March 26, 2025

The Honorable C.T. Wilson Chair, House Economic Matters Committee 230 Taylor House Office Building Annapolis, Maryland 21401

Senate Bill 306 - Favorable with Amendment

Dear Chairman Wilson:

EZ Scripts Pharmacy is a national home delivery pharmacy specializing in serving injured workers. We respectfully submit this testimony as **favorable with amendment to Senate Bill 306**, which proposes a pharmaceutical fee guide for prescription drugs and pharmaceutical services under Maryland's workers' compensation law:

Concerns with Senate Bill 306

While **EZ** Scripts Pharmacy does not oppose the establishment of a reimbursement fee guide for workers' compensation medications, the current construction of Senate Bill 306 does not consider all factors for servicing injured workers and has the potential to limit access to medications for injured workers, create cost shifting to other insurance and government programs, increase pharmacy benefit costs to insurance carriers and employers, and require more litigation within the workers' compensation system.

Disruptions to Standard Reimbursement Practices

Currently Maryland is absent of a pharmacy fee schedule for the reimbursement of prescription drugs. Under the current regulations the Maryland Workers' Compensation Commission has the ability to regulate, review, and create fee guides for workers' compensation. The Maryland Fee Guide Committee in 2023 worked to create a pharmacy reimbursement fee guide. The fee guide that was proposed was National Average Drug Acquisition Cost (NADAC). During an open hearing in October 2023 there was opposition from Pharmacy Benefit Managers (Healthesystems and Mitchell), Non-network pharmacies, dispensing doctors, and patients.

Currently 35 states utilize a reimbursement fee guide based on Average Wholesale Price (AWP). AWPs are published by national recognized sources Medi-Span and Red Book. These publications incorporate all National Drug Codes (NDC) utilized in the prescribing of medication including workers' compensation. AWP is the established mechanism utilized by pharmacy benefit managers (PBM) to process medications in workers' compensation systems nationwide including Maryland.

Senate Bill 306 proposes utilizing acquisition cost index or indexes such as NADAC or Wholesale Acquisition Cost (WAC) for the reimbursement of prescription drugs. These indexes do not incorporate all drug NDCs utilized in workers' compensation thus creating the need for a tiered and complicated fee guide. Additionally, NADAC is a voluntary survey asking pharmacies to provide acquisition costs for the drugs they purchase. None of the major chain pharmacies respond to this survey, in fact less than 25% of pharmacies surveyed respond. Due to this NADAC is not a complete and true metric and should not be utilized to determine reimbursement for medicines in workers' Compensation.

Risks to Injured Workers, Employers, and the Workers' Compensation System

Radical changes to reimbursement structures can create significant challenges. One major concern is reduced access to medications, as the complexity of workers' compensation may lead to pharmacies to opt out of servicing workers' compensation patients. Additionally, cost shifting can occur, potentially increasing out-of-pocket expenses for injured workers and transferring costs to other insurance programs including government programs like Medicare and Medicaid.

An acquisition cost fee guide would make Maryland an outlier as it pertains to other states' reimbursement schedules, this would result in higher administrative costs as PBMs would have to create a unique carve out to process workers' compensation related medications. These costs would be passed through to the insurance carriers and ultimately to Maryland employers. Lastly, there could be significant increases in litigation due to the complex issues surrounding providing injured workers with medications. Delays in authorization, validity of claims, updating coverage will force claimant attorneys to file petitions in front of the Maryland Workers' Compensation Commission, as opposed to an injured worker receiving their medications from a pharmacy like EZ Scripts while the issues are worked out outside of litigation.

Proposed Amendments

EZ Scripts offers amendments to Senate Bill 306 that will allow the Maryland Workers Compensation Commission to do its authorized duty in working with relevant stakeholders, including but not limited to pharmacies servicing injured workers to examine all options for reimbursement methodologies including current schedules available in other states, and conduct a comprehensive study of Maryland's workers' compensation pharmacy spend including in-network, out-of-network, and doctor dispensed medications. Additionally, any carve out for other system participants to contract for indexes and rates separate from what is set forth by the commission should be eliminated from Senate Bill 306.

Thank you for your time and consideration. We urge the committee to adopt our proposed amendments to SB 306.

Darren Thomas Chief Operating Officer

Proposed Amendments to SB 306:

A SENATE BILL 306

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By: Senator Beidle

Introduced and read first time: January 13, 2025 Assigned to: Finance

Committee Report: Favorable with amendments Senate action: Adopted Read second time: February 22, 2025

CHAPTER

AN ACT concerning 1

- Workers' Compensation Prescription Drug and Pharmaceutical Services $\mathbf{2}$
- 3

Reimbursements

- 4 FOR the purpose of requiring the State Workers' Compensation Commission to regulate
- fees and other charges for the reimbursement of prescription $\mathbf{5}$ drugs and 6
- pharmaceutical services under certain circumstances; limiting reimbursements to a
- 7 certain cost index or indexes; requiring the Maryland Prescription Drug Affordability
- 8 Board to conduct a certain study; and generally relating to reimbursement for 9 prescription drugs and pharmaceutical services under workers' compensation law.
- 10 BY repealing and reenacting, with amendments,
- Article Labor and Employment 11
- 12Section 9-663
- 13 Annotated Code of Maryland
- (2016 Replacement Volume and 2024 Supplement) 14
- 15SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 16 That the Laws of Maryland read as follows:
- Article Labor and Employment 17

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law. Underlining indicates amendments to bill. Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment. 2 **SENATE BILL 306** 1 The Commission may adopt regulations about: (2) $\mathbf{2}$ the provision of medicine and medical, nursing, and hospital (i) 3 services to a covered employee; 4 (ii) payment for the medicine and services; and $\mathbf{5}$ (iii) the exercise by the Chairman of the Commission of the powers 6 granted under § 9-662 of this subtitle. 7 (b) (1) The Commission may regulate fees and other charges for medical 8 services or treatment under this subtitle. (I) THE NOT LATER THAN SEPTEMBER 1, 2026, 9 (2)

- THE
- 10 COMMISSION SHALL REGULATE FEES AND OTHER FOR THE CHARGES
- 11 REIMBURSEMENT OF PRESCRIPTION DRUGS AND PHARMACEUTICAL SERVICES 12UNDER THIS SUBTITLE PROVIDED BY A PERSON WHO HOLDS A PHARMACY PERMIT
- UNDER TITLE 12, SUBTITLE 4 OF THE HEALTH OCCUPATIONS ARTICLE. 13
- 14**REIMBURSEMENT UNDER SUBPARAGRAPH (I) OF THIS**
- 15 PARAGRAPH SHALL BE LIMITED TO AN INDEX OR INDEXES BASED ON ACQUISITION
- 16-COST, CALCULATED ON A PER UNIT BASIS, AS OF THE DATE OF DISPENSING AND MAY
- 17 **INCLUDE**:

(I) REIMBURSEMENT FOR PRESCRIPTION DRUGS AND PHARMACEUTICAL

SERVICES UNDER THIS SECTION SHALL BE BASED ON A FEE SCHEDULE

DETERMINED BY THE WORKERS COMPENSATION COMMISSION. THE

COMMISSION SHALL HAVE THE AUTHORITY TO CONSIDER ALL RECOGNIZED

PRICING BENCHMARKS, INCLUDING BUT NOT LIMITED TO:

1. AVERAGE WHOLESALE PRICE (AWP),

2. NATIONAL AVERAGE DRUG ACQUISITION COST (NADAC),

3. WHOLESALE ACQUISITION COST (WAC),

4. USUAL AND CUSTOMARY PRICING.

THE COMMISSION SHALL DETERMINE THE MOST APPROPRIATE FEE SCHEDULE

BASED ON A STATE-BY-STATE COMPARISON OF EXISTING PHARMACY

REIMBURSEMENT MODELS, THE IMPACT ON PATIENT ACCESS, AND COST

CONTAINMENT STRATEGIES.

<mark>(II) AND</mark>

192.ANY OTHER PERCENTAGE INCREASE OR DECREASE20DETERMINED BY THE COMMISSION.

21(III)This paragraph does not prohibit an insurance22CARRIER OR EMPLOYER FROM CONTRACTING WITH A PHARMACY BENEFITS23MANAGER, A NETWORK OF PHARMACIES, OR DISPENSING PROVIDERS:

24 <u>**1. FOR REIMBURSEMENT RATES DIFFERENT THAN**</u>

25—THOSE ESTABLISHED BY THE COMMISSION; OR

26 <u>TO USE A PRICING INDEX OR INDEXES DIFFERENT</u>

27—THAN THOSE SELECTED BY THE COMMISSION.

28 **(3)** Each fee or other charge for medical service or treatment under this 29 subtitle is limited to the amount that prevails in the same community for similar treatment 30 of an injured individual with a standard of living that is comparable to that of the covered 31 employee. **SENATE BILL 306**

1	[(3)] (4)	At least once every 2 years, the Commission shall:	
2	(i) comr	review its guide of medical and surgical fees for pleteness and	
3 reasonableness; and			
	• (ii)	payment for the medicine and services; and	
4	(ii) <mark>(iii</mark> surgio) make appropriate revisions to the guide of medical and cal	
5	fees.		
6-	SECTION 2. AND BE	EIT FURTHER ENACTED, That:	
7	<u>(a) The Marylan</u>	d Prescription Drug Affordability Board:	
8-	(<u>1) shall</u> challenges	conduct a study on prescription drug affordability	
9	•	nsation claims that includes:	
-10		an overview of prescription drug prescribing and billing	
11	pract — and trends that are specia	ices l ized to the workers' compensation market;	
<u>12</u>	(ii)	research into specific prescribing, billing, and	
13	— practices, including:	dispensing	
1 4		— <u>1. prescribing high cost formulations and</u>	
-15	compounded — formulations of commonly available drugs;		
-16		— <u>2. billing and dispensing from entities that do not</u>	
17	<u>bill_or</u> — provide services in the health insurance market; and		
18			
19	- <u>pricing metrics; and</u>	<u>standardized</u>	
20 -		making recommendations, if applicable, for policies to	
<u>21</u>	address —identified affordability challenges; and		

- 22 (2) may require, subject to applicable federal and State laws, entities that
- 23 pay, prescribe, bill, and dispense prescription drugs under workers' compensation claims
- 24 to report information to the Board as necessary to complete the study.
- 25 (b) On or before March 1, 2026, the Prescription Drug Affordability Board shall
- 26 report its findings and any recommendations to the Senate Finance Committee and the
- 27 House Economic Matters Committee, in accordance with § 2–1257 of the State Government
- 29 SECTION 2. <u>3.</u> AND BE IT FURTHER ENACTED, That this Act shall take effect
- 30 October July 1, 2025.