SB678.MPhA.pdf
Uploaded by: Aliyah Horton
Position: FAV

MPhA
MARYLAND PHARMACISTS ASSOCIATION

Date: February 28, 2023
To: The Honorable Melony Griffith, Chair
From: Aliyah N. Horton, FASAE, CAE, Executive Director, MPhA, 240-688-7808
Cc: Senate, Finance Committee
Re: **FAVORABLE - SB 678** – Health Insurance – Reimbursement for Services Rendered by a Pharmacist

The Maryland Pharmacists Association (MPhA) recommends a FAVORABLE report for SB 678, Health Insurance – Reimbursement for Services Rendered by a Pharmacist. Founded in 1882, MPhA is the only state-wide professional society representing all practicing pharmacists, pharmacy technicians and student pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland pharmacists and promote excellence in pharmacy practice.

The bill requires Maryland Medical Assistance Program, Maryland Children's Health Program, certain insurers, non-profit health service plans and health maintenance organization to provide coverage for all services rendered to an enrollee by a licensed pharmacist within the pharmacist's lawful scope of practice, to the same extent as services rendered by any other health care practitioner, regardless of practice setting.

- The bill is based on a recommendation from a Maryland Insurance Administration Work Group authorized by HB 1219 - Pharmacists - Status as Health Care Providers and Study on Reimbursement passed in the 2022 legislative session.
- Pharmacists are one of the most accessible health care providers for Maryland patients, with most Maryland residents living within five miles of a pharmacy.
- Maryland has 47 designated HPSAs and only 55% of the primary care needs in those areas are currently being met. There are 5,310 highly trained pharmacists in Maryland who are ready to provide valuable healthcare services.
- SB 678 facilitates opportunities for pharmacists to fill patient care gaps in service and access.
- 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.
- The committee is aware that pharmacies consistently have been challenged by predatory pharmacy benefit manager practices related to under reimbursement for medications and low dispensing fees, among other issues.
- This has put tremendous pressure on the current pharmacy business model. Pharmacy revenue largely 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.
- Payment for services provides a revenue stream for pharmacist work AND improves patient outcomes.
- 23 states are able to bill Medicaid for varying levels of pharmacist provided clinical services.
- 11+ states (as of May 2022) have full payment parity across payor options.

RETURN ON INVESTMENT

- 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-$25 for every $1 invested in pharmacist clinical interventions. [1]
- A systematic review indicated positive return on investment when evaluating broader cognitive pharmacist services, with up to $4 in benefits expected for every $1 invested in clinical pharmacy services.[2]

This legislation is supported by the full Maryland Pharmacy Coalition:

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
- Notre Dame of Maryland University School of Pharmacy
- Maryland Association of Chain Drug Stores

[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.

MD SB_678_NCPA_fav.pdf
Uploaded by: Belawoe Akwakoku
Position: FAV

March 1, 2023

The Honorable Melony Griffith, Chairwoman
The Honorable Katherine Klausmeier, Vice-Chairwoman
Senate Finance Committee
Miller Senate Office Building
11 Bladen Street, Room 2 West Wing
Annapolis, MD 21401

RE: SUPPORT FOR SENATE BILL 678 – REIMBURSEMENT FOR SERVICES RENDERED BY A PHARMACIST

Chair Griffith, Vice Chair Klausmeier, and Members of the Finance Committee,

We thank you for the opportunity to submit testimony on **SENATE BILL 678,** a bill that 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.

NCPA represents the interest of America's community pharmacists, including owners of more than 19,400 independent community pharmacies across the United States and 332 independent pharmacies in Maryland. These Maryland pharmacies filled over 20 million prescriptions last year, impacting the lives of thousands of patients in your state. Over 90% of Americans live within five miles of a community pharmacy,[1] and more than any other segment of the pharmacy industry, independent community pharmacies are often located in underserved rural and urban areas.

Within the next 10 years, the U.S. could see a shortage of over 55,000 primary care physicians.[2] In Maryland there are 47 areas that are designated as health professional shortage areas.[3] There are thousands of pharmacists in Maryland who are ready to provide valuable healthcare services to these communities that have limited access to care.[4] 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.

[1] NCPDP Pharmacy File, ArcGIS Census Tract File, NACDS Economics Department.
[2] 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
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-areashpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.
[4] Bureau of Labor Statistics. Occupational Employment Statistics Query System. Available at: https://data.bls.gov/oes/#/home.

100 Daingerfield Road
Alexandria, VA 22314-2888
703.683.8200 PHONE
703.683.3619 FAX

To the benefit of this realignment substantial published literature documents the significant improvement to patient outcomes[5] and reduction in health care expenditures[6] 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)."[6] The adoption of Senate Bill 678 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 communities[7], are closing because 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.

Senate Bill 678 will ensure more patients have greater access to health care services provided by pharmacists while supporting the sustainability of local pharmacies in our communities. 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.

NCPA strongly supports the Maryland Pharmacists Association in their advocacy for this bill. We appreciate the bill's sponsor, Senator Beidle, for her attention to this important issue and urge approval from this committee.

Sincerely,

Belawoe Akwakoku
Manager, State Government Affairs Manager
National Community Pharmacists Association

[5] 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

[6] 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

[7] 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-desserts-rural-america/

SB0678_FAV_MedChi, MACHC_HI - Reimbursement for Se
Uploaded by: Danna Kauffman
Position: FAV

MedChi

MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Pamela Beidle

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

DATE: March 1, 2023

RE: **SUPPORT** – Senate Bill 678 – *Health Insurance – Reimbursement for Services Rendered by a Pharmacist*

On behalf of the Maryland State Medical Society and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 678. Senate Bill 678 provides that, for the Medicaid program, the Children's Health program, and for commercial health insurers coverage, coverage for services rendered to an enrollee, or insured by a licensed pharmacist acting within the pharmacist's lawful scope of practice must be to the same extent as services rendered by any other licensed health care provider.

Senate Bill 678 is simply about payment parity. Those who are contracted by an insurer, whether public or private, to provide a service should not be paid less for that service than others. For this reason, we support Senate Bill 678.

APhA_Comments.SB678.FIN.pdf
Uploaded by: Michael Murphy
Position: FAV

APhA
American Pharmacists Association

February 28, 2023

[submitted electronically via: mgaleg.maryland.gov]

The Honorable Senator Melony Griffith
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

RE: SB 678 (Beidle) – Health Insurance - Reimbursement for Services Rendered by a Pharmacist – SUPPORT

Dear Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on Senate Bill (SB) 678 (Senator Beidle). SB 678 will allow for the reimbursement of services provided by pharmacists practicing within their scope of practice by private and public health plans in the State beginning October 1, 2023. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also properly aligns the current role of the pharmacist, with their extensive education and training, to practice at the top of their license.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Maryland, with 5,220 licensed pharmacists and 6,430 pharmacy technicians, APhA represents the pharmacists, student pharmacists, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

We also support the submitted testimony from the Maryland Pharmacists Association.

2215 Constitution Ave. NW
Washington, DC 20037
800 237 2742
pharmacist.com

Substantial published literature clearly documents the proven and significant improvement to patient outcomes[1] and reduction in health care expenditures[2] when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Maryland is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, and others. In states where such programs have already been implemented, we are observing health plans recognizing the value of the pharmacist and investing in the services they provide in order to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.[3]

As the most accessible healthcare professionals, pharmacists are a vital provider of care, especially for those living in underserved and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall healthcare expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Maryland's recognition of many other health care providers.

As you may be aware, many of Maryland's neighborhood pharmacies, especially those in rural communities[4], are closing as a result of the unsustainable reimbursement model in the drug supply chain enhancing health care disparities. Without immediate changes, the current payment model is putting many independent pharmacies out of business and creating "pharmacy deserts" in minority and underserved communities, where the neighborhood pharmacy may be the only health care provider for miles.[5]

The creation of programs that allow for the direct reimbursement of services provided by pharmacists through Medicaid, Medicaid Managed Care Organizations, and private health plans opens additional revenue opportunities for these pharmacists to maintain their practice and provide valuable health care services that are necessary for many Maryland communities. It is also important to note these programs are not expected to raise costs for health plans, as published literature has shown pharmacist-provided care results in cost savings and healthier patients.[6,7] This strong return on investment supports why many other

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[1] 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

[2] 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

[3] CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/

[4] 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-desserts-rural-america/

[5] Guadamuz, Jenny. Et. al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. Health Affairs. May 2021, available at: https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01699

[6] 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

[7] 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

states that have established comparable programs. For example, Oregon, identified in their fiscal legislative analysis that the creation of a similar program would have "minimal expenditure impact on state or local government."[8]

For these reasons, APhA strongly supports SB 678 and respectfully requests your "AYE" vote. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

E. Michael Murphy, PharmD, MBA
Advisor for State Government Affairs
American Pharmacists Association

cc: Senator Katherine Klausmeier, Vice Chair
Senator Pamela Beidle
Senator Arthur Ellis
Senator Dawn Gile
Senator Antonio Hayes
Senator Stephen S. Hershey, Jr.
Senator Benjamin F. Kramer
Senator Clarence K. Lam
Senator Johnny Mautz
Senator Justin Ready

Michael Baxter, APhA Acting Head of Government Affairs

[8] FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866.

2023 MNA SB 678 Senate Side FAV.pdf
Uploaded by: Michael Paddy
Position: FAV

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 678 - Health Insurance - Reimbursement for Services Rendered by a Pharmacist**

Hearing Date: **March 1, 2023**

Position: **Support**

The Maryland Nurses Association (MNA) supports *Senate Bill 678 - Health Insurance - Reimbursement for Services Rendered by a Pharmacist*. This bill requires that all services rendered by a licensed pharmacist within the pharmacist's lawful scope of practice, rather than only certain services, be reimbursed.

Reimbursement for pharmacists providing vaccinations and prescribing contraception is a crucial element of providing quality healthcare. Vaccinations are an important way to prevent the spread of dangerous and contagious diseases and can save lives. Contraception is essential for people to be able to make informed decisions about their reproductive health. By ensuring pharmacists are properly reimbursed for providing these services, it is more likely that pharmacies will offer them and more people will have access to them. This helps to reduce the burden on other healthcare providers and allows more people to receive care in their local community. Reimbursement also provides financial security for pharmacists, allowing them to focus more on patient care and less on the financial pressures of their practice. Ultimately, reimbursement is a key part of providing essential healthcare services.

We ask for a favorable report. If we can provide any additional information, please contact Michael Paddy mpaddy@policypartners.net.

SB678 Testimony.pdf
Uploaded by: Pamela Beidle
Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

DEPUTY MAJORITY WHIP

Finance Committee
Chair, Executive Nominations Committee
Spending Affordability Committee

Joint Committee on Gaming Oversight
Joint Committee on Management of Public Funds

Chair, Anne Arundel County Senate Delegation

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

James Senate Office Building
11 Bladen Street, Room 202
Annapolis, Maryland 21401
410-841-3593 · 301-858-3593
800-492-7122 Ext. 3593
Pamela.Beidle@senate.state.md.us

February 28, 2023

SB 678
Health Insurance – Reimbursement for Services Rendered by a Pharmacist

Good Afternoon Chair Griffith, Vice Chair Klausmeier, and Members of Finance;

I appreciate the opportunity today to present to you SB 678, Health Insurance Reimbursement for Services Rendered by a Pharmacist. SB678 is the product of a Maryland Insurance Administration Working Group from the summer and its report to the General Assembly. It requires the Maryland Medical Assistance Program, the Maryland Children's Health Program and others to provide coverage for all services rendered by a licensed pharmacist within the pharmacist's scope of practice – to the same extend as services rendered by any other healthcare practitioner.

Pharmacist patient-care services demonstrate improved patient outcomes and reduced overall health care costs. 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. Pharmacists are well positioned to fill patient care gaps providing services and access.

I respectfully request a favorable SB678.

12a - SB 678 - FIN - PHARM - LOS.pdf
Uploaded by: State of Maryland (MD)
Position: FAV

Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF PHARMACY
Jennifer L. Hardesty, PharmD, FASCP, Board President — Deena Speights-Napata, MA, Executive Director

March 1, 2023

The Honorable Melony Griffith
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 678 – Health Insurance – Reimbursement for Services Rendered by a Pharmacist

Dear Chairwoman Griffith and Committee Members:

The Maryland Board of Pharmacy (Board) respectfully submits this letter of support for Senate Bill (SB) 678 – Health Insurance – Reimbursement for Services Rendered by a Pharmacist.

SB 678 would provide coverage for services rendered by a licensed pharmacist who is acting within their lawful scope of practice to the same extent as services rendered by any other licensed health care provider, without regard to the pharmacist's employment arrangement or derivative authority granted by possession of a physician's order. §§ 15-151, 15-716.

Currently a Maryland-licensed pharmacist is only guaranteed reimbursement for (1) patient assessment and administering a self-administered mediation, (2) patient assessment and administering a maintenance injectable medication, (3) patient assessment and administering an injectable medication for the treatment of sexually transmitted infections, (4) or patient assessment and ultimately prescribing a contraceptive. §§ 15-148(c), 15-716(a).

While the Board focuses its efforts on licensure, discipline, inspections, and compliance, it can not escape the business component of the practice of pharmacy. Reimbursement for services rendered will encourage pharmacy operators and pharmacists to provide and enhance services that promote public health. Additionally, reimbursement for services provided may encourage pharmacists to continue in the profession for an additional number of years or entice new applicants to pursue a career in pharmacy. Maintaining an adequate number of licensed pharmacists in Maryland is imperative to the provision of health care services in hospitals, nursing homes, outpatient clinics, and local health departments.

The Board respectfully requests a favorable report on SB 678.

If you would like to discuss this further, please do not hesitate to contact Deena Speights-Napata, MA, Executive Director at deena.speights-napata@maryland.gov or (410) 764-4753.

Sincerely,

Deena Speights-Napata, MA
Executive Director

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Uploaded by: Matthew Celentano
Position: FWA

The League of Life and Health Insurers of Maryland

15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

March 1, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Senate Bill 678 - Health Insurance - Reimbursement for Services Rendered by a Pharmacist

Dear Chairman Griffith,

The League of Life and Health Insurers of Maryland, Inc. (The League) was formed in 1989 to serve the life and health insurers in Maryland in meeting their legislative and regulatory needs. For almost 30 years, The League serves as the trade association for the life and health insurance industry before the Maryland General Assembly, the Maryland Insurance Administration, the Maryland Health Benefit Exchange, and other state regulatory agencies on insurance.

The League is supportive of increasing access to important health care services to all Marylanders. We respectfully request amendments to Senate Bill 678 to delay the implementation of the bill to July 1, 2024 in order for carriers to implement the needed systems changes for reimbursement, credentialing, and networking.

For these reasons, the League urges the committee to give Senate Bill 678 a favorable report with the above amendment.

Very truly yours,

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

2023 SB678 Written Testimony.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB678
Health Insurance - Reimbursement for Services Rendered by a Pharmacist
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB678

On behalf of our 200,000 followers across the state, we respectfully object to SB678. We oppose the use of this bill for funding abortions by reimbursing pharmacists for prescribing chemical abortion drugs. We reject the premise that requires "the Maryland Medical Assistance Program, the Maryland 4 Children's Health Program, and certain insurers, nonprofit health service plans, and 5 health maintenance organizations to provide coverage for all services rendered by a 6 licensed pharmacist within the pharmacist's lawful scope of practice" when those services would include reimbursement for chemical abortion drugs. Taxpayers should not be forced to fund the use of the dangerous chemical abortion drugs. We ask that a Hyde-like amendment be added to exclude use of this bill for any abortion purposes.

The Maryland Medical Assistance Program and the Maryland Children's Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over $6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother. With the advent of chemical abortion, those prescriptions are easily obtained via the internet.

Abortion is about revenue. The state of Maryland forces taxpayers to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program.

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. Chemical abortion is 4 times more likely to result in complications than surgical abortion. The abortion industry itself calls these pills "Do-It-Yourself" abortions. Telehealth has made these pills easily accessible making women and girls victims of the predatory abortion industry. A telehealth prescription removes any serious assessment of the woman or girl's physical condition and whether or not she is getting this prescription voluntarily or by coercion. Do not assist sex traffickers and other abusers to continue their criminal behavior.

Opposition Statement SB678, page 2 of 2
Funding for Wage Increases for Medical Provider Workers
Deborah Brocato, Legislative Consultant
Maryland Right to Life

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds*."

Maryland urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without this amendment, we ask that you oppose this **SB678** in its entirety.

UNFAVORABLE.SB678.HB1151.MDRTL.L.Bogley.pdf
Uploaded by: Laura Bogley
Position: UNF

OPPOSITION STATEMENT
SB678/HB1151
Health Insurance-Reimbursement for Services Rendered by Pharmacist
Laura Bogley, JD
Maryland Right to Life

On behalf of our Board of Directors and members across the state, we oppose SB678/HB1151 as written and strongly object to the appropriation of public funds for the purposes of abortion. Maryland Right to Life supports policy that recognizes the equal value of each human being and reminds policymakers that abortion is not a medical treatment and is never medically necessary.

We Oppose Public Funding for Dangerous Drugs

Without amendment, this bill will force taxpayers and insurance carriers and rate payers to reimburse pharmacists for the dispensing and possible prescribing of lethal abortion drugs. The U.S. Food and Drug Administration allows non-physicians to be both certified prescribers and certified providers of lethal abortion drugs.

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.

"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 safeguards that require that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, 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 potential 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.

Public Funding for Abortion through Maryland Medicaid

The ***Maryland Medical Assistance Program*** and the *Maryland Children's Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2022 Maryland Executive Budget,* Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. We spent at least **$6.5 million for 9,864 abortions, less than 10 of those abortions were due to rape, incest or to save the life of the mother.**

The state is now circumventing the legislature and the will of the people by using the closed-door regulatory process to allocate **an additional $12 million in public funding** to implement the Abortion Care Access Act of 2022. (See attached MDRTL letter.)

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for **MCHP** since its advent in fiscal 1999.

Abortion is not Health Care

Abortion is NOT health care and is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

Public Opposes Abortion Funding

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion.

Invest in Life

81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding Restrictions are Constitutional

The Supreme Court has held that the alleged constitutional "right" to an abortion "implies no limitation on the authority of a State to
make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "no other procedure involves the purposeful termination of a potential life" -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

Pregnancy is not a Disease

The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for family planning and well woman care, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved.

Abortion is Black Genocide

Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population. People of color have long been targeted for elimination through sterilization and abortion by eugenicists like Planned Parenthood founder Margaret Sanger. Even today, 78% of abortion

clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see www.BlackGenocide.org .

The abortion industry is only concerned with abortion remaining legal and lucrative. 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 an unfavorable report on this dangerous bill. Thank you for your consideration.

Respectfully Submitted,

Laura Bogley, JD
Executive Director
Maryland Right to Life

Updates

1. Medical Assistance Expenditures on Abortion

Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in fiscal 1999. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

Exhibit 33 provides a summary of the number and cost of abortions by service provider in fiscal 2018 through 2020. **Exhibit 34** indicates the reasons abortions were performed in fiscal 2020 according to the restrictions in the State budget bill.

Exhibit 33
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2018-2020

	Performed under 2018 State and Federal Budget Language	Performed under 2019 State and Federal Budget Language	Performed under 2020 State and Federal Budget Language
Abortions	9,875	9,676	9,864
Total Cost($ in Millions)	**$6.3**	**$6.1**	**$6.5**
Average Payment Per Abortion	$636	$626	$660
Abortions in Clinics	7,644	7,490	7,545
Average Payment	$434	$433	$466
Abortions in Physicians' Offices	1,720	1,773	1,903
Average Payment	$982	$972	$986
Hospital Abortions - Outpatient	506	409	416
Average Payment	$2,417	$2,592	$2,677
Hospital Abortions - Inpatient	**	**	0
Average Payment	$13,228	$6,443	$0
Abortions Eligible for Joint Federal/State	0	0	0

* Data for fiscal 2018 and 2019 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2020 includes all abortions performed during fiscal 2020, for which a Medicaid claim was filed through November 2020. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2020. For example, during fiscal 2020, an additional 16 claims from fiscal 2019 were paid after November 2019, the date of the report used in the fiscal 2021 Medicaid analysis and explains differences in the data reported in that analysis to that provided here.

** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Exhibit 34
Abortion Services
Fiscal 2020

I. **Abortion Services Eligible for Federal Financial Participation**
(Based on restrictions contained in the federal budget.)

Reason		Number
1.	Life of the woman endangered.	0
	Total Received	**0**

II. **Abortion Services Eligible for State-only Funding**
(Based on restrictions contained in the fiscal 2020 State budget.)

1.	Likely to result in the death of the woman.	0
2.	Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	181
3.	Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,642
4.	Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	39
5.	Victim of rape, sexual offense, or incest.	*
Total Fiscal 2020 Claims Received Through November 2020		**9,864**

* Indicates a dataset ofless than 10 cases.

Source: Maryland Department of Health

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Position: INFO

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Lt. Governor

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TAMMY R. J. LONGAN
Acting Deputy Commissioner

DAVID COONEY
Associate Commissioner
Life and Health

Maryland
INSURANCE ADMINISTRATION

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2215 Fax: 410-468-2204
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: **March 1, 2023**

Bill # / Title: **Senate Bill 678 – Health Insurance - Reimbursement for Services Rendered by a Pharmacist**

Committee: **Senate Finance Committee**

Position: **Letter of Information (LOI)**

The Maryland Insurance Administration (MIA) appreciates the opportunity to provide information regarding Senate Bill 678.

Senate Bill 678 would require carriers to cover services provided by a licensed pharmacist acting within their lawful scope of practice to the same extent as services rendered by any other licensed health care practitioner. The bill will also require carriers to reimburse a pharmacist without conditioning payment on whether a pharmacist is employed by a physician, pharmacy, or facility, allowing pharmacists to obtain direct reimbursement from carriers regardless of where they are employed.

In 2022, the MIA was required by Chapter 372 of the Acts of 2022 to establish the Pharmacist Reimbursement Workgroup with representatives of pharmacists, carriers, managed care organizations, and other stakeholders to identify options and requirements necessary for the reimbursement of pharmacists for certain services. The Workgroup culminated in a report submitted to the General Assembly in December 2022, which included recommendations for the General Assembly consider if pharmacist reimbursement legislation were to be introduced in 2023. This bill is reflective of those recommendations.

The MIA suggests clarifying the bill language, through amendment, to reflect that the intent is to require reimbursement of pharmacists for services that are covered under the contract, not to create a new mandate for services. This can be accomplished in one of two ways:

1. Revise § 15-716(a) to state: “This section applies to individual, group, or blanket health insurance policies and contracts delivered or issued for delivery in the State by insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for services that are within the lawful scope of practice of a licensed pharmacist.”
2. Revise § 15-716(b) to state: “If a policy or contract subject to this section provides for reimbursement of a service that is within the lawful scope of practice of a licensed pharmacist, the insured or any other person covered by or entitled to reimbursement under the policy or contract is entitled to reimbursement for the service, regardless of whether the service is performed by a licensed pharmacist or any other licensed health care practitioner.”

The MIA believes that one of the changes above will provide needed clarity in Senate Bill 678, and help ensure its intent is accurately conveyed, and therefore is appropriately enforceable.

Thank you for the opportunity to provide this letter of information. The MIA is available to provide drafting assistance or any additional information regarding these matters that might be helpful to the sponsor or the Committee.