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Health and Government
Operations Committee

Subcommittees

Government Operations
and Estates and Trusts
Insurance and Pharmaceuticals



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Testimony in Support of HB 943

Mail Order and Specialty Drugs – Physician Dispensing

Madam Chair, Madam Vice Chair and esteemed members of the Health and Government Operation Committee,

HB 943 increases patient access to mail order and specialty drugs by removing any legal barriers to physician dispensing—intended or inadvertent. The Act further prevents entities or contracts from imposing cost-sharing requirements on patients whose prescriptions are filled or administered through their physicians’ offices. Finally this bill prohibits pharmacy benefits managers from reimbursing physicians at amounts different from pharmacy reimbursements.

In 48 of the nation’s 50 states, physician dispensing is broadly legal, although the regulations that cover physician dispensing vary from state to state. In Maryland, physicians are required to obtain a dispensing permit from the Maryland Board of Physicians for a fee—currently \$1,050—and display the permit prominently where prescriptions are administered. A comprehensive record of prescriptions administered must be added to the patient’s chart when the drug is administered. All drugs must be labelled clearly with dosage and instructions as well as the name of the dispensing physician, address, and contact information for the practice. Finally, physicians must participate in customized, continuing education on dispensing and their practice must submit to inspections.

The requirements are meant to mitigate the possible problems with physician dispensing by creating a system of checks and balances. HB 943 ensures that regulation does not stifle practices that are advantageous to patients—especially low-income and high risk patients.

According to the Journal of General Internal Medicine between 28 to 31% of new prescriptions are never filled. Further, fully 50% of patients do not take their medications as prescribed. There are a variety of reason for non-adherence from language barriers to lack of financial resources. Physicians are able to improve adherence rates when they dispense patients’ medications in office. Patients receive their medications when they are prescribed

rather than having to make two trips—to drop off prescriptions and then wait for them to be filled. Physicians are able to improve patient adherence, monitor and manage potential side effects, and provide much-needed counseling to patients. Patients also appreciate the improved confidentiality and privacy that are part of point of care dispensing. In meetings with their physicians, patients are more likely to discuss barriers to adherence.

The Community Oncology Alliance issued an extensive position statement on in-office dispensing, noting that “In broad terms, in-office (physician) dispensing can provide better patient care and outcomes—at a lower cost—through a more clinically integrated and streamlined process.”

For these reasons, I urge you to support **HB 943**, and I request a favorable report.

Thank you,

Delegate Karen Lewis Young