



## 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 2, 2023

The Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, Maryland 21401

#### **RE: House Bill 812 – Health – Reproductive Health Services – Protected Information and Insurance Requirements**

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Board of Pharmacy (Board) respectfully submits this letter of concern for House Bill (SB) 812 – Health – Reproductive Health Services – Protected Information and Insurance Requirements.

HB 812 would prohibit a pharmacist from submitting information on mifepristone, misoprostol, or any medication used for a medical abortion to (1) the State designated exchange or in (2) any medical record in order to protect the confidentiality of patient and health care practitioner information related to “legally protected health care.” §§ 4-301(j), 4-305(b)(11)(vii), 19-103(14), 19-145(e). HB 812 provides that a health care provider may provide restricted information to another health care provider for the sole purpose of treating the patient for whom the medical record is kept. § 4-305(b)(12). HB 812 would require the Maryland Department of Health to identify the medications that are considered a medication used in a medical abortion for the purpose of determining whether a pharmacist would be prohibited from making a disclosure. § 19-145(e).

Note, mifepristone is prescribed for non-related conditions, such as hyperglycemia. HB 812 would potentially restrict clinically relevant information related to the prescribing and dispensing of this drug from being included in a patient’s health record. Mifepristone is also a treatment option for endometriosis. Again, HB 812 would potentially restrict clinically relevant information related to the prescribing and dispensing of this drug from being documented in a patient’s health record. Misoprostol is frequently prescribed for the treatment of stomach ulcers. Here, HB812 would potentially restrict clinically relevant information related to the prescribing and dispensing of this drug from being recorded in a patient’s electronic health record.

Shielding clinically relevant data related to abortion and non-abortion uses may prove costly should the patient require emergency services. The carve-out provided in § 4-305(b)(12) may

not provide the required information in a timely fashion and may cause the health care provider to engage in a costly “need” analysis. Pharmacists rely on accurate and up-to-date information when making judgments related to drug therapy management. Without accurate data, a pharmacist is placed in the unfortunate position of making decisions with intentionally limited information. Finally, the administrative burden of manually removing or redacting this information for a patient’s record may significantly hamper some pharmacy operators.

The Board encourages the committee to consider the impact that missing information may have on a patient’s health and a provider’s decision-making, and explore options that would not implement potentially dangerous silos within the health care arena.

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](mailto:deena.speights-napata@maryland.gov) or (410) 764-4753.

Sincerely,

A handwritten signature in cursive script that reads "Deena".

Deena Speights-Napata, MA  
Executive Director