

MedChi

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TO: The Honorable Peter A. Hammen, Chairman
Members, House Health & Government Operations Committee
The Honorable Jill Carter

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: March 10, 2011

RE: **OPPOSE** – House Bill 1051 – *Freestanding Pain Management Clinics - Regulation*

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, opposes House Bill 1051.

House Bill 1051 defines a “freestanding pain management clinic” and requires each such facility to obtain a license. This bill should be defeated for a variety of reasons.

First, the legislation defines a “freestanding pain management clinic” as a facility that “engages in the treatment of pain by prescribing controlled dangerous substances *as at least 50% of its services.*” MedChi is unclear as to what “50% of services” means. Does it mean 50% of revenue? 50% of the physician’s time? And whatever the “services” that are intended to be measured, what is the basis of the 50% threshold? The definition is simply too vague to be understood, and would produce tremendous regulatory uncertainty.

Second, all physicians are in the business of treating “pain”--nearly every patient reports pain in one form or another. Treating such pain and prescribing a controlled dangerous substance (CDS) “50%” of the time triggers the requirements of House Bill 1051. Indeed, the definition may well encompass every physician’s office in Maryland and subject it to another form of regulation, most of which is either already required or needless under the circumstances.

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It is important to note that every physician who dispenses CDS must have a state-issued CDS license. The State has the power to revoke and non-renew the license, and in the event a physician is writing excessive, unneeded or illegal prescriptions, such action is warranted. Further, the Board of Physicians has the ability to enter the office of a licensed physician. Given these controls, MedChi does not understand why the additional layer of regulation imposed by House Bill 1051 is needed.

It may well be that House Bill 1051 is meant to address a problem that led the states of Florida and Texas to implement controls on so-called “pain management clinics” by limiting the number of prescriptions that can be written. But such problems have not been documented here in Maryland, and if they have, the issue has not risen to the level it had in those states, where hundreds of such facilities apparently came into existence in a short period of time, and were run for short periods of time before closing quickly.

Whatever the issue is here in Maryland, it does not call for the solution proposed by House Bill 1051. It impacts unnecessarily upon every physician’s office in the State. For these reasons, MedChi opposes House Bill 1051.

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