

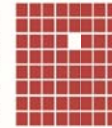
MedChi

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Maryland Chapter



1211 Cathedral Street
Baltimore, MD 21201-5585
410-727-2237
e-mail: mdocep@aol.com
www.mdocep.org



Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS



MACHC
Mid-Atlantic Association of
Community Health Centers



TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Nicholas R. Kipke

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Richard A. Tabuteau

DATE: March 20, 2018

RE: **OPPOSE** – House Bill 1716 – *Prescription Drug Monitoring Program – Prescription Monitoring Data – Insurance Carriers*

The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Chapter of the American College of Emergency Physicians, the Mid-Atlantic Association of Community Health Centers, the Maryland/District of Columbia Society of Clinical Oncology, and the Maryland Chapter of the American Congress of Obstetricians and Gynecologists, **strongly oppose** House Bill 1716

House Bill 1716 would require the Prescription Drug Monitoring Program (PDMP) to disclose prescription monitoring data to a health insurance carrier purportedly for the purpose of: (1) determining medical necessity of a prescription drug claim; (2) enhancing or coordinating patient care; or (3) assisting the treating provider's clinical decision making. However, access to PDMP data would not provide a carrier with any information that would enable the carrier to meet those objectives in any manner that is not already available to them given the fact that they have all the claims data for the prescriptions of their insureds.

With respect to a request for the data based on determining medical necessity – medical necessity cannot be determined by prescription data, it can only be determined by a review of a patient's complete medical record, access to which is governed by statutory provisions in the Insurance Article. The second objective of enhancing or coordinating patient care is not typically done by insurers. If an insurer has implemented a care coordination program, to be effective, a patient's provider would need to be involved and that provider has access to all of the patient's prescription data through the provider's access to the PDMP. The final basis for data access, assisting the treating provider's clinical decision-making is undoubtedly a veiled effort by insurers to profile physicians based on their prescribing patterns by having access to data that is not associated with the patients they insure as insurers have the claims data for their insureds. Insurers may assert that PDMP data is necessary to receive information on prescriptions paid for in cash. However, this assertion does not negate the above arguments, nor do we believe it alone justifies access to the PDMP data.

Therefore, we do not believe that there is a legitimate and rational basis for providing access to PDMP data to insurers. They can utilize their claims data and communicate directly with treating providers if they believe there is an issue related to medical necessity, utilization, or other issues associated with a patient's history or provider's practice patterns. An unfavorable report is requested.

For more information call:

Pamela Metz Kasemeyer

J. Steven Wise

Danna L. Kauffman

Richard A. Tabuteau

410-244-7000