ncs/ljm Revised - Senate Third Reader - March 18, 2014  
Revised - Enrolled Bill - May 7, 2014

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