



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

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### MARYLAND BOARD OF PHARMACY

#### 2024 SESSION POSITION PAPER

**BILL NO.:** SB 754 – Health Insurance Carriers and Pharmacy Benefits Managers – Clinician-Administered Drugs and Related Services  
**COMMITTEE:** Finance  
**POSITION:** Letter of Support

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**TITLE:** Health Insurance Carriers and Pharmacy Benefits Managers – Clinician-Administered Drugs and Related Services  
**Pharmacist**

#### **POSITION & RATIONALE:**

The Maryland Board of Pharmacy (Board) respectfully submits this letter of support for SB 754 – Health Insurance Carriers and Pharmacy Benefits Managers – Clinician-Administered Drugs and Related Services (SB 754).

#### **Steering – medical necessity and patient choice**

SB 754 prevents an entity that provides pharmacy benefits from **steering**, which generally includes increasing the share-of-cost paid by the patient or excluding a drug from coverage unless the patient transfers his or her prescription to a pharmacy affiliated with the entity that provides pharmacy benefits. Accordingly, a patient will select a pharmacy based on medical necessity, rather than financial obligations.

#### **Reimbursement rates – medical necessity and patient choice**

SB 754 prevents an entity that provides pharmacy benefits from providing **lower reimbursement rates** to an unaffiliated pharmacy. The reimbursement rate offered to a pharmacy is directly correlated to the final price offered to a patient. When the cost paid by the patient is not drastically different at various pharmacy locations due to reimbursement rates with varying degrees of competitiveness, the decision of a price-sensitive patient is driven by convenience and medical necessity, instead of budget constraints.

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#### **Specialty pharmacy – timely initiation of pharmaceutical therapy**

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SB 754 prevents an entity that provides pharmacy benefits from requiring a patient to obtain a clinician-administered drug from a **specialty pharmacy** with the intention that the patient transport the drug to a clinician for administration. When a clinician is enabled to prescribe a medication, obtain the medication from a pharmacy located on-site, and administer the medication during the same appointment, their patient receives timely care, which may lead to improved health outcomes. A patient who obtains a clinician-administered medication from the most convenient pharmacy, rather than a specialty pharmacy, will not unnecessarily experience continuing and persistent symptoms of illness due to the delays of delivery, inconvenience of scheduling multiple appointments, or lack of administration as the severity of his or her condition has changed so as to make the dosage originally prescribed not medically appropriate.

SB 754 prohibits a variety of coverage and benefits limitations that affect the ability of a patient to access clinician-administered prescription medications. Removing unnecessary conditions that prevent a patient from initiating and continuing pharmaceutical therapy is essential to improving the health of Marylanders through disease prevention and management. As the Board routinely receives complaints related to refusal to fill and poor customer service that are ultimately driven by the formulary and coverage decisions of entities that provide pharmacy benefits, the Board supports legislation that enables patients to access necessary pharmaceutical therapies.

Based on the information provided above, the Board respectfully requests a favorable report on SB 754.

If you would like to discuss this further, please do not hesitate to contact Deena Speights-Napata, MA, Executive Director, at [deena.speights-napata@maryland.gov](mailto:deena.speights-napata@maryland.gov) or (410) 764-4753.

Sincerely,



Deena Speights-Napata, MA  
Executive Director  
Maryland Board of Pharmacy

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