

# **SB539.MPhA.Custody.pdf**

Uploaded by: Aliyah Horton

Position: UNF



**Date:** February 11, 2025

**To:** The Honorable Pamela Beidle, Chair

**From:** Aliyah N. Horton, FASAE, CAE, Executive Director, MPhA, 240-688-7808

**Cc:** Members, Senate Finance Committee

**Re:** **UNFAVORABLE - SB 539 – Prescriptions for Children Subject to Shared Custody or Visitation Schedules**

The Maryland Pharmacists Association (MPhA) urges an **UNFAVORABLE** report on **SB 539 – Prescription for Children Subject to Shared Custody or Visitation Schedules**.

- MPhA has significant concerns about having a statutory requirement on pharmacists in a space where they don't belong. The pharmacy counter is not a space for reviewing and interpreting legal documents outside pharmacy expertise.
- We feel strongly that custody orders should require the parent to share medication as part of the transfer of custody process.
- **The pharmacist can provide additional labeled vials or blister packs, upon request. The parent(s) can then facilitate the distribution of the medication.**
- A child being harmed due to one of the custodial parents not cooperating in the medication treatment plan for their child, should be addressed by a judge or child protective services, not the pharmacist.

Below are specific concerns raised by MPhA members in the retail, independent and out-patient hospital pharmacy settings.

1. Insurance Processing Complications
  - Insurance will not process the prescriptions as defined in the bill. Insurance plans have specific fill requirements and limitations.
  - Violating these increases scrutiny and PBM audits.
2. Multiple Scripts for the Same Medication
  - The requirement to split prescriptions based on custody schedules creates medication management challenges when they are processed in different pharmacies.
  - With the uncertainty about a perceived problematic prescription, a pharmacist may use their discretion and simply refuse to fill.
3. Controlled Substance Compliance Issues
  - This bill raises concerns about the handling of controlled substances.
  - Many medications, especially those for children (like ADHD medications), are controlled substances with strict DEA regulations. Having multiple prescriptions for controlled substances for the same patient raises regulatory compliance concerns and potentially red flags in the Prescription Drug Monitoring Program
    - The flags bring greater scrutiny from the Office of Controlled Substances Administration.
4. Legal Liability Concerns
  - There could be a liability on the pharmacist if medications are dispensed incorrectly between parents.

## **SB0539\_UNF\_MedChi, MDAAP\_Health Occs. - Prescripti**

Uploaded by: Danna Kauffman

Position: UNF

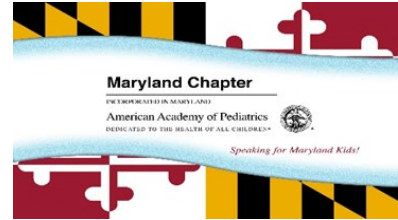


*The Maryland State Medical Society*

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## Senate Finance Committee

February 11, 2025

### Senate Bill 539 – *Health Occupations – Prescriptions for Children Subject to Shared Custody or Visitation Schedules*

#### **POSITION: OPPOSE**

The Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP) **oppose** Senate Bill 539. Senate Bill 539 would mandate that if a minor patient is subject to a court order of shared custody or a visitation schedule, a healthcare provider must issue two prescriptions for each drug the provider prescribes for the parent's child.

MedChi and MDAAP are concerned about the bill and believe it creates many unintended consequences. This bill would require the health care provider to write each prescription for an amount of the drug that is proportionate to the amount of time the parent spends with the child under the court-ordered or court-approved shared custody or visitation schedule. Healthcare providers should not have to interpret a shared custody or visitation schedule or determine the “proportionate amount of time” that the parent spends with the child, especially when the healthcare provider’s role should be on treatment. This requirement welcomes medication errors. In addition, this can easily lead to the failure to adhere to medication treatment plans when parents may unilaterally change the time being spent or when there is an unplanned change. Adhering to a medication regime, especially antibiotics, is critical for the health and safety of pediatric patients. Moreover, in some settings, prescription drugs may be pre-packaged, which would prevent compliance with this law. Lastly, there is a strong risk that health insurers will not cover two prescriptions and will see this as duplicative, resulting in pediatric patients either not receiving necessary medications or being delayed in receiving the care or parents having to pay out of pocket, adding a significant financial burden.

For these reasons, MedChi and MDAAP urge an unfavorable report.

#### **For more information call:**

Danna L. Kauffman  
J. Steven Wise  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

# **SB 539 MBPharm and BON - FIN - Opposition (1).pdf**

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Position: UNF



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

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**2025 SESSION  
MARYLAND BOARD OF PHARMACY  
POSITION PAPER**

**BILL NO:** SB 539 – Health Occupations – Prescriptions for Children Subject to Shared Custody of Visitation Schedules

**COMMITTEE:** Finance Committee  
**POSITION:** Opposition

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**TITLE: Health Occupations – Prescriptions for Children Subject to Shared Custody of Visitation Schedules**

The State Board of Pharmacy and the Maryland Board of Nursing (the “Boards”) respectfully submit this opposition for Senate Bill 539 – Health Occupations – Prescriptions for Children Subject to Joint Custody (“SB 539”). Although the purpose of the bill is well-intended, the Board is concerned that it would be difficult to implement and may have unintended negative consequences for the patient and prescriber.

From a practical perspective, prescription insurance companies generally reimburse claims for prescriptions written for a specific patient, for a specific drug, and issued on a specific date. Therefore, if each parent presents a prescription for his or her “portion” of the prescribed medication to their respective pharmacy to fill for their child, only the first prescription submitted as a claim may be reimbursed, whereas the second parent may have to pay cash.

In addition, the federal law does not specifically permit prescribers to “split” prescriptions for controlled substances into two simultaneous prescriptions. Therefore, to the extent that this bill is intended to address children treated with ADHD medication, which are controlled substances, it may be unenforceable. And, even if permitted, this may cause both the prescriber and the patient to be flagged in various controlled substance monitoring systems, including Maryland’s Prescription Drug Monitoring Program (PDMP), because it would appear that the prescriber and patient may be prescribing and filling, respectively, duplicate prescriptions for a controlled substance.



Lastly, the bill imposes an impossible and inappropriate responsibility on both the prescriber and pharmacist to review and evaluate complex legal custody documents to ensure that the prescription drug quantity issued accurately reflects the percentage of custody awarded to each parent. Prescribers and pharmacists are already practicing under high stress, high volume conditions, and do not have the time, resources, or legal expertise to review legal documents solely for the purpose of allocating prescription amounts to each parent.

Currently, a parent may request that a pharmacy provide an extra labeled vial when filling a medication for her child. The parents can then split the quantity of medications as appropriate. If there are issues regarding a child accessing medications when in the custody of a parent, this should be resolved through the court system similar to issues regarding a child's access to any other type of medical treatment.

Therefore, the Boards would urge the Committee to submit an unfavorable report unless SB 539. For more information, please contact Julie Gaskins, Legislative Liaison, at 410-764-4709 or [julie.gaskins2@maryland.gov](mailto:julie.gaskins2@maryland.gov), or Deena Speights-Napata, MA, Executive Director, Maryland Board of Pharmacy at (410) 764-4753 or [deena.speights-napata@maryland.gov](mailto:deena.speights-napata@maryland.gov) and for the Maryland Board of Nursing, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or [mitzi.fishman@maryland.gov](mailto:mitzi.fishman@maryland.gov) or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or [rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov)

Respectfully,



Deena Speights-Napata, MA  
Executive Director  
Maryland Board of Pharmacy



Rhonda Scott, JD, BSN, CRNI, SD-CLTC  
Executive Director  
Maryland Board of Nursing

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.*

# **SB 539 - PODIATRY - FIN - LOC.pdf**

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Position: UNF





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

Board of Podiatric Medical Examiners  
4201 Patterson Avenue, Third Floor  
Baltimore, Maryland 21215

February 11, 2025

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Senate Miller Office Building  
11 Bladen Street  
Annapolis, MD 21401-1991

**RE: SB 539 - Health Occupations – Prescriptions for Children Subject to Shared Custody or Visitation Schedules - Letter of Concern**

Dear Chair Beidle:

The Maryland Board of Podiatric Medical Examiners (the “Board”) is submitting this Letter of Concern for **SB 539 - Health Occupations – Prescriptions for Children Subject to Shared Custody or Visitation Schedules**.

While the Board understands the intent behind the proposed legislation, there are several significant concerns regarding its implementation and impact on patient care:

- 1. Increased Burden on Practitioners**  
Requiring practitioners to calculate and issue separate prescriptions based on custody arrangements imposes an undue administrative burden. This process not only detracts from their ability to focus on patient care but also places them in a position where they are expected to mediate or enforce custody agreements, which is outside the scope of their professional responsibilities.
- 2. Involvement in Custody Disputes**  
This legislation risks entangling healthcare providers in child custody disputes, potentially undermining the patient-practitioner relationship. Practitioners should remain neutral and focused on the medical needs of the child, rather than becoming arbitrators in disagreements between parents.
- 3. Insurance Coverage Challenges**  
Issuing two prescriptions could create issues with insurance coverage, as many plans may not accommodate split prescriptions. This could result in out-of-pocket costs for one or both parents, further complicating access to necessary medications.

**4. Potential Delays in Treatment**

Disagreements between custodial parents regarding prescription fulfillment could lead to delays in a child receiving critical medications. The health and well-being of the child should not be compromised due to logistical or custodial conflicts.

The Board urges you to consider the bill's unintended consequences on both healthcare providers and the children it seeks to protect and recommends exploring alternative solutions that address custody-related medication concerns without placing unnecessary burdens on practitioners or risking delays in care.

For these reasons, the Board respectfully requests an unfavorable report on SB 539.

If you would like to discuss this further, please contact Eva Schwartz, Executive Director for the Board of Podiatric Medical Examiners at (410)764-4784 or at [eva.schwartz@maryland.gov](mailto:eva.schwartz@maryland.gov), or Lillian Reese, the Legislative Liaison for the Health Occupations Boards & Commissions at 443-794-4757 or at [lillian.reese@maryland.gov](mailto:lillian.reese@maryland.gov).

Sincerely,

A handwritten signature in cursive script that reads "Eva Schwartz".

Eva Schwartz MS, MT, SBB(ASCP)  
Executive Director  
Board of Podiatric Medical Examiners

*The opinion of the Board expressed in this letter of concern does not necessarily reflect that of the Department of Health or the Administration.*

# **SB 539 - BOP - FIN - LOI.docx (1).pdf**

Uploaded by: State of Maryland

Position: INFO



# Board of Physicians

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair*

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## 2025 SESSION POSITION PAPER

**BILL NO.:** SB 539 - Health Occupations - Prescriptions for Children Subject to Shared Custody or Visitation Schedules  
**COMMITTEE:** Finance  
**POSITION:** Letter of Information

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### POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is respectfully submitting this Letter of Information for Senate Bill (SB) 539 - Health Occupations - Prescriptions for Children Subject to Shared Custody or Visitation Schedules.

SB 539 requires health care providers authorized to prescribe to write a prescription for each parent for the amount of the drug proportional to the amount of time a child spends with each parent if a parent provides a court order or court-approved shared custody or visitation schedule. In addition, SB 539 requires healthcare providers who are authorized to dispense to fill prescriptions authorized under this bill.

The Board has concerns that SB 539 may be difficult to execute, especially for smaller providers and private practices, and subsequently may negatively impact access to care and patient safety.

The Board would also like to note that health care providers regulated by the Board who are authorized to prescribe and dispense prescription drugs and who act in accordance with SB 539 are still required to do so without violation of any disciplinary ground, including meeting the appropriate standards of care, and a violation of any disciplinary ground may result in disciplinary action.

Thank you for your consideration. For more information, please contact Madeline DelGreco, Health Policy Analyst, at 410-764-5053.

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