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Dear Chairperson Pamela Beidle, Vice Chairperson Antonio Hayes, and esteemed members of the Senate Finance Committee,

Thank you for the opportunity to provide testimony on Senate Bill SB 306. I serve as the Chief Medical Officer of National Spine & Pain Centers, which operates 12 locations across Maryland, staffed by 14 physicians and a dedicated team of employees.

As Interventional Pain Specialists, we work extensively with injured workers, where effective medication management is a crucial aspect of their treatment and recovery. We want to express our serious concerns regarding the changes proposed by SB 306, which would significantly impact access to essential medications for injured workers in Maryland.

### **Access to Medication: An Ongoing Challenge**

- For many injured workers, obtaining prescribed medications is already a daunting hurdle.
  - Our offices frequently field calls with the same urgent concern, "The pharmacy won't fill my medication." This is a widespread and persistent issue that would only become worse under Senate Bill SB 306.
  - Pharmacies may be unwilling to fill prescriptions fearing they will not receive payment, or the sums received will not cover their expenses.

### **Delays in Treatment Harm Patient Outcomes**

- The administrative barriers introduced by this bill are not simply inconvenient, they pose tangible, harmful delays in treatment for injured workers.
- These delays can force individuals to go days or even weeks without critical medications they need to manage pain and inflammation.
- Studies and professional experience demonstrate that untreated pain and inadequate treatment result in severe consequences, including:
  - Hindered recovery times
  - Extended disability durations
  - Escalating long-term medical costs
  - Burden on Employers

## **Unintended Consequences of SB 306**

The changes proposed in this bill may unintentionally create widespread repercussions that extend far beyond the stated objectives. Specifically, there are three major concerns we urge you to carefully consider:

### **1. Financial Burden on Workers**

Many injured workers could be forced to cover out-of-pocket medication costs or turn to their private insurance, which presents significant financial strains. Those without access to private insurance will likely rely on Medicaid, further pressuring an already stretched system.

### **2. Provider Disengagement**

Physicians and providers may opt out of treating injured workers altogether due to delays, administrative burdens, and the negative impact these have on patient outcomes. This will significantly restrict access to care for those who need it most.

### **3. No Documented Cost Concerns**

Our research has not revealed any evidence that medication costs for injured workers in Maryland have been a point of concern. Introducing such drastic changes without clear evidence risks solving a problem that doesn't exist, inadvertently creating new issues instead.

## **The Way Forward**

Ensuring that injured workers in Maryland receive timely, effective treatment is non-negotiable. SB 306, while likely well-intentioned, introduces barriers that could severely impede access to care and drive unintended financial and systemic consequences.

We urge this Committee to revisit the proposal within this bill, prioritize the needs of those directly impacted, and collaborate with stakeholders to pursue alternatives that protect access to essential medications for our injured workers.

Thank you for your time and consideration.

Respectfully submitted,



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