

Testimony in Support of HB0756

HB0756 - Maryland Medical Assistance Program and Managed Care Organizations That Use Pharmacy Benefits Managers - Reimbursement Requirements

Health and Government Operations Committee Hearing 2/27 at 1:00 p.m.

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I strongly support this bill and Thank Del.Kipke and all those who support/sponsor this bill. I sincerely urge the committee to pass this bill. This bill may not be enough to curb the PBM abuse and destruction of my profession, however it is a step in the right direction.

I provide the committee a perspective of a Compounding pharmacist. We make medications for the most vulnerable patients for whom a commercial mass manufactured option does not exist. For example, a neo-natal patient with a heart issue needs heart medication like Atenolol in a liquid form. There is no commercial option in these tiny doses, either because it is not feasible to make due to small market or due to stability among other factors. There are times when a patient is allergic to certain chemicals commonly used in medications for example corn is source of many such chemicals. Patients allergic to corn suffer significantly while taking such medications. We make corn free medications, we make medications in customized doses for neo-nates, children in general. However, the PBM's in their grand wisdom pay us just cost of the medications used for the compound not the time it takes to do the calculations, come up with a formula to preserve stability, use the other excepients and vehicle for the compound, the supplies, time to prepare, counsel....nothing \$0 is what they pay. So a heart medication like Atenolol maybe cheap and I use only 2-5 tablets which cost 10-20 cents to make a liquid medication for a neonate and that's what they will pay!!! But what about my time to create the formula, ensure I have used right amount, ensure stability, mix the medication, dispense in a bottle with flavor so the child may actually take the bitter medicine. We take time and effort to ensure availability, accuracy, acceptability of the medications we make, yet, we get paid few pennies for this product?? At this rate my business cannot survive and I may have to close down. You ask Why this occurs?? Because the chain pharmacies which are owned by these PBM's or mail orders cannot fill these prescriptions, there is no "profit" in it for the PBM to pay for anything more than cost. Ask yourself, if your neonate needs the medication and you do not have the option to get it compounded what would you do? The reason why people have Medicaid is because they cannot afford the medications, if we stop accepting Medicaid and ask these patients to pay the fair amount, would it help the patient or even the state? Would untreated conditions cost state more? PBM's like express scripts are the worst offenders in this issue. Even at \$10.95/Rx dispensing fee as proposed in this bill, the time to compound is not compensated. A typical compound from start to end can take 30-60min of pharmacist time. The dispensing fee covers cost of counseling and supplies and keeping business open. I urge you to have a carve out/amendment to pay compounding pharmacies for the time not just the cost of the medication and dispensing fee.

Sincerely

Deepak Kini, RPh