SB161_LAM_FAV.pdf
Uploaded by: Clarence Lam
Position: FAV

CLARENCE K. LAM, M.D., M.P.H.
Legislative District 12
Anne Arundel and Howard Counties

Finance Committee
Executive Nominations Committee

Joint Committee on Ending Homelessness

Senate Chair
Joint Audit and Evaluation Committee
Joint Committee on Fair Practices and State Personnel Oversight

Chair
Howard County Senate Delegation
Secretary
Asian-American & Pacific-Islander Caucus

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Miller Senate Office Building
11 Bladen Street, Room 420
Annapolis, Maryland 21401
410-841-3653 · 301-858-3653
800-492-7122 *Ext.* 3653
Clarence.Lam@senate.state.md.us

SUPPORT: SB 161 - State Board of Physicians - Dispensing Permits

The Issue:

- Under the current process for physicians who wish to obtain a physician dispensing permit, a request for a permit is made to the Maryland Board of Physicians (Board) which sets the requirements and standards the requestor must meet.
- The enforcement of these requirements and standards through initial and routine inspections is then handled by the Office of Controlled Substances Administration (OCSA) and reports and violations are then sent back to the Board.
- Since disciplinary action related to violations during inspections is handled by the Board, when reports of violations are incomplete or missing evidence, this creates unnecessary delays when Board inspectors need to return to the offices of permit holders to conduct additional inspections of the alleged violations.
- There has not been a referral for criminal charges resulting from an OCSA investigation of a physician's office.

What Does SB 161 Do?

- SB 161 will transfer the inspection requirements of physician's offices so that the Board is responsible for inspecting dispensing permit holders instead of the OCSA
- SB 161 will remove physician-related language from the Health Occupations §12-102, Md. Annotated Code (the Pharmacy Act) into Title 14 (the Maryland Medical Practice Act).
- The Board will be responsible for the inspection of physician's offices within six months after the dispensing permit is issued and once every two years the dispensing permit is renewed. If there are violations found related to dangerous and controlled substances the Board will notify the OCSA.

How Does SB 161 Help?

- SB 161 will alleviate unnecessary delays in conducting inspections by transferring the responsibility of inspecting permit holders from the OCSA to the Board.
- It will minimize instances of these delays in the investigative process and expedite the Board's ability to conduct disciplinary action.
- This will increase patient protection and be a more cost-effective and quicker process for dispensing permit inspections.

SB0161_FAV_MedChi_BOP - Dispensing Permits.pdf
Uploaded by: Danna Kauffman
Position: FAV

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
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1.800.492.1056

www.medchi.org

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Maryland State Board of Physicians
The Honorable Senator Clarence Lam

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: February 7, 2023

RE: **SUPPORT** – Senate Bill 161 – *State Board of Physicians – Dispensing Permits*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 161, which simply transfers the authority to conduct inspections from the Maryland Office of Controlled Substance Administration (OCSA) to the Maryland Board of Physicians (Board). Senate Bill 161 does not make any substantive changes to the standards or qualifications necessary to obtain a physician dispensing permit.

Maryland law currently authorizes a physician to dispense medications provided that the physician has an active license in good standing, applies for a permit from the Board, and complies with certain requirements, such as:

- comply with dispensing and labeling requirements;
- record the dispensing of the prescription drug or device on the patient's chart;
- provide the patient with a written prescription and maintain prescription files;
- comply with the child resistant packaging requirements regarding prescription drugs;
- comply with drug recalls; and
- purchase prescription drugs from a pharmacy or wholesale distributor who holds a permit issued by the State Board of Pharmacy.

Under current law, OCSA is then responsible for conducting required inspections. These inspections are completed by OCSA regardless of whether the physician even dispenses controlled dangerous substances (CDS), of which the majority of dispensing physicians do not. The completed

inspection report by OCSA is then returned to the Board for processing and, if violations are cited, for disciplinary actions. However, this often requires the Board to re-inspect the physician's office since OCSA does not collect evidence for the Board, causing enforcement delays. Currently, the Board has inspection authority over physician practices. It is important to note that under Senate Bill 161, the Board will be required to refer any cases involving CDS to OCSA for further action, which is a much better use of OCSA's time given resource challenges.

Therefore, MedChi believes that Senate Bill 161 will create a more cohesive and efficient regulatory process by eliminating the back and forth that currently occurs between the Board and OCSA, which will increase patient safety and streamline the process. Hence, MedChi supports Senate Bill 161 and urges a favorable vote.

Northeast Maryland Waste Disposal Authority.pdf
Uploaded by: nanci Wilkinson
Position: FAV

HB 161 Northeast Maryland Waste Disposal Authority – Evaluation and Termination of Bond Authority (Northeast Maryland Waste Disposal Authority Sunset Act)
Sponsored by Delegates Korman and Szeliga
Hearing 2/08 at 1:30 p.m.
Senate Environment & Transportation Committee
Organization: Environmental Justice Ministry Cedar Lane Unitarian Universalist Church
Position: Favorable

Prohibiting the Northeast Maryland Waste Disposal Authority from issuing bonds beginning June 1, 2023; requiring the Department of Legislative Services to evaluate the Authority providing enough detail for the General Assembly to determine whether the Authority should continue in its current form; requiring the Maryland Environmental Service and the Maryland Clean Energy Center to review certain aspects of the Authority and analyze whether the Environmental Service or the Clean Energy Center could assume those aspects; etc.

The Environmental Justice Ministry of Cedar Lane Unitarian Universalist Church strongly supports HB161, the Northeast Maryland Waste Disposal Authority Sunset Act, sponsored by Delegates Korman and Szeliga. This legislation tasks the Department of Legislative Services with conducting an evaluation of the Northeast Maryland Waste Disposal Authority, a basic good-government step recommended for all such quasi-governmental agencies by the State Transparency and Accountability Review Commission in 2021. Since we do not want to see any new trash incinerators built in Maryland, and since other business conducted by the Waste Disposal Authority is duplicative of other quasi-governmental agencies, it makes sense for the state to evaluate this agency and carefully consider what are the right steps for its future.

The Maryland Environmental Service Reform Act of 2021 made a number of improvements to MES's operations, transparency, and accountability; it also requires MES to report to the legislature on its efforts to reduce greenhouse gas emissions annually, something the Waste Disposal Authority is not required to do. Given the large impact that solid waste management techniques have on the environment, it makes sense to have measures like that in place.

- *This legislation* does not *prevent the Waste Disposal Authority from providing the procurement and management services that it has been conducting with participating counties for the past several years; that will be able to continue while DLS conducts its evaluation. The legislation* does *prevent the Waste Disposal Authority from issuing new bonds; this is important to prevent any additional encumbrances that would prevent the legislature from acting on the information in DLS's report after it is completed in December 2024. The Waste Disposal Authority reported to the legislature last month that*

it did not issue any new bonds during 2021 or 2022 and has no plans to issue bonds during 2023.

- *The State Transparency and Accountability Review Commission recommended that* every *quasi-governmental agency (QGA) receive periodic reviews at least every eight years, which has not happened. The Commission recommended that these reviews consider questions like: Is there still a need for this QGA? Is this QGA continuing to fulfill legislative intent? Should this agency continue as a QGA? Should this agency move back to a governmental agency? Has this agency operated with transparency and accountability? This legislation implements this recommendation, a basic good-government measure.*

For all of these reasons, please pass the Northeast Maryland Waste Disposal Authority Sunset Act, so that the Department of Legislative Services may conduct this valuable review and the legislature can consider its findings in 2025.

Thank you,

Nanci Wilkinson

Environmental Justice Ministry

Cedar Lane Unitarian Universalist Church

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3 - SB 161 - FIN - BOP - LOS.docx.pdf
Uploaded by: State of Maryland (MD)
Position: FAV

Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

2023 SESSION
POSITION PAPER

BILL NO.: **SB 161 – State Board of Physicians – Dispensing Permits**
COMMITTEE: **Finance**
POSITION: **Letter of Support**

TITLE: **State Board of Physicians – Dispensing Permits**

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this letter of support for Senate Bill (SB) 161 – State Board of Physicians – Dispensing Permits. SB 161 would move the authority for inspection of physicians who hold in-office dispensing permits from the Office of Controlled Substances Administration (OCSA) to the Board. All of the requirements and standards for dispensing physicians would remain the same. The Board urges the Committee to submit a favorable report on SB 161.

Under current law, when a physician in Maryland wishes to dispense prescription drugs or devices directly from their office, they are required under Health Occupations Article § 12-102 to obtain a dispensing permit from the Board. The dispensing physician is subject to a number of requirements related to labeling, storage, record-keeping, reporting, signage and more.

As a regulatory body charged with protecting the public, the Board is responsible for disciplining any physician who fails to comply with the laws governing dispensing found in Health Occupations Article § 12-102 (m). Unfortunately, the current process for handling the dispensing permit inspections is filled with inefficiencies and roadblocks that frequently delay or in some cases prevent the Board from fulfilling this responsibility. Once the Board issues a dispensing permit, it is then forwarded to the Office of Controlled Substances Administration (OCSA) to initiate an inspection. When the inspection is concluded, OCSA then sends its inspection reports back to the Board, which is responsible for processing the inspection reports and initiating any investigations or disciplinary proceedings if necessary. Because OCSA inspectors do not collect evidence for the Board during the inspection process, when findings occur that might present a violation of the Pharmacy Act or the Medical Practice Act, the Board must then send its own inspectors to re-inspect a facility and collect evidence. At a minimum this creates a significant delay in the investigative process. In some cases, it prevents the Board from pursuing disciplinary action outright.

SB 161 would seek to remedy these unnecessary delays by moving the authority for inspections from OCSA to the Board, while keeping all other requirements the same. This would bring inspection of dispensing permit holders in line with the inspections performed for all other Board investigations, which are conducted by Board inspectors. Board inspectors are duly trained in evidence collection and already have statutory authority to enter and inspect the place of business of any licensed facility. Conducting its own inspections would allow the Board to increase the frequency and timeliness of these inspections and more quickly move to take action if violations are found.

Meanwhile, OCSA would still retain authority over all physicians who prescribe or dispense controlled

dangerous substances (CDS) through the CDS Registration, and in cases where a Board inspector finds violations involving CDS, the case would immediately be referred to OCSA. This will allow OCSA to continue monitoring the CDS Registration without being required to devote resources to on-site inspections for permit-holders that they have no disciplinary authority over. The overall result would be increased patient protection and a quicker, more cost-efficient process for inspections.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, 410-764-5042.

Sincerely,

Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

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

Ltr of Concern.pdf
Uploaded by: Zak Shirley
Position: FWA

ANTHONY G. BROWN
Attorney General

CANDACE MCLAREN LANHAM
Chief of Staff

CAROLYN A. QUATTROCKI
Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

FACSIMILE NO.
410-576=6314

WRITER'S DIRECT DIAL NO.
410-576-6864

February 6, 2023

To: The Honorable Melony Griffith
Chair, Senate Finance Committee

From: The Office of the Attorney General

Re: Senate Bill 0161 (State Board of Physicians – Dispensing Permits: Letter of Concern with Amendments

The Office of the Attorney General files this letter of concern because the bill would remove inspection authority over physician dispensing permits from the Office of Controlled Substances Administration (OCSA) and vest that authority exclusively in the Board of Physicians (BOP) – which already has authority to conduct inspections. The fact that ongoing illegal conduct by some physicians contributes to the opioid crisis makes appropriate the continued scheme of OCSA oversight. We therefore urge caution against making any statutory changes that would threaten the independence and power of OCSA to oversee physician dispensing.

The Controlled Dangerous Substance (CDS) Act was enacted to "prevent [CDS] abuse, which results in a serious health problem to the individual and represents a serious danger to the welfare of the people of the State." Md. Code Ann., Crim. Law § 5-102(b)(1)(ii). OCSA enforces the CDS Act from the point of registration through inspection and revocation or suspension when "an imminent danger exists to public health or safety." Md. Code Ann., Crim. Law § 5-308(d). Of crucial importance is the CDS Act's mandate that the summary suspension or revocation proceedings "**shall be independent of and not instead of any criminal prosecution or other proceeding under State law**." (emphasis added) Md. Code Ann., Crim. Law § 5-308(c)(1). Indeed, OCSA's inspection authority is integral to its summary suspension or revocation authority and removing physician-dispensing inspection authority from OCSA risks running afoul of the intent and provisions of the CDS Act.

Maryland's residents and communities continue to suffer under the opioid crisis. They expect and deserve the State's best efforts to prevent illegal conduct of physicians

with CDS registrations and dispensing authority which includes, at a minimum, a fulsome review processes by an independent agency.

The BOP has expressed concern that, among other things, the infrequent OCSA inspections are often incomplete and lack the specificity needed for the BOP to exercise its disciplinary authority over dispensing physicians when problems are found. OCSA has maintained it lacks sufficient resources to meet its statutory obligations. This bill would divert already scarce resources from OCSA (transferring investigators from OCSA to BOP), further eroding patient protections which are best served by a robust independent inspection process. An alternative approach would be to provide OCSA with additional resources in order to maintain the independence of inspections, especially while opioid overuse is still epidemic, and ensure the BOP has the inspection information it needs to discipline dispensing physicians when necessary.

Additionally, housing dispensing permit inspections with the BOP creates challenges for law enforcement. While the BOP can provide information to law enforcement when they deem it appropriate, it is important to recognize that Md. Code Ann., Health Occ. § 14-410 could render the investigative information inadmissible at any resulting trial, causing law enforcement to lose valuable time re-investigating to obtain useful evidence that would be admissible without challenge under § 14-410. The duplication of effort the BOP wishes to be relieved of would not be eliminated, but instead would be shifted to the other agencies who have co-responsibilities for enforcing the CDS Act. This is a restriction that does not affect OCSA in their inspection activities and resulting referrals. One advantage of keeping independent inspection authority with OCSA is there is no such prohibition against the admissibility of their investigative information.

The Office offers several amendments to the bill that would ameliorate some of the Office's concerns; with these amendments the Office would be neutral. (Amendments Attached)

Lastly, while the Office recognizes the totality of the physician dispensing permit processes is outside the scope of this bill, we think it warrants a comprehensive and critical review, particularly in relation to the dispensing of controlled dangerous substances. The Board of Physicians may issue a dispensing permit if the permit is "in the public interest," meaning the dispensing of drugs or devices by a licensed physician "to a patient when a pharmacy is not conveniently available to the patient." Md. Code Ann., Health Occ. § 12-102(a)(2). Given the continuing opioid epidemic, this standard may be too broad to include controlled dangerous substances in a dispensing permit.

C: Senator Lam

SB161 – State Board of Physicians – Dispensing Permits
OAG Amendments

Board Member Conflict

1. On page 10, line 9, after "(E)(1)(I)" INSERT "EXCEPT AS PROVIDED IN (III),"
2. On page 10, line 9, after "(II)" INSERT "EXCEPT AS PROVIDED IN (III),"
3. On page 10, at the end of line 14, after "PERMIT." INSERT "(III) IF A DISPENSING PERMIT IS ISSUED TO A MEMBER OF THE BOARD, OR IF THE BOARD MEMBER WORKS FOR OR HAS ANY BUSINESS INTEREST IN THE OFFICE TO BE INSPECTED, THE OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION SHALL ENTER AND INSPECT THE OFFICE. THE OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION SHALL REPORT TO THE SECRETARY ANY VIOLATION RELATED TO CONTROLLED DANGEROUS SUBSTANCES FOUND DURING AN INSPECTION."

OCSA Records

1. On page 10, line 25, after "(2)" insert "COPIES OF".

Admissible Evidence

On page 10, after line 18, INSERT,

"Article – Health Occupations

§ 14-410. Records not admissible or discoverable

In general

(a) Except by the express stipulation and consent of all parties to a proceeding before the Board, a disciplinary panel, or any of its other investigatory bodies, in a civil **[~~or criminal~~]** action:

(1) The proceedings, records, or files of the Board, a disciplinary panel, or any of its other investigatory bodies are not discoverable and are not admissible in evidence; and

(2) Any order passed by the Board or disciplinary panel is not admissible in evidence.

Civil actions

(b) This section does not apply to a civil action brought by a party to a proceeding before the Board or a disciplinary panel who claims to be aggrieved by the decision of the Board or the disciplinary panel.

(C) THIS SECTION DOES NOT APPLY TO A CIVIL OR ADMINISTRATIVE ENFORCEMENT PROCEEDING BROUGHT UNDER MD CODE, COMMERCIAL LAW, §§ 13-401-407, 13-409-410; MD CODE, GENERAL PROVISIONS, §§ 8-101, ET SEQ.; OR MD CODE, HEALTH - GENERAL, § 2-601, ET SEQ.

Disclosure in other proceedings

(D) If any medical or hospital record or any other exhibit is subpoenaed and otherwise is admissible in evidence, the use of that record or exhibit in a proceeding before the Board, a disciplinary panel, or any of its other investigatory bodies does not prevent its production in any other proceeding.

§ 14-411. Records subject to disclosure

Record defined

(a) In this section, "record" means the proceedings, records, or files of the Board or a disciplinary panel.

In general

(b) Except as otherwise expressly provided in this section**, § 14-410, AND § 14-411.1** of this subtitle, the Board, a disciplinary panel, or any of its other investigatory bodies may not disclose any information contained in a record.

Disclosure allowed

(c) Nothing in this section shall be construed to prevent or limit the disclosure of:

(1) General licensure, certification, or registration information maintained by the Board, if the request for release complies with the criteria of § 4-333 of the General Provisions Article;

(2) Profile information collected and disseminated under § 14-411.1 of this subtitle; or

(3) Personal and other identifying information of a licensee, as required by the National Practitioner Data Bank for participation in the proactive disclosure service.

Physician discipline

(d) The Board shall disclose any information contained in a record to:

(1) A committee of a hospital, health maintenance organization, or related institution if:

(i) The committee of a medical hospital staff concerned with physician discipline or other committee of a hospital, health maintenance organization, or related institution requests the information in writing;

(ii) A disciplinary panel has issued an order as to a licensed physician on whom the information is requested; and

(iii) The Board determines that the information requested is necessary for an investigation or action of the committee as to a medical privilege of a licensed physician; **[**or**]**

(2) The Secretary, the Office of Health Care Quality in the Department, the Maryland Health Care Commission, or the Health Services Cost Review Commission for the purpose of investigating quality or utilization of care in any entity regulated by the Office of Health Care Quality or the Health Services Cost Review Commission**;**

(3) THE OFFICE OF THE ATTORNEY GENERAL FOR PURPOSES OF INVESTIGATIONS OR CIVIL ENFORCEMENT ACTIONS UNDER MD CODE, COMMERCIAL LAW, § 13-401, ET SEQ.; MD CODE, GENERAL PROVISIONS, § 8-101, ET SEQ.; OR MD CODE, HEALTH - GENERAL, § 2-601, ET SEQ.; OR

(4) ANY LAW ENFORCEMENT AGENCY OF THE STATE WHEN SERVED WITH AN APPROPRIATE SUBPOENA."

SB161.MPhA.pdf
Uploaded by: Aliyah Horton
Position: UNF

MPhA
MARYLAND PHARMACISTS ASSOCIATION

Date: February 6, 2023
To: The Honorable Melony Griffith, Chair
From: Aliyah N. Horton, CAE, Executive Director, MPhA, 240-688-7808
Cc: Members, Senate Finance Committee
Re: **OPPOSED SB 161 – State Board of Physicians - Dispensing Permits**

The Maryland Pharmacists Association (MPhA) strongly opposes **SB 161 – State Board of Physicians - Dispensing Permits.** The bill serves to remove key oversight of physician dispensing from the Office of Controlled Substances Administration to the regulatory body responsible for the physician practice act; and reduce key continuing education requirements.

- The bill removes the provisions that a physician allow OCSA to inspect physician dispensing offices and report to Maryland Board of Physicians on their findings.
    - MPhA has maintained that OCSA enforce the current laws and inspect the offices of dispensing prescribers on a routine basis and report to the respective licensing boards with their inspection findings.
    - The independent power of OCSA to enforce Controlled Dangerous Substance (CDS) registrations must be maintained to be able to act swiftly in revoking and suspending the permits of bad actors.
    - The oversight of physician dispensing must be up to par with the requirements for other entities that dispense or handle controlled substances.
    - Physician dispensers should not be held to a lesser standard or treated differently than other practitioners and entities engaged in similar dispensing roles. Currently OCSA investigations and oversight includes – practitioners, pharmacies, hospitals, distributors, nursing homes, assisted living facilities, Methadone programs, drug/alcohol programs, animal control facilities and more.

- The bill also removes the requirement for physician dispensers to complete of 10 hours of continuing education over 5 years.
    - The current requirement is only **TWO hours** of training per year for a physician to receive education on preparing and dispensing prescription drugs.
    - The current requirement is reasonable given the opioid crisis in Maryland, and the need to reinforce Maryland CDS laws.
    - Physicians who are prescribing and dispensing must stay up-to-date on the Centers for Disease Controls prescribing and dispensing guidelines and other critical information related to pain management.

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.

SB0161 State Board of Physicians - Dispensing Perm

Uploaded by: DENNIS RASMUSSEN

Position: UNF

02/07/2023 **SB 161**

Testimony offered on behalf of:

EPIC PHARMACIES, INC.

IN OPOSITION OF:

SB 161 – State Board of Physicians – Dispensing Permits

Hearing 2/07/23 at 1:00PM

EPIC Pharmacies Opposes HB 161, State Board of Physicians – Dispensing Permits.

It is an unfortunate truth that the over prescribing of controlled substances in MD and across the country has helped fuel an opioid epidemic. While we disagree with the provisions that allow physicians to dispense these medications because of a perceived convenience rather than a specific need, we have come to accept that in some circumstances there is benefit to patients through the use of physician dispensing permits. By far, the vast majority of these practitioners are doing this for the right reasons. With that said, pharmacists have long questioned those clinics whose business model focuses on the treatment of patients almost exclusively with controlled substances and then also dispenses those drugs to their patients without any pharmacy safeguards to increase the safety of this process. This model specifically, is why we oppose any legislation that removes the oversight of the Office of Controlled Substance Administration (OCSA).

As a pharmacy owner who is routinely inspected by the OCSA, I can understand why physicians would like to eliminate this oversight. My staff and I know that these are difficult and invasive inspections and that they always seem to come at the most inopportune time. While their visits challenge our workflow, this office is full of experienced professionals whose independent oversight of pharmacy and physician dispensing most certainly results in a safer process for patients who need these medications. The fact that they are thorough and independent of any of the professional boards means that they are able to hold these practices to the high standards that these drugs demand. Under the current regulations, OCSA is impartial and unable to be bent to the influence of practitioners serving on their respective boards who may want to simply make the process easier and less restrictive. For the safety of our patients and your constituents serviced by physician dispensers, we strongly oppose any legislation that would lessen the authority of the OCSA in Maryland. Please vote unfavorably on HB161.

Sincerely,

Brian M. Hose, PharmD
Chair, EPIC PharmPAC of MD
Owner, Sharpsburg Pharmacy

UNFAVORABLE.SB161.HB241.MDRTL.L.Bogley.pdf
Uploaded by: Laura Bogley
Position: UNF

Opposition Statement SB161/HB241
State Board of Physicians - Dispensing Permits
Laura Bogley, JD
Executive Director, Maryland Right to Life

We Strongly Oppose SB161/HB241

On behalf of our followers across the state, we strongly object to SB161/HB241. This bill would remove the oversight and specialized expertise of the Office of Controlled Substances Administration in dispensing controlled dangerous substances. By enacting this as law, the Assembly would weaken existing safeguards for patients and reduce the standard of medical care. We specifically object to the reduced standard of care for the use, prescription and dispensing of chemical abortion drugs, mifepristone and misoprostol. Chemical abortion is four times more dangerous for women than surgical abortion. We urge you to put pregnant patients' health and safety above abortion profits and politics, by issuing an unfavorable report on this bill.

Maryland Board of Physicians is Overextended

This bill is an overreach of the Maryland Board of Physicians to usurp the authority and specialized expertise of the Office of Controlled Substances Administration. The Board is overextended and recent attempts to politicize and expand the role of the Board, including HB1252 (2022), which would have given the Board oversight, certification and disciplinary authority over non-physicians known as "allied health professionals" and even non-medical providers, have been rejected by the Senate.

"D-I-Y" Abortions Endanger Women

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion pills. The Assembly removed the final safeguard in law for women seeking abortion when they enacted the Abortion Care Access Act of 2022 and removed the physician only requirement**. In doing so, the Assembly removed abortion from the spectrum of healthcare.**

85% of obstetricians and gynecologists refuse to commit abortion, demonstrating that abortion is not an essential part of women's health care. In response to this provider scarcity, the abortion industry is commercializing **"Do-It-Yourself" abortion pills**. The abortion industry's radical agenda to indiscriminately sell "D-I-Y" abortions is normalizing "back alley abortions" where women self administer and hemorrhage without medical supervision or assistance.

Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.

Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drug's potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

Put patients before abortion politics and profits

Maryland policymakers have put abortion politics before patients. In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telabortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

Telehealth v. Teledeath

The Assembly enacted several bills into law as supposed Covid measures. These laws expanded telabortion through remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state's disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

Abuse of Abortion Drugs

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

The abortion industry is only concerned with abortion remaining legal. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion pills. We respectfully urge you to issue a favorable report on this important bill. Thank you for your consideration.