

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

TO: The Honorable Joan Carter Conway, Chair
Members, Senate Education, Health & Environmental Affairs Committee

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

DATE: March 13, 2014

RE: **SUPPORT** – Senate Bill 1108 – *Sterile Compounding Permits – Exemptions – Sterile Compounding Facilities That Compound Only for Immediate Use*

The Maryland State Medical Society (MedChi), which represents more than 8,000 Maryland physicians and their patients, supports Senate Bill 1108.

Chemotherapy is mixed in an office infusion center and then immediately administered to the patient. This mixing or preparation is presently performed in a special clean airflow pressure hood with HIPPA filters which provide safe chemotherapy medications for our patients. The medicines are not prepared ahead of time, but only as the patient arrives in the office infusion center, and it has been established that their CBCs (Complete Blood Counts) and other lab work are appropriate for the treatment. This permits adequate hydration, the administration of medications to prevent nausea and vomiting as well as the chemotherapy itself. The patient is not inconvenienced by having to travel long distances and can return home safely after drug administration. This is especially important given that a large majority of oncology care in Maryland is delivered in the local community close to the patient's home. This method has been proven to be both safe, and comforting to patients and families. Further it is the least costly and yet highly effective care to patients.

House Bill 986, when enforced, will upset the delicate balance of the community oncologists with their patients by imposing many additional steps and costs with no way to recoup the money spent to implement the rules of this new law. The law will require implementation of USP 797 and essentially make it impossible for the community practice physician to provide such services. There will be additional costs in setting up a mixing

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center to meet USP797 rules with no indication that this would provide safer medications to our patients. The additional costs, if provided in a hospital infusion center could be recouped by the use of a facility fee. However, as the rules are now written, the community physician is not able to charge facility fees and will literally have to get out of the business of providing chemotherapy in an office setting. Sending patients to hospital settings for what service had been provided in the community setting will increase the stress and inconvenience of the cancer patient. The overall cost to the health care system through insurance and other payments will be triple what the current costs are in community based settings. This is in direct conflict with the aim of the new waiver.

It is counter intuitive to change what has been done and is being done well for patients. It is for these reasons MedChi requests a favorable report for Senate Bill 1108.

For more information call:

Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000