

SB 974 Testimony.pdf

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Position: FAV



Statement of Maryland Rural Health Association

To the Senate Finance Committee

Chair: Senator Pamela Beidle

February 26, 2025

Senate Bill 974: Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs for the Treatment of Pain

POSITION: SUPPORT

Chair Beidle, Vice Chair Hayes, Senator Lam, and members of the Committee, the Maryland Rural Health Association (MRHA) is in **SUPPORT** of Senate Bill 974: Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs for the Treatment of Pain

Prescribing appropriate and effective therapies for pain management is critical for providing safe and comprehensive care. Many acute and chronic pain conditions can be treated “most effectively with nonopioid medications” (CDC). Not only can these nonopioid drugs manage pain, but they do not pose the same risks of opioid drugs. For example, an estimated “3% to 19% of people who take prescription pain medications develop an addiction to them” (Psychiatry.org). Thus, as approximately 100 million people in the United States suffer from some sort of acute or chronic pain, it is important to utilize nonopioid treatments, when appropriate, to prevent future addictions (Dey et al., 2024).

This is exceedingly important for Maryland and rural Marylanders as the opioid epidemic is still ongoing (Maryland Department of Health). Moreover, this bill’s support of nonopioid drugs is important for rural communities as “individuals in counties outside metropolitan areas have higher rates of drug poisoning deaths, including deaths from opioids” as well as a more than threefold increase in opioid poisonings compared to metropolitan areas (Keyes et al., 2014). Therefore, efforts to utilize nonopioid medications in the treatment of pain management are likely to have a significant impact on rural Marylanders. Furthermore, in order to achieve this impact, it is critical that nonopioid drugs not be limited by strict “step-therapy” or “fail-first” protocols. These protocols can be “applied with little regard to individual medical histories or vital treatment needs, as determined by the patient’s physician, increasing the risk of patients experiencing harmful consequences” (National Organization for Rare Disorders).

The Maryland Rural Health Association believes in safe, effective care. We believe that Senate Bill 974 is important to support the health and well-being of rural Marylanders. We urge the committee to support SB 974.

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director*

jdayton@mdruralhealth.org

Centers for Disease Control and Prevention. (n.d.). Nonopioid therapies for pain management. Centers for Disease Control and Prevention. <https://www.cdc.gov/overdose-prevention/hcp/clinical-care/nonopioid-therapies-for-pain-management.html#:~:text=Many%20acute%20pain%20conditions%20can,without%20risk%20for%20serious%20harms>.

P.O. Box 3128 • LaVale, Maryland 21504



Dey, S. (2024, November 25). Alternatives to opioids for managing pain. StatPearls [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK574543/>

Keyes, K. M., Cerdá, M., Brady, J. E., Havens, J. R., & Galea, S. (2014, February). Understanding the rural-urban differences in nonmedical prescription opioid use and abuse in the United States. *American journal of public health*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3935688/#:~:text=Individuals%20in%20counties%20outside%20metropolitan,the%20increase%20in%20metropolitan%20counties.>

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Opioid use disorder. Psychiatry.org - Opioid Use Disorder. (n.d.). <https://www.psychiatry.org/patients-families/opioid-use-disorder#:~:text=Access%20to%20prescription%20opioids%20and,develop%20an%20addiction%20to%20them.>

Step therapy (fail first). National Organization for Rare Disorders. (2025, January 28). <https://rarediseases.org/policy-issues/step-therapy-fail-first/>

SB 974.pdf

Uploaded by: Ashley Clark

Position: FAV

MARYLAND PSYCHIATRIC SOCIETY



February 11, 2025

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The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support – SB 974: Maryland Medical Assistance Program and Health Insurance -
Nonopioid Drugs for the Treatment of Pain

Dear Chairwoman Beidle and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

The opioid crisis has demonstrated the vulnerability of pain patients to addiction, dependence, and sadly, lethal overdose. It would be ethically and morally irresponsible of physicians not to use a safer, non-opioid pain medication first if available. It would therefore be unethical for insurers to deny patients access to such medications. In addition, step-therapy and fail-first protocols interfere with physicians' judgment. Step therapy and fail first protocols substitute the judgement of pharmacy benefit managers and other bureaucrats for the judgment of the treating physician in treating a patient's pain. Step therapy and fail first protocols would force physicians to prescribe medication that in their judgment would not be effective in relieving patient's pain; and would therefore prolong patient's suffering unnecessarily. Pain and psychiatric conditions complicate each other and many of our patients require prolonged treatment for both. It would therefore also be cost-effective to minimize addiction in the population.

We therefore ask for a favorable report of SB 974. If you have any questions regarding this testimony, please contact Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

2025 MdAPA SB 974 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



To: Senate Finance Committee

Bill: Senate Bill 974 – Maryland Medical Assistance Program and Health Insurance - Nonopioid Drugs for the Treatment of Pain

Date: February 26, 2025

Position: Favorable

The Maryland Academy of Physician Assistants (MdAPA) supports *Senate Bill 974 – Maryland Medical Assistance Program and Health Insurance - Nonopioid Drugs for the Treatment of Pain*. The bill would require Maryland Medicaid and private insurance to provide coverage for nonopioid drugs used for the treatment of pain to the same extent as an opioid or narcotic drug. Insurance companies cannot require prior authorization, step therapy protocol, or fail-first protocol for the non-opioid drug.

In January 2025, the Food and Drug Administration approved Journavx, a first-in-class non-opioid analgesic.ⁱ MdAPA strongly supports ensuring this medication is covered by insurance, given the risks associated with the use of opioid for pain management. In 2022, there were 2,573 deaths from opioid overdoses in Maryland.ⁱⁱ

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.fda.gov/news-events/press-announcements/fda-approves-novel-non-opioid-treatment-moderate-severe-acute-pain>

ⁱⁱ https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

2025 MCHS SB 974 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

Bill Number: Senate Bill 974 – Maryland Medical Assistance Program and Health Insurance - Nonopioid Drugs for the Treatment of Pain

Hearing Date: February 28, 2025

Position: Support

The Maryland Community Health System supports *Senate Bill 974 – Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs for the Treatment of Pain*. This bill requires health insurers, including Medicaid, to cover nonopioid pain drugs in a manner that is no more restrictive than the coverage of opioid pain drugs.

Maryland Community Health System is a network of federally qualified health centers providing primary, behavioral health, and dental services to underserved communities across Maryland. Opioid abuse develops in a number of ways -- one of them being the overprescription of opioids.¹ With an estimated 2,054 deaths in Maryland caused by opioid overdose in 2024², we support the required coverage of nonopioid pain prescriptions. This will give providers another tool to treat a patient with an opioid alternative, as we understand that at least one alternative has recently been approved by the Food and Drug Administration.³

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

¹ [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(23\)00131-X/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(23)00131-X/fulltext)

² <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

³ <https://www.fda.gov/news-events/press-announcements/fda-approves-novel-non-opioid-treatment-moderate-severe-acute-pain>

DOCS-#238867-v1-SB_974_League_Oppose_Mandate.pdf

Uploaded by: Matthew Celentano

Position: UNF



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Annapolis, Maryland 21401
410-269-1554

February 26, 2025

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

**Senate Bill 974 – Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs
for the Treatment of Pain**

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 974 – Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs for the Treatment of Pain* and urges the committee to give the bill an unfavorable report.

In January, the U.S. Food and Drug Administration (FDA) approved a drug, a first-in-class non-opioid analgesic to treat moderate to severe pain in adults. This is a major step for a potentially new approach in the non-opioid class of drugs, but it would be premature at best to prohibit carrier medical management of a drug that has literally been approved for a month. Furthermore, because there is only one currently approved pharmaceutical from the FDA, the passage of Senate Bill 974 would create a complete and unfettered monopoly for the drug manufacturer of the medication including unrestricted ability to further raise costs on Maryland consumers.

In the FDA's approval of the drug they noted that the most common adverse reactions in study participants who received the newly approved medication were itching, muscle spasms, increased blood level of creatine phosphokinase, and rash. The drug is contraindicated for concomitant use with strong CYP3A inhibitors. Additionally, patients should avoid food or drink containing grapefruit when taking the medication. All of these side effects and interactions with the medication only make medical management and utilization prohibited by Senate Bill 974 more important to the patient.

Tangentially, under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. While this bill is not a traditional mandate piece of legislation, because there is only one medication approved by the FDA, in essence it creates a coverage mandate for the only drug in its class. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 974 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

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Position: INFO



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

February 26, 2025

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

**Re: Senate Bill (SB) 974 – Maryland Medical Assistance Program and Health Insurance
– Nonopioid Drugs for the Treatment of Pain – Letter of Information**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 974 – Maryland Medical Assistance Program and Health Insurance – Nonopioid Drugs for the Treatment of Pain.


SB 974 would prohibit the Maryland Medical Assistance and certain other insurers from applying prior authorization, fail-first, or step therapy protocols to any FDA-approved non-opioid drug in a manner that is more restrictive than those in place for a covered opioid or narcotic drug used for the treatment of pain starting July 1, 2026.

The Department anticipates that this legislation would have a significant fiscal impact of \$8,991,333 total funds (\$5,391,711 FF, \$3,599,622 GF) annually across both fee-for-service (FFS) and HealthChoice managed care organization (MCO). Over five years, these costs are estimated at \$46,791,259 total funds (\$28,058,680 FF, \$18,732,580 GF). This increase in costs is largely due to the elimination of prior authorizations, fail-first, and step therapy protocols for all non-opioid drugs. The Department estimates that this would result in a shift in utilization to branded, branded generic, and higher cost generic agents, some of which are more expensive. It is important to note that the Department does not anticipate any additional loss in revenue due to a loss of supplemental drug rebates.

The Department notes that enhanced utilization of FDA-approved non-opioids as a result of this proposed policy in the future may drive increased fiscal impact. Journavx is one such drug that has recently been approved. It has an associated cost of \$30 per day, which is roughly equivalent to oxycontin.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'LH Scott', written in a cursive style.

Laura Herrera Scott, M.D., M.P.H.
Secretary