

MPhA.SB661.pdf

Uploaded by: Aliyah Horton

Position: FAV



Date: March 2, 2022

To: The Honorable Delores G. Kelley

From: Aliyah N. Horton, CAE, Executive Director, MPhA, 240-688-7808

Cc: Members, Finance Committee

Re: FAVORABLE SB 661 – Reimbursement of Pharmacist Services Rendered

The Maryland Pharmacists Association (MPhA) urges a favorable report for **SB 661 – Reimbursement of Pharmacist Services Rendered**. The bill serves to give pharmacists the recognition they deserve and expands opportunities for innovation in the pharmacy profession.

The bill was intended to be a companion to HB 1219. I have also attached an addendum with draft language to amend the bill to match the introduced House bill, with minor additions provided by stakeholders.

When pharmacists are recognized and engaged as important members of the health care team, patient outcomes improve, patients report higher rates of satisfaction and overall health care costs are reduced.

The legislation has two objectives:

1. Provider designation – recognize the pharmacist profession and eliminate barriers to coverage for pharmacist-provided patient care services
2. Payment– ensures reimbursement for pharmacist-provided patient care services

PROVIDER DESIGNATION

Pharmacists in Maryland have varying designations as healthcare providers in Maryland law, primarily based on specific services.

Designating pharmacists as healthcare providers better aligns the role of the pharmacist with their extensive healthcare education and training.

Pharmacists work closely with their patients and other health care providers to enhance quality of care, improve health outcomes, and save money for the patient and health care system.

During the COVID-19 pandemic, pharmacists have been integral to the delivery of public health services including, but not limited to, administering immunizations, administering COVID-19 therapies, telehealth management of chronic disease states and COVID-19 testing.

Pharmacies remained open and accessible to patients for care when many ambulatory clinics and other healthcare provider offices were closed. These contributions should not continue as voluntary service when other healthcare providers' time and expertise are reimbursed by payors.

PAYMENT FOR PATIENT CARE SERVICES



Pharmacies have consistently been challenged by predatory pharmacy benefit manager practices related to underreimbursement for medications and low dispensing fees, among other issues.

This has put tremendous pressure on the current pharmacy business model. Most pharmacy revenue comes from dispensing medications. The focus on prescription volume, in some practices, restricts the ability of pharmacists to work directly with patients in areas in which they are trained.

If a payor has determined a certain service is a covered benefit, does it matter if a physician, nurse practitioner, physician's assistant or pharmacist provides the service? As long it is within their scope of practice? **It is a matter of healthcare provider equity.**

With the passage of this bill, physician practices and health clinics with pharmacists on staff can better leverage their resources if they are able to bill payors for their pharmacist's time.

All healthcare providers should be reimbursed for their work. There are nearly two dozen Current Procedural Terminology (CPT) codes available for pharmacists billing nationally, there is not a mechanism to make that happen with payors in Maryland.

Payment for services provides a revenue stream for pharmacist work AND improves patient outcomes. Changes in both of these areas improves pharmacist job-satisfaction and well-being.

RETURN ON INVESTMENT

The Fiscal Note for SB 661 indicates limited impact on the state budget and provides positive impacts for small businesses, like independent pharmacies.

Pharmacist patient-care services demonstrate improved patient outcomes and reduced overall health care costs. As an example, a study conducted in safety-net clinics located in Maryland demonstrated a positive return on investment (ROI) of \$5 to \$25 for every \$1 invested in pharmacist clinical interventions.¹

Additionally, a systematic review indicated positive return on investment when evaluating broader cognitive pharmacist services as a whole, with up to \$4 in benefits expected for every \$1 invested in clinical pharmacy services.²

IMPACT ON COMMUNITY HEALTH

According to the Kaiser Family Foundation, there are 47 areas in Maryland that are designated as health professional shortage areas. This includes 19 out of Maryland's 23 Counties and the City of Baltimore.

Pharmacists are one of the most accessible health care providers for Maryland patients, with most Maryland residents living within five miles of a pharmacy.

SB 661 facilitates opportunities for pharmacists to fill patient care gaps in service and access.

AROUND THE COUNTRY

States with current pharmacist payment parity legislation: Illinois, Colorado, Kentucky, New Mexico, Oklahoma, Tennessee, Texas, Virginia, Washington, West Virginia, Ohio, Oregon.

Additional states with temporary pharmacist payment legislation (COVID-19 state of emergency, Medicaid): Arkansas, Louisiana, Maine, Michigan.

ADDITIONAL PHARMACY SUPPORT

The bill is also a legislative priority of the Maryland Pharmacy Coalition (MPC). MPC provides a forum for discussion and understanding between Maryland's pharmacy associations on issues impacting the practice of pharmacy and the public's health.

Full members:

Maryland Pharmacists Association
American Society of Consultant Pharmacists - Maryland Chapter
Maryland Pharmaceutical Society
Maryland Society of Health System Pharmacists
University of Maryland Baltimore School of Pharmacy Student Government Association
University of Maryland Eastern Shore School of Pharmacy Student Government Association
Notre Dame of Maryland University School of Pharmacy Student Government Association

Affiliate members:

University of Maryland Baltimore School of Pharmacy
University of Maryland Eastern Shore School of Pharmacy
Maryland Association of Chain Drug Stores
Notre Dame of Maryland University School of Pharmacy
DC Chapter of American Colleges of Clinical Pharmacy

MARYLAND PHARMACISTS ASSOCIATION (MPhA)

Founded in 1882, MPhA is the only state-wide professional society representing all practicing pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland pharmacists and promote excellence in pharmacy practice.

¹ Truong H, Groves C, Congdon H, et al. Potential cost savings of medication therapy management in safety-net clinics. *J Am Pharm Assoc*, 2015;55:e277-e280.

² Talon B, Perez A, Yan C, et al. Economic evaluations of clinical pharmacy services in the United States: 2011-2017. *J Am Coll Clin Pharm*, 2020;3(4):793-806.

MPhA Testimony – ADDENDUM

Clarifying Amendments to SB 661

Amendments are designed to align the bill with HB 1219 it's intended companion and to reflect additional feedback from stakeholders.

Page 1 line 22 Section 4 – 403(a)(1)(xix) and (xx) insert, **15-148(c)**

Page 2 Insert the below text after Line 31 and before Line 32 Section 18-336

15–148.

(c) The Program and the Maryland Children’s Health Program shall provide coverage for services [, to the same extent as services rendered by any other licensed health care practitioner,] rendered to an enrollee by a licensed pharmacist [under] IN ANY SETTING IF:

[(1) § 12–509 of the Health Occupations Article in administering self–administered medications or maintenance injectable medications; or

(2) § 12–511 of the Health Occupations Article in screening an enrollee and prescribing contraceptives for the enrollee.]

(1) THE PROGRAM AND MARYLAND CHILDREN’S HEALTH PROGRAM PROVIDES COVERAGE FOR THE SAME SERVICES RENDERED BY ANY OTHER LICENSED HEALTH CARE PRACTITIONER; AND

(2) THE SERVICES ARE WITHIN THE SCOPE OF PRACTICE OF THE LICENSED PHARMACIST.

Replace Lines 19-29 with the following:

(b) An entity subject to this section shall provide coverage and REIMBURSEMENT for services rendered IN ANY SETTING by a licensed pharmacist [under § 12–509 of the Health Occupations Article] to an individual who is covered under a policy or contract issued or delivered by the entity, [to the same extent as] IF:

(1) COVERAGE IS PROVIDED UNDER THE POLICY OR CONTRACT FOR THE SAME COVERAGE AND REIMBURSEMENT services rendered by any other licensed health care PROVIDER, [practitioner, for patient assessment regarding and in administering self–administered medications or maintenance injectable medications]; AND

(2) THE SERVICES ARE WITHIN THE SCOPE OF PRACTICE OF THE LICENSED PHARMACIST.

SECTION 2. AND BE IT FURTHER ENACTED, That, to implement § 15–148(c) of the Health – General Article as enacted by Section 1 of this Act, on or before January 1, 2023, the Department of Health shall apply for and obtain from the United States Department of Health and Human Services any necessary amendments to or waivers for the State Medical Assistance Program or the Maryland Children’s Health Program.

B.DiPaula Testimony.pdf

Uploaded by: Bethany dipaula

Position: FAV

TESTIMONY

Bethany DiPaula, PharmD, BCPP
4202 Bright Bay Way, Ellicott City, MD 21042

SUPPORT - HB 1219 - Pharmacists - Status as Health Care Providers and Reimbursement/SB 661- Reimbursement of Pharmacist for Services Rendered

- I provide direct medication management services for Baltimore City, indigent and underserved patients diagnosed with opioid use disorder (OUD) and other comorbid psychiatric or substance use disorders (SUD). I have worked in various clinic settings (federally qualified health center-FQHC, health department, primary care practice) for over 15 years and have trained numerous residents.
- Pharmacists can and should be part of the solution to the healthcare provider shortage. Payment for services will allow Maryland to leverage this important and underutilized resource.
- Without a mechanism to bill, I cannot expand my services or hire additional pharmacists, such as the residents that we routinely train.
- SUD, particularly OUD, are a national emergency that require additional resources to address. Over 20 million Americans ages 12 or older have a SUD (14.8 million with alcohol use disorder, and 8.1 million with illicit drug use disorder, which includes 2.1 million with OUD).ⁱ The Centers for Disease Prevention and Control reported that drug-related overdose deaths increased by 29.4% in 2020. As of December 2020, the Health Alert Network issued an advisory that overdose-related deaths had soared to the highest numbers ever recorded in a 12-month period.ⁱⁱ Almost twenty-two million people required treatment for SUD in 2019 and yet only 4.2 million received treatment.
- Medications, such as methadone, buprenorphine/naloxone and naltrexone, are evidence-based treatments for managing OUD and have been shown to decrease morbidity and mortality and increase treatment retention but are underused.
- There is an ongoing healthcare provider shortage for managing patients with SUD, OUD, and other psychiatric disorders. Inadequate access to OUD medications contributes to undertreatment and has clearly been exacerbated by the COVID pandemic.
- Pharmacists are one of the most trusted and accessible healthcare professions. Several recent studies have supported the expanded role that pharmacists can play in optimizing care for patients with SUD.^{iii,iv}

ⁱ Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD. Retrieved from <https://www.samhsa.gov/data/>. Accessed 2/11/20.

ⁱⁱ Health Alert Network. Increase in Fatal Drug Overdoses Across the United State Driven by Synthetic Opioids Before and During the COVID-19 Pandemic. Published December 17, 2020. emergency.cdc.gov/han/2020/han00438.asp. Accessed 2/18/22.

ⁱⁱⁱ DiPaula, BA, Menarchery Em. Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients. *JAPhA*. 2015;55(2):187-192.

^{iv} Wu Li-Tzy, et al. Buprenorphine physician-pharmacist collaboration in the management of patients with opioid use disorder: results from a multisite study of the National Drug Abuse Treatment Clinical Trials Network. *Addiction*. 2021;116:1805-1816.

MD SB661_NCPA_APhA_NASPA_fav.pdf

Uploaded by: Michael Murphy

Position: FAV

March 2, 2022

The Honorable Delores G. Kelley
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Support for Senate Bill 661 – Reimbursement of Pharmacist for Services Rendered

Chair Kelley and Members of the Finance Committee,

We thank you for the opportunity to submit testimony on **Senate Bill 661**, a bill that recognizes pharmacists as health care providers and increases patient access to their pharmacist by allowing them to receive reimbursement for the services they provide. We **support** this bill as it will ensure patients have more time with their most accessible health care professional and better aligns the role of the pharmacist with their extensive education and training.

Within the next 10 years, the U.S. could see a shortage of over 55,000 primary care physicians.¹ In Maryland there are 47 areas that are designated as health professional shortage areas.² There are thousands of pharmacists in Maryland who are ready to provide valuable healthcare services to these communities that have limited access to care.³ By realigning financial incentives and reimbursing pharmacists for their services similar to other health care professionals there will be greater access to the vital health care services pharmacists provide.

To the benefit of this realignment substantial published literature documents the significant improvement to patient outcomes⁴ and reduction in health care expenditures⁵ when pharmacists are more optimally leveraged. Compilation of studies have found themes in these cost savings, including “decreased total health expenditures, decreased unnecessary care (e.g., fewer hospitalizations, emergency department [ED] visits, and physician visits), and decreased societal costs (e.g., missed or nonproductive workdays).”⁵ The adoption of Senate Bill 661 would result in Maryland joining other states, such as, Ohio, Colorado, California, and Wisconsin as national leaders in empowering the pharmacist to better provide valuable services to their communities. In states where such legislation has already been implemented, we are observing health plans, notably Medicaid Managed Care Organizations recognizing the value of the pharmacist and investing in the services they provide.

As you may be aware, many of our community pharmacies, especially those in rural communities⁶, are closing as a result of the current unsustainable reimbursement model in the drug supply chain. This often hits Mom-and-Pop independent pharmacies the hardest and can cause the elimination of a needed healthcare professional and cornerstone of our communities. The reimbursement of services provided by pharmacists opens up additional revenue opportunities for these pharmacists to maintain their practice and the provision of valuable services to our communities.

¹ Association of American Medical Colleges. 2019 UPDATE The Complexities Of Physician Supply And Demand Projections From 2017 To 2032. Available at: https://aamcblack.global.ssl.fastly.net/production/media/filer_public/31/13/3113ee5c-a038-4c16-89af-294a69826650/2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf

² Kaiser Family Foundation. Primary Care Health Professional Shortage Areas (HPSAs). Timeframe: as of September 30, 2019. Available at: <https://www.kff.org/other/stateindicator/primary-care-health-professional-shortage-areas/pas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

³ Bureau of Labor Statistics. Occupational Employment Statistics Query System. Available at: <https://data.bls.gov/oes/#/home>.

⁴ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

⁵ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

⁶ Hawryluk M. Large parts of rural America are becoming drugstore deserts. These small towns found an escape. *The Washington Post*. Published December 15, 2021. Available at <https://www.washingtonpost.com/business/2021/12/03/drugstore-deserts-rural-america/>

Senate Bill 661 will ensure more patients have greater access to health care services provided by pharmacists while supporting the sustainability of local pharmacies in our communities. Over 90% of Americans live within five miles of a community pharmacy,⁷ and more than any other segment of the pharmacy industry, independent community pharmacies are often located in underserved rural and urban areas. The adoption of this important legislation will ensure that citizens across the state of Maryland are able to receive vital health care services provided by their pharmacist.

APhA, NCPA, and NASPA strongly support the Maryland Pharmacists Association in their advocacy for this bill. We appreciate the bill's sponsor, Senators Benson, Beidle, and Smith, for their attention to this important issue and urge approval from this committee.

Sincerely,
American Pharmacists Association
National Alliance of State Pharmacy Associations
National Community Pharmacy Association

⁷ NCPDP Pharmacy File, ArcGIS Census Tract File, NACDS Economics Department.

SB0661_FAV_MACHC_Reimbursement of Pharmacist for S

Uploaded by: Pam Kasemeyer

Position: FAV



TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: March 2, 2022

RE: **SUPPORT** – Senate Bill 661 – *Reimbursement of Pharmacist for Services Rendered*

The Mid-Atlantic Association of Community Health Centers (MACHC) is the federally designated Primary Care Association for Delaware and Maryland Community Health Centers. As the backbone of the primary care safety net, Federally Qualified Health Centers (FQHCs) are united by a shared mission to ensure access to high-quality health care to all individuals, regardless of ability to pay. FQHCs are non-profit organizations providing comprehensive primary care to the medically underserved and uninsured. MACHC supports its members in the delivery of accessible, affordable, cost effective, and quality primary health care to those most in need. To this end, MACHC **supports** Senate Bill 661.

Senate Bill 661 seeks to secure payment parity with other health care providers for services that pharmacists are authorized to provide within their scope of practice. For many of Maryland's FQHCs, pharmacists play an integral role in the provision of health care services within their scope of practice. Providing reimbursement parity for those services which pharmacists are authorized to provide will enhance the ability of FQHCs to cost-effectively provide care to Maryland's medically under-served communities. It is MACHC's understanding that the intent of this legislation is not to alter the scope of practice for pharmacists. To that end, MACHC has no objection to the adoption of clarifying amendments to maintain pharmacists' current scope of practice. A favorable report is requested.

For more information call:

Pamela Metz Kasemeyer
Danna L. Kauffman
410-244-7000

Testimony-Reimbursement of Pharmacist for Services

Uploaded by: Senator Joanne C. Benson

Position: FAV

JOANNE C. BENSON
Legislative District 24
Prince George's County

Finance Committee

Joint Committees

Children, Youth, and Families

Ending Homelessness

Fair Practices and State Personnel Oversight

Management of Public Funds

Protocol



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony of Senator Joanne C. Benson
SB 661: Reimbursement of Pharmacist for Services Rendered

Good Afternoon Chair Kelly, Vice-Chair Feldman, and members of the Finance Committee. I am here to present SB0661 Reimbursement of Pharmacist for Services Rendered. This bill is for the financial well-being of pharmacist in the state of Maryland.

This bill is critical in providing pharmacists with financial reimbursement for medical services that would otherwise not happen without this legislation. Maryland pharmacists have committed themselves to practices, services, informational packet production and administration of services that have advanced the health of Maryland citizens.

Nonetheless, for some practices and administration of services that are suitable under the current pharmacist extent of training in Maryland and for which insurance companies would repay other medical care suppliers, pharmacists are right now not compensated by insurance. Pharmacists are one of the most available medical services suppliers for Maryland patients, with most Maryland inhabitants living within five miles of a pharmacy.

During the COVID-19 pandemic, pharmacists have been vital to providing services for the general well-being of Marylanders. Including, yet not restricted to, directing the administration of vaccinations, overseeing COVID-19 treatments, telehealth, and COVID-19 testing. Regardless of the significant job pharmacists play in the medical care framework, Maryland comes up short on the component to appropriately repay them for large numbers of the essential services they give to patients.

This bill's purpose is to change the definition of "Healthcare supplier" to include pharmacists. The definition change will allow specific guarantors, philanthropic administration plans, and insurance companies to give repayment to specific medical services given by a pharmacist at a similar rate as similar services provided by a physician and physician assistant.

This bill will assist with guaranteeing pharmacists are repaid for services they render to patients. The absence of repayment is perhaps the biggest obstacle to additional extension of clinical help contributions in pharmacies and clinics. Inability to repay pharmacists similarly to other progressed practice suppliers will fuel medical care supplier deficiencies and disproportionately sway patients who are already underserved.

Thus, I respectfully urge the committee to issue a favorable report for SB0661.

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Uploaded by: State of Maryland (MD)

Position: FAV



Board of Pharmacy

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Jennifer L. Hardesty, Board President – Deena Speights-Napata, Executive Director

March 2, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 West Miller Senate Office Building
Annapolis, MD 21401

RE: SB 661 – Reimbursement of Pharmacist for Services Rendered - Letter of Support

Dear Chair Kelley and Committee Members:

The Maryland Board of Pharmacy (the Board) is submitting this Letter of Support for Senate Bill (SB) 661 – Reimbursement of Pharmacist for Services Rendered.

The Board supports SB 661 as it recognizes the broadened scope of pharmaceutical services that a Maryland-licensed pharmacist may provide to Marylanders and requires reimbursement in the same manner as other licensed healthcare professionals who provide the same service. Recognizing pharmacists as independent providers will allow Marylanders increased access to routine tests and, ultimately, decrease unmet health needs.

The Board supports the appropriate expansion of the practice of pharmacy and believes the ability to obtain reimbursement for services rendered and receive protection from certain legal challenges will spur pharmacists to offer additional health care services to the public.

The Board respectfully requests a favorable report on SB 661.

I hope this information is useful. If you would like to discuss this further, please do not hesitate to contact me at deena.speights-napata@maryland.gov / (410) 764-4753.

Sincerely,

Deena Speights-Napata, MA
Executive Director

Jennifer L. Hardesty,
PharmD, FASCP
President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

MAJ Position Paper -- SB 661 -- Pharmacists1.pdf

Uploaded by: Josh Howe

Position: FWA



SB 661 – Reimbursement of Pharmacist for Services Rendered FAVORABLE WITH AMENDMENTS

Senate Bill 661 makes amendments throughout the Maryland Annotated Code to the definition of “health care provider” to make certain statutory provisions explicitly applicable to pharmacists. SB 661 also makes a more substantial amendment to Md. Ins. Code § 15-716, to require reimbursement for health care services rendered by pharmacists.

The Maryland Association for Justice does not oppose amending the Code to require reimbursement for health care services rendered by pharmacists.

However, SB 661 would also amend the definition of “health care provider” within the Maryland Health Care Malpractice Claims Act, a statute granting special tort protection to health care providers who historically have had difficulty buying affordable insurance. Pharmacists have never enjoyed protection under the MHCMCA, because their insurance has always been affordable. For this reason, bills to add pharmacists to the MHCMCA have failed in the past (*see, e.g.*, 2014 HB 395).

Amending the MHCMCA would not affect pharmacists’ reimbursement for health care services. Extending tort protections to pharmacists, however, would diminish the rights of people harmed by pharmacy negligence, in favor of giant pharmacy chains such as Walgreen’s and CVS (which have never had difficulty accessing the insurance market).

Accordingly, MAJ requests striking page 2, lines 16-25 from Senate Bill 661.

Beginning on Page 2, Line 16 of SB 661 strike the following:

16 — 3-2A-01.

17 — (a) In this subtitle the following terms have the meanings indicated unless the
18 — context of their use requires otherwise.

19 — (f) (1) “Health care provider” means a hospital, a related institution as defined
20 — in § 19-301 of the Health General Article, a medical day care center, a hospice care
21 — program, an assisted living program, a freestanding ambulatory care facility as defined in
22 — § 19-3B-01 of the Health General Article, a physician, an osteopath, an optometrist, a
23 — chiropractor, a registered or licensed practical nurse, a dentist, a podiatrist, a psychologist,
24 — a licensed certified social worker clinical, [and] a physical therapist, AND A PHARMACIST,
25 — licensed or authorized to provide one or more health care services in Maryland.

MAJ respectfully urges a Favorable with Amendments Report on SB 661

The Maryland Association for Justice (MAJ) envisions a fair and impartial legal system that protects the rights and safety of all people. MAJ is dedicated to improving and protecting the civil justice system through legislative advocacy and the professional development of trial lawyers.

SB0661_FWA_MedChi_Reimbursement of Pharmacist of S

Uploaded by: Steve Wise

Position: FWA

MedChi

The Maryland State Medical Society

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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Joanne C. Benson

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
Christine K. Krone

DATE: March 2, 2022

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 661 – *Reimbursement of Pharmacist for Services Rendered*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 661.

Senate Bill 661 makes various changes affecting the reimbursement of pharmacists. MedChi does not take issue with the payment parity provisions of the legislation but believes that some aspects of the bill need to be clarified so that Senate Bill 661 does not become a scope of practice bill.

First, on page 3 at line 27, the bill states that coverage shall be provided “if the services are...(1) within the scope of practice of the licensed pharmacist.” We believe that for purposes of clarity the following should be added after pharmacist: “...as provided by Title 12 of the Health Occupations Article”.

Second, starting at the bottom of page 2 and continuing onto page 3, the bill amends the Health-General Article regarding human immunodeficiency virus (HIV) testing and other aspects of the statute. It is our understanding that the bill is not intended to permit pharmacists to conduct HIV testing, however that intent is not clear in our read of the legislation. With a better understanding of what aspects of this statute are sought to be changed, we believe amendments can be agreed upon.

For these reasons, MedChi supports with amendments Senate Bill 661.

For more information call:

J. Steven Wise
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