MedChi

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TO: The Honorable Joseline A. Pena-Melnyk, Chair

Members, House Health and Government Operations Committee

The Maryland State Board of Physicians

The Honorable Heather Bagnall

FROM: Danna L. Kauffman

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DATE: February 15, 2023

RE: **SUPPORT** – House Bill 241 – *State Board of Physicians* – *Dispensing Permits*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** House Bill 241, which simply transfers the authority to conduct inspections from the Maryland Office of Controlled Substance Administration (OCSA) to the Maryland Board of Physicians (Board). House Bill 241 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 House Bill 241, 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 House Bill 241 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 House Bill 241 and urges a favorable vote.