



Physicians for Responsible Opioid Prescribing
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Maryland General Assembly
House of Delegates Health Committee
90 State Circle
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Testimony in Favor of Maryland House Bill 1134 Pharmaceutical Drugs and Devices – Gifts to Health Care Professionals – Prohibition

Prohibiting gifts from pharmaceutical and medical device companies will protect Maryland residents from receiving prescriptions that may not be the best treatment for them. Gifts, including as meals, act as social lubricants. In essence they are well-dressed bribes and should be considered payments. These payments correlate with increased prescribing of branded products, often instead of less expensive, more effective options.

Gifts buy access to prescribers – and the staff that serve as gatekeepers.

In Maryland, industry spent more than [\\$5 million on food and beverage](#) (173,994 payments) on prescribers in 2024¹, the most recent data available. And that doesn't include spending on the office staff, who are not forgotten by pharma. We don't know how much is spent on food and beverage for the office staff of Maryland prescribers because there's no federal tracking of these payments. However, in [Nevada](#)², where all payments are transparent, office staff accounted for more than 60% of the \$5.6 million total payments registered with the state in 2024. If the same ratio applies to Maryland, that would be another \$3.2 million spent on food and beverage for office staff, or a total of more than \$8 million spent in total.

Food and beverage open the door, and when that door opens, it's the pitch about the drug that changes prescribing behavior. Disguised as education, what's left out of the pitch is even more important than what's highlighted. Not mentioned are the risks, the lack of long-term data (these are new drugs), or the relative effectiveness of other drugs or non-drug treatments to treat the condition. Only the most profitable, patented drugs are promoted, and those are not necessarily the best drugs for patients.

¹ Centers for Medicare & Medicaid Services (CMS). Open Payments: Maryland (MD) 2024. openpaymentsdata.cms.gov/state/maryland.

² Nevada Department of Health and Human Services (DHHS). Drug Transparency Report 2025. June 1, 2025. https://www.dhs.nv.gov/siteassets/content/hcpwd/Transparency_Report_2025.pdf

Gifts influence prescribing practices. Physicians understand the implicit [conflict of interest](#)³ yet [take exception at the idea that they are being manipulated](#).⁴ Study after study, however, link drug-related payments with increased prescribing of targeted drugs used in [oncology](#)⁵, [cardiology](#)⁶, [gastroenterology](#)⁷, [psychiatry](#)⁸, and [neurology](#)⁹. Limiting relationships with industry reduces the use of branded drugs: some academic medical centers restricting pharmaceutical representative sales visits saw [reductions in prescribing](#)¹⁰ of promoted drugs.

Promoting drug use through gifts doesn't just cost Maryland money. It can also cost lives. Maryland is still grappling with an opioid epidemic, a clear example of the harm of these gifts.

Payments [influence overprescribing of opioids](#).¹¹ One study found opioid-related payments associated with both [increased prescribing and a shift to more expensive opioids](#).¹² Another study linked [payments to increased prescribing of specific opioids](#).¹³ Each 1% increase in payment was associated with an increase of 50 daily doses of prescribed opioids. And every sandwich made a difference—[each meal received in 2014 was associated with increased numbers of opioid claims in 2015](#).¹⁴ Another study identified an [association of opioid marketing with deaths from opioid overdoses](#).¹⁵

An analysis of primary care physicians' [perceptions of messages presented by opioid sales reps](#)¹⁶ found that reps emphasized benefits – serious harms, on the other hand, were rarely mentioned.

³ Chimonas S, Brennan TA, Rothman DJ. Physicians and drug representatives: exploring the *dynamics* of the relationship. *J Gen Intern Med*. 2007 Feb;22(2):184-90. doi: 10.1007/s11606-006-0041-z.

⁴ Levy, S. Do Free Drug Rep Lunches Sway Doctors? See What Physicians Say. *Medscape*. February 12, 2018. <https://www.medscape.com/viewarticle/892290>

⁵ Mitchell AP, Meza AM, Trivedi NU, Bach PB, Gönen M. Physician Payments from Pharmaceutical Companies Related to Cancer Drugs. *The Oncologist*, Volume 27, Issue 10, October 2022 Oct:27(10);857–863. doi:10.1093/oncolo/oyac160.

⁶ Grennan M, Myers K, Swanson A, Chatterji A. No Free Lunch? Welfare Analysis of Firms Selling Through Expert Intermediaries. *NBER Working Paper* 24864 (2018), doi:10.3386/w24864.

⁷ Dotinga R. IBD Rx Tied to Pharma Payments to Docs. *Medpage Today*. May 19, 2019. <https://www.medpagetoday.com/meetingcoverage/ddw/79918>

⁸ DeJong C, Aguilar T, Tseng CW, Lin GA, Boscardin WJ, Dudley RA. Pharmaceutical Industry-Sponsored Meals and Physician Prescribing Patterns for Medicare Beneficiaries. *JAMA Intern Med*. 2016 Aug 1;176(8):1114-1122. doi: 10.1001/jamainternmed.2016.2765.

⁹ Rhee TG, Ross JS. Association Between Industry Payments to Physicians and Gabapentinoid Prescribing. *JAMA Intern Med*. 2019;179(10):1425–1428. doi:10.1001/jamainternmed.2019.1082

¹⁰ Larkin I, Ang D, Steinhart J, et al. Association Between Academic Medical Center Pharmaceutical Detailing Policies and Physician Prescribing. *JAMA*. 2017;317(17):1785–1795. doi:10.1001/jama.2017.4039

¹¹ Reichel C. The Opioid Prescribing Problem: A JR Long Read. *The Journalist's Resource*. October 15, 2019. <https://journalistsresource.org/health/research-opioid-prescriptions-long-read/>

¹² Zezza MA, Bachhuber MA. Payments from drug companies to physicians are associated with higher volume and more expensive opioid analgesic prescribing. *PLoS ONE*. 2018;13(12): e0209383. doi:10.1371/journal.pone.0209383

¹³ Nguyen TD, Bradford WD, Simon KI. Pharmaceutical payments to physicians may increase prescribing for opioids. *Addiction*. 2019 Jun;114(6):1051-1059. doi: 10.1111/add.14509.

¹⁴ Hadland SE, Cerdá M, Li Y, Krieger MS, Marshall BDL. Association of Pharmaceutical Industry Marketing of Opioid Products to Physicians With Subsequent Opioid Prescribing. *JAMA Intern Med*. 2018;178(6):861–863. doi:10.1001/jamainternmed.2018.1999

¹⁵ Hadland SE, Rivera-Aguirre A, Marshall BDL, Cerdá M. Association of Pharmaceutical Industry Marketing of Opioid Products With Mortality From Opioid-Related Overdoses. *JAMA Netw Open*. 2019;2(1):e186007. doi:10.1001/jamanetworkopen.2018.6007

¹⁶ Mintzes, B., Lexchin, J. The “Nuts and Bolts” of Opioid Marketing: Promotional Messages to Family Doctors in Sacramento, Vancouver, Montreal, and Toulouse. *J Gen Intern Med*. 2020;35:3730–3732. doi:10.1007/s11606-019-05584-5

When physicians accept food – and a sales pitch – related to patented opioids, not only do they prescribe more patented opioids, they also prescribe more generic opioids. What’s more, the spillover effect on generics lasts for years.

[Food and beverage gifts](#) (a proxy for drug rep visits) were related to patented opioids in Medicare Part D opioid prescribing claims from 2014-17.¹⁷ Physicians receiving the average number of yearly promotional visits increased patented opioid prescribing by 13.3%.

The data show increased claims for Medicare recipients (people over 65 and the disabled), a vulnerable population in whom opioid prescribing is already unacceptably high. Addiction rates are growing among older adults, who also are experiencing increases in mortality and hospitalization due to prescription opioid misuse. Older adults with opioid use disorder may be at a higher risk of death compared to younger adults.

Although these data are from 2014-17, opioid promotion still successfully increases sales – of profitable patented opioids as well as generic opioids – and challenge efforts to reduce overprescribing. Collegium Pharmaceutical, maker of patented opioids, reported to the Security and Exchange Commission that it had 105 sales representatives promoting these opioids in 2025. Certainly, they were making calls to Maryland prescribers and opening doors with meals.

Passing a gift ban would help prevent another drug from having the deadly consequences of opioids. Marylanders deserve that.

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¹⁷Beilfuss S, Linde S. Pharmaceutical opioid marketing and physician prescribing behavior. *Health Econ.* 2021 Dec;30(12):3159-3185. doi: 10.1002/hec.4424.