

# 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



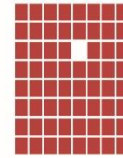
# ACOG

The American College of  
Obstetricians and Gynecologists

Maryland Section



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



## Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

## MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS

*Serving Maryland and Delaware*



TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Antonio Hayes

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

DATE: February 28, 2019

RE: **OPPOSE** – Senate Bill 498 – *Prescription Drug Monitoring Program – Disclosure of Data – Managed Care Organizations*

---

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 Maryland Section of the American College of Obstetricians and Gynecologists, and the Mid-Atlantic Association of Community Health Centers, **strongly oppose** Senate Bill 498.

Senate Bill 498 would require the Prescription Drug Monitoring Program (PDMP) to disclose prescription monitoring data to a managed care organization (MCO) purportedly for the purpose of: complying with: (i) the corrective managed care program of the Medicaid pharmacy program; or (ii) the standards developed by the Medicaid opioid drug utilization review workgroup.

First and foremost, it is important to recognize that the MCOs have information on their own enrollees' prescription data through claims data and can coordinate with the Maryland Medicaid Fee for Service program with respect to fee for service claims. Second, there is nothing reflected in the policy recommendations of the Medicaid opioid drug utilization review workgroup that requires direct access to PDMP data by the MCOs. The recommendations can be found at <https://mmcp.health.maryland.gov/healthchoice/opioid-dur-workgroup/Pages/healthchoice-opioid-response.aspx>. Third, in providing data to other entities under the statute, it is clearly only when there has been a subpoena issued or there is an investigation, neither which would be required under Senate Bill 498.

We do not believe that there is a legitimate and rational basis for providing access to PDMP data to MCOs. MCOs 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. This bill simply erodes the current principles of why the PDMP was established. The PDMP must remain a health care tool to inform the prescribing practices of physicians and not a tool for enforcement or profiling by MCOs or insurers. An unfavorable report is requested.

**For more information call:**

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

410-244-7000