

TO: The Honorable Paul Pinsky, Chair  
Senate Education, Health and Environmental Affairs Committee

FROM: Annie Coble  
Assistant Director, State Affairs, Johns Hopkins University and Medicine

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Johns Hopkins University and Medicine urges an **unfavorable** report on **SB865 – Controlled Dangerous Substances and Treatment of Chronic Pain and Long-Term Oxygen Use Patients (Continuity of Care Act of 2022)**. This bill creates requirements for pharmacists and prescribers with the intention of reducing the misuse of opioids; however, some of the requirements appear to be in conflict with current scientific evidence and clinical guidelines, including the Centers for Disease Control and Prevention’s (CDC’s) Guideline for Prescribing Opioids for Chronic Pain. Johns Hopkins is dedicated to the fight against the misuse of prescription drugs and has many systems in place to prevent misuse. We appreciate the intent of this legislation, but are concerned about the unintended consequences to patients and the opioid epidemic overall.

It is current standard practice to always allow the pharmacist to refuse to fill a prescription if they have clinical judgment concerns, even after speaking with the prescriber. This practice is supported by current pharmacist scope of practice regulations in Maryland and ensures appropriate checks and balances regarding prescription medication use. This bill would require the pharmacist to fill the prescription if they speak to the prescriber even if the pharmacist believes the prescription is inappropriate. If a pharmacist refuses to fill a prescription, the patient always has the right to fill the prescription at another pharmacy. Removing the right of pharmacists to use clinical judgement when assessing the safety and efficacy of a prescription sets a dangerous precedence, allows inappropriate prescribing to occur unchecked, and poses significant risks to patient and public safety.

Additionally, there are provisions prohibiting a prescriber for making a decision regarding opioid therapy based on morphine milligram equivalents (MME), which is a measurement used by health care professionals to equate the many different opioids into a standard value to assess appropriate and safe opioid doses. Using morphine as the standard, MME is a tool for doctors to compare different drugs in a simplified, unified measurement. This can ensure physicians prescribe safe, effective doses for their patients, and the use of MME is recommended by the CDC to be used when making decisions regarding opioid therapy for patients. Obviously, MME should not be the sole deciding factor when determining prescription amount and the standard should not substitute for clinical judgment; however, not allowing MME to be used as a tool by prescribers goes against CDC guidance.

The fight against opioid epidemic is multi-faceted and complicated. Johns Hopkins appreciates the State’s leadership and support in this fight. However, the provisions in this legislation are not reasonable tools and create risk that could unintentionally allow

practices with nefarious intent to prescribe opioids in large numbers with limited or no criminal or civil liability, furthering worsening the opioid epidemic. For these reasons and more, Johns Hopkins urges an unfavorable report on SB865.