



**Testimony Offered on behalf of:
CHASE BREXTON HEALTH CARE**

IN SUPPORT OF:

**HB 652 – Maryland Medical Assistance Program and Health Insurance – Specialty Drugs –
Definition**

Health and Government Operations Committee

Hearing 2/27/2020 at 1:00PM

Chase Brexton Health Services **SUPPORTS HB 652** - MD Medical Assistance Program Specialty Drug – Definition.

Chase Brexton’s mission is to provide compassionate, quality health care that honors diversity, inspires wellness, and improves our communities. We treat more than 37,000 patients annually with a range of clinical services from primary medical care, behavioral health services, infectious disease treatment, dental services, and pharmacy services.

In regard to our pharmacy services, besides traditional dispensing, we offer a broad range of services to increase patient compliance which leads to better outcomes and lower cost for the health care system.

Chase Brexton Health Care, an FTCA deemed entity, is also accredited as a Patient Centered Medical Home (PCMH) through the National Committee for Quality Assurance (NCQA). The PCP directs a team of individuals within the organization who collectively care for each patient. The team takes a whole-person approach to caring for patients and coordinates care across multiple settings and specialties.

The PCMH home model shines when all of the healthcare team members have a close working relationship. It does not work when a patient’s treatment is fractured because the patient is being forced to use an external entity for their prescription needs.

Though the current Specialty Drug law in theory has some protections for 340B pharmacies like ours, in practice we are still locked out of dispensing some medications that are deemed to be specialty drugs by some PBM’s. For this reason, we have little faith that the current protections in place will be sufficient, once a PBM decides to restrict the dispensing of HIV medicines to their own wholly owned subsidiary.

When we are able to provide pharmacy care for our patients, besides better clinical outcomes, we are able to utilize 340B Public Health Service inventory to service those prescriptions. The utilization of that inventory lowers the overall prescription costs across our whole patient population, and allows us to help more patients, regardless of their income.

Restricting HIV or Diabetes prescriptions to another pharmacy provider will diminish our ability to help as many patients as we do. **I urge your support of HB 652.**

Jeff Cywinsky, Pharm.D.
Director of Pharmacy