

# MPCAC

MARYLAND PATIENT CARE AND ACCESS COALITION

February 24, 2025

## VIA ELECTRONIC DELIVERY

Senator Pamela Beidle, *Chair*  
Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401

**Re: SB 975—Health Insurance—Coverage for Specialty Drugs**

Dear Chairwoman Beidle:

We are writing to you on behalf of the Maryland Patient Care and Access Coalition (“MPCAC”) to express our support for SB 975 and suggest an amendment to broaden its scope, upon which our support is not conditioned.

MPCAC strongly believes that health insurers, health plans, HMOs, and pharmacy benefit managers (collectively, “Health Insurers”) should not force patients to seek specialty drugs from specific specialty pharmacies when they can be dispensed by physicians because from a clinical management perspective, delivery of medications under the direct supervision of and/or in close coordination with the care team enables physician practices to enhance patient care in a variety of ways, including by allowing physicians to routinely assess patient comprehension and compliance as well as evaluate drug tolerability and side effects in real-time to adjust doses as needed. This contrasts starkly with a specialty pharmacy model where, by necessity, the patient is handed a prescription and must fill it on their own. In that circumstance, it can be quite challenging for providers to know whether the patient fills the prescription and, if filled, whether they are taking it as prescribed or at all. As many of the patients who require specialty drugs are often elderly patients on multiple prescription medications, complex coordination is often necessary to optimize clinical outcomes and to ensure the adequate management of their other conditions.

SB 975 would enhance patient care by preventing Health insurers from forcing patients seeking certain specialty drugs to go through a cumbersome process rather than to the physician in charge of their care. **Therefore, MPCAC proudly supports SB 975 and stands ready to serve as an ongoing resource to the Senate Finance Committee its efforts to address dispensing of specialty drugs by physicians. Although our support is not conditioned on any changes to the current version of SB 975, we also hope for an amendment to expand its scope to benefit the patients of all in-network physicians who dispense specialty drugs.**

### The Maryland Patient Care and Access Coalition

For over 20 years, MPCAC has been the voice of independent physician practices in the State that deliver integrated, high-quality, and cost-efficient care to patients in the medical office and

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freestanding ambulatory surgical facility (“FASF”) settings. With hundreds of physicians in the fields of gastroenterology, orthopedic surgery, urology, pathology, medical oncology, radiation oncology, and anesthesiology, MPCAC’s member medical practices cared for Marylanders in nearly two million patient visits during the past year. In addition, the physicians in MPCAC’s member practices perform approximately 200,000 procedures in FASFs and endoscopy centers annually.

### **SB 975 — Specialty Drug Dispensing By Physicians**

SB 975 would maintain and possibly enhance Maryland patients’ ability to access certain specialty drugs, by allowing physicians to dispense them directly to their patients. The bill stops Health Insurers from forcing patients to obtain specialty drugs from specific specialty pharmacies when the drugs can be obtained at a physician’s office.

Under Maryland law, specialty drugs are defined as those prescription drugs that are not stocked by retail pharmacies and (a) are prescribed for complex or chronic medical conditions or rare medical conditions; (b) cost \$600 or more for up to a 30-day supply; and (c) (i) require “difficult or unusual processes of delivery to the patient in the preparation, handling, storage, inventory, or distribution of the drug,” or (ii) require “enhanced patient education, management, or support, beyond those required for traditional dispensing, before or after administration of the drug.”<sup>1</sup>

Because these drugs are not readily available at local retail pharmacies, if physicians cannot dispense specialty drugs in their offices, patients need to:

- First, wait for the prescription to be submitted electronically to the Health Insurer’s chosen specialty pharmacy;
- Second, wait for the prescription to be processed by the specialty pharmacy; and
- Third, likely wait for the specialty pharmacy to mail the specialty drug to them.

This process can take several days, which unnecessarily delays patient care.

SB 975 impacts a specific segment of specialty drugs by in-network provider of covered medical oncology services and only includes those specialty drugs that are (y) injected or infused or (z) oral drugs that (1) are immunomodulators or anticancer drugs; (2) have a dosage dependent on the clinical presentation at the time dispensed; or (3) are prescribed concomitantly with an outpatient treatment. Oncology patients would clearly benefit from the current version of SB 975.

While this would be a positive step, MPCAC supports broadening the bill to help patients and physicians in other specialties. By amending this bill to include language similar to the original language from SB 526 in 2024 to allow dispensing by “a physician under § 12-102 of the Health Occupations Article” rather than the current language that applies to “an in-network provider of covered medical oncology services,” the legislature would help Maryland patients suffering from

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<sup>1</sup> MD Ins. Code § 15-847.

numerous non-oncology conditions timely obtain their medication from the physicians who are actively treating them.

We understand that Health Insurers have argued in the past that allowing physician dispensing creates logistical issues on processing claims. However, Health Insurers have been processing physician dispensing all along. For example, infusions and injections that are not usually self administered are processed through the medical benefit routinely. This bill does not change the status quo.

Additionally, there are studies showing higher cost savings and cost avoidance when specialty medications are managed through medically-integrated dispensing (e.g., physician dispensing or hospital pharmacy dispensing) instead of through non-integrated specialty pharmacies—especially in the oncology space.<sup>2</sup>

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**We encourage an amendment to expand the scope of SB 975 to protect or potentially enhance access of all Marylanders who are suffering from chronic or rare conditions to the specialty drugs that they need in a more timely, efficient, and economical manner. But our support is not conditioned on an amendment because, as written, the bill takes a step in the right direction for Maryland’s oncology patients.** MPCAC looks forward to continuing to serve as a trusted partner to members of the General Assembly as we work together to confront the challenges and opportunities facing our health care system and to promote and protect high quality, cost-efficient, and convenient care furnished in the independent medical practice setting.

Sincerely,



Nicholas P. Grosso, M.D.  
Chairman of the Board & President, MPCAC



Mara Holton, M.D.  
Chair, Health Policy, MPCAC

cc: All Other Senate Finance Committee Members  
Joseph C. Bryce, Esq., Manis Canning & Associate

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<sup>2</sup> *Cancer drug waste reduced with use of doctors’ office pharmacies*, PRIME THERAPEUTICS, (Apr. 5, 2023), <https://web.archive.org/web/20240807150804/https://www.primetherapeutics.com/news/cancer-drug-waste-reduced-with-use-of-doctors-office-pharmacies>, (last accessed Feb. 20, 2025).