



Mid-Atlantic Permanente Medical Group, P.C.  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

February 20, 2020

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

RE: SB 166 – Support

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente respectfully supports and offers an amendment to SB 166, Drugs and Devices - Electronic Prescriptions - Controlled Dangerous Substances.

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 755,000 members. In Maryland, we deliver care to over 430,000 members.

This bill requires a health practitioner to issue a prescription for a controlled dangerous substance (CDS) electronically, except under certain circumstances. A pharmacist may dispense a drug pursuant to a written or oral prescription for a CDS that meets the exception requirements, and a pharmacist is not required to verify that the prescription is an authorized exception to the electronic prescription requirement. Kaiser Permanente already prescribes electronically for prescriptions issued internally and is working to allow e-prescribing to dispensers external to KP as well.

KP is requesting an amendment to strike lines 22 through 24 on page 7, which reads “This subsection may not be construed to limit the right of a patient to designate a specific pharmacy to dispense a prescribed drug or device to the individual.” From diagnosis to clinical and treatment management, our patients’ care is coordinated, and most often occurs, at Kaiser Permanente. Our prescribers communicate directly with pharmacy staff for dispensing and clinical interventions through our integrated systems. Many members may use contracted network pharmacies and even pharmacies not within the covered network as outlined in their benefits. They can easily access information about participating pharmacies. However, our strategy is to encourage and

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

maintain care coordination within our facilities, including KP pharmacies, and this offers us the ability to enhance medication adherence, clinical outcomes, patient safety, affordability and quality of care. We prefer our patients use a Kaiser Permanente pharmacy and are concerned the proposed language would promote otherwise. Indeed, it may be perceived as trying to expand our network. For this reason, we strongly favor the language be silent on the construction of subsection 21-220(c). This text was not included in HB 409/SB 469 of 2019, a previous version of this legislation.

Thank you for the opportunity to comment. Please feel free to contact Wayne Wilson at Wayne.D.Wilson@kp.org or (301) 816-5991 with questions.

Sincerely,

Wayne D. Wilson  
Vice President, Government Programs and External Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

AMENDMENT TO SENATE BILL 166  
(First Reading File Bill)

On page 7, strike lines 22 through 24, inclusive.