

**HEALTH CARE FOR THE HOMELESS TESTIMONY  
IN SUPPORT OF  
SB 931 – Maryland Medical Assistance Program and Health Insurance –  
Specialty Drugs – Definition**

**Senate Finance Committee  
March 4, 2020**



Health Care for the Homeless supports SB 931, which is an emergency bill that will prohibit the Maryland Department of Health (MDH) from classifying drugs prescribed to treat diabetes, HIV or AIDS as specialty drugs within Medicaid and the private insurance market.

When a drug is classified as a specialty drug, Pharmacy Benefit Managers (PBM's) may require that drug to be obtained only through a designated pharmacy or other authorized source. This would allow PBM's to limit and restrict the dispensing of specialty medications to a very small number of pharmacies in their specialty network. Restricting the dispensing of a certain drug to a specific network would have significant access issues for our clients.

At Health Care for the Homeless, we see one of the most vulnerable populations – individuals and families experiencing homelessness. We serve one of the hardest to reach populations because people experiencing homelessness face particular obstacles to health care to their counterparts with stable housing. As such, best client care is to ensure that the provision of health is made as accessible as possible for our clients. For this reason Health Care for the Homeless' largest clinic has a pharmacy on-site to ensure that clients can easily access and pick up their prescriptions. If a medication becomes a specialty drug, a carrier can restrict dispensing that drug, thereby making it no longer available at our on-site pharmacy. The need to travel to a different location or to require the use of a mail-order pharmacy would like pose insurmountable barriers to many of our clients accessing their medication.

We have seen firsthand the harms of classification as “specialty” with other drugs, such as treatment for Hepatitis C. In order to subvert the barriers caused by the classification of Hepatitis C treatment as a “specialty drug,” we have had to develop special procedures just to ensure that our clients have basic access to their lifesaving treatment. Particularly in the case of HIV medications, we have an opportunity to prevent this barrier. On January 1, 2020, MDH changed the reimbursement entity for Medicaid HIV prescriptions from Medicaid Fee for Service to the Medicaid Healthchoice MCO program. This change was hugely beneficial for federally qualified health centers (FQHC's), including Health Care for the Homeless, and other health centers and programs that use the federal 340B pharmacy program. However, this also means that, if categorized as “specialty drug,” PBM's that administer the MCO program may try to restrict the dispensing of HIV prescriptions to their own pharmacies in the future. From a client access standpoint, we strongly stand behind efforts to prevent this from happening. SB 931 would do just that.

In the case of HIV, AIDS and diabetes medications, as this bill addresses, these lifesaving medications require strict adherence. Taking away the ability to get prescriptions filled on-site could be a matter of life and death for our clients. We thank Delegate Kipke for his leadership on this issue and we strongly urge a favorable report on SB 931.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*