



TO: The Honorable Shane Pendergrass
Members, Health and Government Operations Committee

FROM: Aliyah N. Horton, CAE, Executive Director

DATE: February 11, 2020

RE: SUPPORT WITH AMENDMENT: HB 316 –Public Health – Schedule II
Controlled Dangerous Substances – Partial Filling of Prescriptions

The Maryland Pharmacist Association (MPhA), founded in 1882, is the only state-wide professional society representing all practicing pharmacists in Maryland.

MPhA is actively working in numerous programmatic areas to support optimal prescribing for pain management to reduce the misuse and abuse of opioids. HB 316 provides an opportunity for the patient to proactively limit the amount of schedule II medications they may need; gives the statutory authority for the pharmacist to partial-fill; and leaves open the ability for the patient to complete the fill, as needed, without forfeiting their prescription.

We have a few concerns about the bill that we have raised with the bill sponsor.

- Conflict with the federal DEA Regulations under 21 CFR 1306.13. The bill proposes to allow completion fills within 60 days when federal regulations under CARA only allow 30 days. 60 days is only what is currently allowed for patients in long term care facilities or with a terminal illness diagnosis. ***This issue has been addressed by an amendment submitted by the bill sponsor.***
- There is concern that the CARA provision conflicts with outdated DEA regulations that do not allow for partial filling of CII's except within 72 hours when the pharmacy is "unable to supply" the full quantity, which is vague and often interpreted as the medication not being in stock. Some believe the DEA has addressed this and CARA allows partial filling within 30 days as long it is legal in state regulations as well, but not all members are comfortable partial filling CII's without a clear update. ***Guidance from the DEA would provide some clarity.***
- Language on page 5 lines 6-10 and 26-30 direct that the prescription be considered filled for the one-time could have negative implications for both the patient and the dispensing entity. If the patient receives a partial fill and is charged for the one-time, would it be based on the full prescription or the partial? If for the full prescription, and they don't complete the fill, they would be overpaying for medication they never receive. The one-time payment also impacts the pharmacy if the patient comes back to complete the prescription or goes to a different dispenser. ***The prescription should be treated like any other for each time a portion of the prescription is filled. There is time and expense that must be covered for the actual medication and the dispensing of it.***
- ***Request the partial-fill documentation be maintained in hard copy or electronic format.***

We look forward to a scheduled meeting with Del. Hill and stakeholders on Thursday to address these concerns.

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