

SUBMITTED TESTIMONY, by Gail Groves Scott, MPH

March 10, 2026

Maryland General Assembly
House of Delegates Health Committee
90 State Circle, Annapolis, MD 21401

Testimony in Favor of Maryland House Bill 1134 Pharmaceutical Drugs and Devices
– Gifts to Health Care Professionals –Prohibition

As a former pharmaceutical representative, I used medication samples, free snacks, lunches, dinners, and other gifts to influence prescribing. That experience informed my work today as a scholar who studies pharmaceutical marketing and policy. I urge you to vote for HB 1134.

I'm pleased to submit testimony here in Maryland, where I spent my formative years. I attended middle school in Carroll County and graduated from Westminster High School. I earned my bachelor's degree at Goucher College and then lived and worked in Baltimore. My first sales jobs were here. My first child was born here.

When I got my first job in pharmaceutical sales. I loved it. I thought I'd found the best kind of sales role there was. Let me be clear, I knew I worked in sales ----but I *believed* that my real role was as a healthcare educator.

This was grounded in truth. I was highly trained, even though my training came from the companies I worked for. I walked into an office knowing at least as much, if not more, about a disease state and the drug I was promoting than the prescribers that I was calling on. I was not aware of the extent that bias was embedded in my training and the education I shared.

Gifts, from free food to clinical or office supplies, to drug samples, are how pharma companies buy access to health systems and medical offices to deliver our sales messages.¹ Even a small snack, or a rushed lunch over inexpensive salads, helped us build relationships with prescribers and their staff. They helped me get to the reception desk and often to the back of the office, where I might be able to catch a clinician's eye. They helped me get access to the administrator's offices and support staff, where I might be able to learn more about the practice, its patients, and any insurance or pharmacy or health system barriers impeding my drug's market share.

¹ Sah, S., & Fugh-Berman, A. (2013). Physicians under the Influence: Social Psychology and Industry Marketing Strategies. *The Journal of Law, Medicine & Ethics*, 41(3), 665–672. <https://doi.org/10.1111/jlme.12076>

I brought free samples of antidepressants, birth control pills, an antibiotic, and several over-the-counter drugs. I observed that medication samples were regularly taken for their own use by office staff and doctors. It was considered a job perk.

I hosted lunches, breakfasts, or dinners every single week as a drug rep. I was very successful in my job, earning bonuses every single quarter of my 16 years in pharma sales.

While I was still working as a drug rep, I earned my master's in public health.

Ten years ago, I quit pharmaceutical sales and got a job working for a university.

I became a whistleblower for the Department of Justice in an illegal marketing case. I testified to a grand jury about one of the companies I had worked for, Purdue Pharma, and the marketing of its pain medications, including OxyContin.

Today I'm a doctoral candidate in health policy at St. Joseph's University in Philadelphia. I do public health policy advocacy locally and nationally. I receive no outside funding for my work.

The research I've presented at several national conferences describes how pharmaceutical marketing has changed. There are now half as many drug reps in the field. The consolidation of medical practices and health systems has resulted in more health systems that ban sales reps, branded drug samples, and free lunches.²

More than 60% of doctors' offices today will tell you they have a policy to deny access to pharmaceutical representatives. Voluntary industry guidelines have been tightened to restrict gifts. Accreditation companies believe that they protect Continuing Medical Education from commercial influence while still accepting industry funding.

You might wonder if state legislation is still needed, in light of these systemic changes, and independent efforts to reduce commercial influence. Yes, it still is.

In my job as a drug rep, I personally influenced "independent" medical education for my branded drug, well after these guidelines were revised and tightened. I still used free food to get access to healthcare providers and educational programs, even when their health systems supposedly did not allow me to bring lunch into the office. Working at a university and pharmacy school in the 2010's creating independent educational programs, we saw many attempts to insert commercial messaging into our trainings. Gifts are not always part of commercial influence, but they are a vital component of it.

² Groves Scott, G. (2022, March 4). *Ethical questions arising from the evolution of prescriber targeting in pharmaceutical sales [Poster]*. American Public Health Association (APHA), Nov. 2022 Annual Conference, Boston, MA.

Groves Scott, G. (2019, June 14). *Pharma sales and the evolution of prescriber*. PharmedOUT Conference: Opioids: Conflicts and Controversies.

State laws like HB 1134 that ban gifts help to reduce this commercial bias.

Supporting HB 1134 does not mean you do not value modern drug development or the right of companies to engage in sales and marketing. Some of the medications I sold were unique, life-saving drugs. But we can support funding of truly independent education to healthcare providers to help them adopt and use innovative treatments. We can support programs that offer medication assistance, discounts, and vouchers.

My research shows that there are times when pharmaceutical company marketers do fill gaps in public health and clinical education. Medical device and pharmaceutical drug reps can bring a lot of value to the prescribers we call on, with free services and support, sometimes supplanted the work of their own staff.

But the research proves that gifts that increase interactions with pharmaceutical sales teams come at a cost to our health system and influence “non-rational prescribing”.³ Gifts, food, and drug samples buy valuable access and build relationships with staff. Even samples mailed directly to a doctor’s office, rather than delivered by a representative, influence access. Believe me, we would not be providing them if they didn’t directly benefit the representative’s positive relationship with the office, and the company’s bottom line – sales growth and market share.

There are other ways pharmaceutical companies can help patients and market their drugs.

- 1) Market medications without gifts that drive reciprocal behavior.
- 2) Lower prices, which are inflated by huge marketing and lobbying budgets.
- 3) Expand support of “indigent patient programs” that allow people who lack insurance or are underinsured to access free or discounted medications, either through vouchers used at a pharmacy or medications mailed directly to them with a physician’s prescription.

Gail Groves Scott, MPH

Director of Research and Advocacy, Health Policy Network, LLC, Lancaster, PA

Gail@HealthPolicyNetwork.com

³ Fickweiler, F., Fickweiler, W., & Urbach, E. (2017). Interactions between physicians and the pharmaceutical industry generally and sales representatives specifically and their association with physicians’ attitudes and prescribing habits: A systematic review. *BMJ Open*, 7(9), e016408.

Wazana, A. (2000). Physicians and the pharmaceutical industry: Is a gift ever just a gift? *JAMA*, 283(3), 73-380.