



**Date:** January 30, 2025

**To:** The Honorable Joselyn Pena-Melnyk, Chair, House Health and Government Operations Committee

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

**Cc:** Members, House Health and Government Operations Committee

**Re:** **FAVORABLE – HB 382 Maryland Medical Assistance Program and Health Insurance - Step Therapy, Fail-First Protocols, and Prior Authorization - Prescription to Treat Serious Mental Illness**

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The Maryland Pharmacists Association and the Maryland Pharmacy Coalition recommend a **FAVORABLE report of HB 382 - Maryland Medical Assistance Program and Health Insurance - Step Therapy, Fail-First Protocols, and Prior Authorization - Prescription to Treat Serious Mental Illness.**

According to NAMI Maryland, “Marylander’s are 10 times more likely to be forced to out-of-network mental health care than for primary health care – making it difficult to find care and less affordable due to higher out-of-pocket costs.”

Patients are then compounded with the challenge of barriers within their own plans to access medication that they need. The bill provides a patient-centered, clinically responsible approach to support mental healthcare, while also reducing access issues for patients and administrative burdens for pharmacies.

#### 1. Patient Care Improvement

- Pharmacists are typically the healthcare provider who must communicate the delay in access to medication. Patients often have no understanding of why they cannot receive the medication they need.
- Eliminates unnecessary bureaucratic barriers and administrative burdens that delay critical mental health interventions.
- Supports a more direct path to patient treatment.

#### 2. Treatment Accessibility

- Patients treated and stabilized in in-patient facilities may be denied access to that same medication when the prescription is presented at the pharmacy.
- Prevents mandated trials of less effective medications before accessing recommended treatments.
- Supports patient-specific, personalized medication management.

#### 3. Clinical Evidence Alignment

- Prevents one-size-fits-all protocols that can compromise patient outcomes.

#### 4. Cost-Effectiveness

- Supports potential long-term healthcare savings by mitigating treatment delays, emergency room visits and other economic impacts on the individual and caregivers.
- Reduces administrative costs associated with multiple medication trials, particularly when there is evidence that a protocol is working, and the patient is stabilized.

**Maryland Pharmacy Coalition (MPC)** provides a forum for discussion and understanding between Maryland's professional pharmacy associations on issues impacting the practice of pharmacy and the public's health. MPC strengthens relationships between pharmacy associations in the state and encourages collaborative efforts to benefit the pharmacists and patients of Maryland.

### **Full Members**

- Maryland Pharmacists Association
- American Society of Consultant Pharmacists – Maryland Chapter
- Maryland Pharmaceutical Society
- Maryland Society of Health System Pharmacists
- University of Maryland Baltimore School of Pharmacy Student Government Association
- University of Maryland Eastern Shore School of Pharmacy Student Government Association
- Notre Dame of Maryland University School of Pharmacy Student Government Association

### **Affiliate Members (non-voting)**

- University of Maryland Baltimore School of Pharmacy
- University of Maryland Eastern Shore School of Pharmacy
- Notre Dame of Maryland University School of Pharmacy
- Maryland Association of Chain Drug Stores