

MedChi

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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Emily Shetty

FROM: Danna L. Kauffman
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DATE: February 25, 2020

RE: **SUPPORT WITH AMENDMENT** – House Bill 905 – *Prescription Drug Benefits – Use of Real-Time Benefit Check Technology*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendments** House Bill 905. In general, House Bill 905 mandates, by January 1, 2021, that prescribers and dispensers have access to a tool known as “Real Time Benefits Check” or “Real-Time Pharmacy Benefit Check” (RTBC). This tool provides prescribers with information specific to the patient’s health insurance benefit plan related to coverage, drug costs, and prior authorization requirements. In order to have access to this tool, an intermediary must contract directly with individual payers and individual electronic health records (EHRs) to present formulary data and patient out-of-pocket cost information to the prescriber.

Beginning January 1, 2021, the Centers for Medicare and Medicaid Services (CMS) will require each Medicare Plan D sponsor to adopt one or more RTBC tool that is capable of integrating with at least one prescriber’s ePrescribing system or EHR. Similarly, CMS has issued a proposed rule that would require, beginning January 1, 2022, Part D plans to implement a beneficiary RTBC tool that would allow enrollees to view this information.¹

MedChi supports the intent of this legislation, which is to provide prescribers and individuals with greater information to make prescription decisions. The information provided by a RTBC tool can assist prescribers and patients in comparing costs, determining alternative medications and completing prior authorizations at the point of prescribing, rather than when the patient arrives at the pharmacy. However, MedChi has two main concerns with the bill as drafted. First, MedChi is concerned with the actual

¹ CMS is seeking comments through a beneficiary RTBT through April 6, 2020.

availability of this tool in the private insurance market. While many EHRs have contracted with an intermediary to include this information, this does not mean that the information has been made available to prescribers. The integration into an EHR is a labor-intensive update, given that it is based on patient-specific information. Second, there is no current standards that have been adopted regarding RTBC. While the bill states that standards for a RTBC tool must be developed by an organization accredited by the American National Standards Institute, those standards are still being tested by the National Council for Prescription Drug Programs. It is unclear whether the standards regarding cost coverage options will be part of the standards when adopted.

Therefore, MedChi respectfully requests that the following amendments be adopted. These amendments will continue to require that EHRs make the RTBC tool available but will not mandate their use given that the RTBC tool has not been made widely available to all prescribers.

On page 4, in line 6, strike “AND USE, AS APPROPRIATE,”; strike beginning with “PAYORS” in line 9 down through “(3)” in line 16.

On page 6, strike beginning with “(1)” in line 5 down through “(2)” in line 13; in line 13, strike “(I)” and substitute “(1)”; and in line 17, strike “(II)” and substitute “(2)”.