

**SB 752 Public Health – Non–Controlled Substance Prescription Record System Program  
SUPPORT**

**March 06, 2020**

**Senate Finance Committee**

Good Afternoon Chairwoman Kelley and Members of the Senate Finance Committee. My name is Jim Gutman, I reside in Howard County, Maryland and am a lead advocacy volunteer for AARP MD. I am also a volunteer Medicare drug plan counselor for the State Health Insurance Assistance Program (SHIP) in Howard County. Aside from my volunteer work, I had before my retirement more than 25 years of writing, editing, publishing and owning (for 10 years) subscription business and regulatory newsletters on pharmaceuticals and managed care. Before that, I also had about two years with drug manufacturer Johnson & Johnson as corporate manager of editorial services. I am here today representing AARP MD **and its more than 870,000 members in support of SB0752 Public Health – Non–Controlled Substance Prescription Record.**

AARP is a nonpartisan, nonprofit, nationwide organization that helps people aged 50 and above turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families, such as healthcare, employment and income security retirement planning, affordable utilities and protections from financial abuse and exploitation.

SB 752 is a result of the 2018 House Bill 115 Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report sponsored by Delegate Dan Morhaim. The Maryland Health Care Commission (MHCC) was tasked to convene interested stakeholders to assess the feasibility of expanding the statewide repository of patient prescription medication history on controlled dangerous substance pharmaceuticals to all pharmaceuticals. The MHCC structured the multi-sector Workgroup's meetings to provide important context about the law and to study in detail the feasibility of expanding prescription medication reporting in Maryland. I am a member of that Workgroup representing AARP MD.

First and foremost, the legislation is needed for patient safety. During the Workgroup meetings we learned that up to 10% of hospital admissions are due to medication-related mishaps, and these risks stand to grow because of more complicated new prescription medicines and the fact that patients increasingly have multiple prescribers. This legislation responds to specific needs, such as difficulties hospital emergency physicians have when they don't know what other medications a patient is taking, a situation that occurs often in stressful environments such as emergency rooms.

If this bill is passed, Maryland will benefit from the experience Nebraska has had and shared with the Workgroup about a similar system it has begun. The Maryland legislation is not overly prescriptive so that there is the capability to adjust to changing needs and systems. The benefits of the legislation include the abilities to improve patient counseling and reduce drug-to-drug interactions, both of which are especially important to Marylanders age 50 and older.

AARP believes that expanding electronic medical record access to health care providers, with some limitations, improves care and is important to the safety of the patient. AARP also believes that systems such as the one proposed enable providers to share relevant information of a patient's health record directly with other members of the care team and thus allow health care providers to better understand their patients' medical histories and encounters. This in turn helps avoid medication errors and decreases use of duplicative and potentially harmful procedures and tests.

Finally, AARP policy also says that federal and state governments should develop an infrastructure to support standards and privacy protections that are consistent with national standards. The bill that grew out of the Workgroup and its recommendations requires that an expansion of the state's current prescription information system meet strict privacy and security control standards that will be established by the Maryland Health Care Commission.

The Workgroup on this expansion began meeting more than a year and a half ago. During that time, it has studied meticulously the ways to make more of this clearly needed prescription information available to all of a patient's prescribers. Under the proposed legislation, it would do this in an efficient and cost-effective way that protects patient privacy and gives patients the right to opt out, along with the education that should help lead them to decide not to opt out in most cases.

We have worked hard and are putting forward our best recommendations, and therefore I respectfully request that the Committee issue a FAVORABLE report on this bill. For questions and or comments, please contact Tammy Bresnahan email at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or by calling her at 410-302-8451.