



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

March 11, 2024

Senate Bill 1016: Health Occupations - Prescriptions for Children Subject to Joint Custody

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 1016: Health Occupations - Prescriptions for Children Subject to Joint Custody.

Medication adherence and treatment compliance is essential in the restoration and maintenance of an individual's health. Compliance to treatment is one of the most important factors that can aid or delay recovery. Although this is important for all individuals, it is especially important for children. Nearly 60% of the pediatric population in the United States is currently living with a chronic illness that requires a strict treatment regimen. Furthermore, the percentage of medication adherence among children with chronic illnesses are extremely variable, ranging from 11% to 93% (El-Rachidi et al., 2017). The wide range of adherence is concerning, as it highlights the presence of barriers that prevent a child from receiving the best care possible.

Barriers to medication adherence include socioeconomic status, culture, and family dynamic. If the child is unable to follow the course of treatment, whether it is pharmacological-centered or not, it can slow recovery time, cause more discomfort to the child, and increase associated costs to both the family and health care system (El-Rachidi et al., 2017). Prolonged discomfort can lead to further progression of disease, and subsequently hinder physiological, emotional, and social development as the child may not have energy to play, attend school, or perform daily activities. There is a direct relationship with the severity of disease and risk of complications in medication nonadherence.

According to an article published by the Journal of Pediatrics and Child Health, it was found that children who were under shared custody among two homes had lower adherence in comparison to their single home family counterparts. Disruptions in adherence included missed doses, lack of knowledge on medication regimen, miscommunication, or medication was forgotten between transfer of parental care (Kalamen et al., 2023). With the passing of SB1016, common barriers such as the ones previously mentioned will be addressed as both guardians who have custody over the child would be able to receive the prescription for the child, removing the risk of forgetting it between transfers of care. With this, the Maryland Rural Health Association is in favor of SB1016.

*On behalf of the Maryland Rural Health Association,
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El-Rachidi, S., LaRochelle, J. M., & Morgan, J. A. (2017). Pharmacists and pediatric medication adherence: bridging the gap. *Hospital Pharmacy*, 52(2), 124–131. <https://doi.org/10.1310/hpj5202-124>

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