

Department of Legislative Services  
Maryland General Assembly  
2017 Session

FISCAL AND POLICY NOTE  
Third Reader - Revised

House Bill 1159

(Delegate Pena-Melnyk, *et al.*)

Health and Government Operations

Education, Health, and Environmental Affairs

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Pharmacists - Dispensing of Prescription Drugs - Single Dispensing of Dosage  
Units

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This bill authorizes a pharmacist to dispense, in a single dispensing and exercising the professional judgment of the pharmacist, a quantity of a prescription drug that (1) is up to the total number of dosage units authorized by the original prescription and any refills and (2) does not exceed a 90-day supply of the drug. For a contraceptive dispensed on and after January 1, 2018, the single dispensing cannot exceed a six-month supply of the drug. The authorization does not apply to (1) a controlled dangerous substance (CDS); (2) the first prescription or change in a prescription for a patient; or (3) for a contraceptive, the first two-month supply dispensed under the initial prescription or any subsequent prescription that is different than the last contraceptive dispensed to the patient. A pharmacist *may not* dispense, in a single dose, a quantity of a prescription drug that exceeds the limit prescribed if the prescriber has indicated that the prescription be dispensed only as prescribed.

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Fiscal Summary

**State Effect:** No effect on the State Employee and Retiree Health and Welfare Benefits Program (State Plan). Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** Minimal.

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## Analysis

**Current Law:** Under § 15-824 of the Insurance Article, health insurance carriers that provide coverage for prescription drugs must allow an insured or enrollee, if authorized by an authorized prescriber, to receive up to a 90-day supply of a maintenance drug in a single dispensing of the prescription. This does not apply for the first prescription or a change in the prescription. Whenever a health insurance carrier increases the copayment for a single dispensing of a prescription in a supply in excess of 30 days, the carrier must also proportionately increase the dispensing fee to the pharmacist for the prescription.

Under Chapters 436 and 437 of 2016, health insurance carriers, including Medicaid and the Maryland Children’s Health Program, must provide coverage for a single dispensing of a six-month supply of prescription contraceptives effective January 1, 2018. This requirement does not apply to the first two-month supply of prescription contraceptives dispensed under the initial prescription or any subsequent prescription for a contraceptive that is different than the last contraceptive dispensed. Carriers may provide for a smaller supply if a six-month supply would extend beyond the plan year.

**Background:** If a patient with a prescription for a maintenance drug that is written for a 30-day supply with multiple refills wishes to receive a 90-day supply in one dispensing, a pharmacist must currently call the prescriber for authorization to convert the prescription to a 90-day supply. Conversion to a 90-day supply may provide benefits to consumers in reducing trips to the pharmacy and improving medication adherence.

The State Plan’s pharmacy benefits manager, Express Scripts, has a consolidation of refills policy. If a prescriber writes a prescription for a 30-day supply with 11 refills (12 “fills” in all), Express Scripts fills the prescription for a 90-day supply of medication with three remaining 90-day refills. Refills for some medications such as CDS cannot be consolidated. Consolidation of prescriptions enables a consumer to receive a 90-day supply for one copayment (typically twice the copayment for a 30-day supply) rather than three copayments and reduces the amount of times the consumer must refill the prescription. A 90-day supply of prescriptions is available through either a retail pharmacy or home delivery.

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## Additional Information

**Prior Introductions:** None.

**Cross File:** SB 814 (Senator Rosapepe, *et al.*) - Education, Health, and Environmental Affairs.

**Information Source(s):** Department of Budget and Management; Department of Health and Mental Hygiene; Maryland Health Benefit Exchange; Maryland Insurance Administration; Department of Legislative Services

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