The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports with amendment House Bill 466.

House Bill 466 reflects the recommendations of the Department of Legislative Services (DLS) sunset evaluation of the Prescription Drug Monitoring Program (PDMP). MedChi applauds DLS for the comprehensive program review reflected in their December 2018 report. The bill appropriately removes the PDMP from evaluation under the Maryland Program Evaluation Act and repeals the program’s sunset date thus making the PDMP a permanent program.

The bill also requires the PDMP to provide prescription monitoring data to authorized users rather than the authorized administrator of another State’s prescription drug monitoring program which will improve the ability of providers to gain information about their patients from surrounding States and providers in other States about CDS prescriptions their patients may have received in Maryland.

House Bill 466 includes uncodified language that requires the Advisory Board on Prescription Drug Monitoring to include additional information in its 2019 annual report on the Technical Advisory Committee (TAC). Including the protocols and procedures for reviewing unsolicited reports and investigative data requests and any recommendations on changes necessary for TAC to meet the needs of PDMP. The TAC is a critical component of the effectiveness of the PDMP program and required information will enable the program to provide information that reaffirms its critical role.

MedChi does however strongly oppose the deletion of the requirement that the Board of Physicians secure the approval of a quorum of a disciplinary panel in order to issue an administrative subpoena for PDMP data to further a bona fide investigation. The recent case involving the Board of
Physicians that resulted in the Court awarding punitive damages against the Board and the Board’s attorneys and other cases where the Court has taken issue with the actions of the Board’s attorneys has undermined the physician community’s confidence in the objectivity of the Board’s attorneys. Eliminating the requirement that a quorum of a disciplinary panel of the Board approve the issuance of a subpoena will create an unnecessary chilling effect on the prescribing community that could further escalate the growing access to care challenges that are becoming evident as providers choose to quit prescribing CDS medications, out of a fear of being stigmatized or unreasonably targeted for investigation. If there is a timely need for a subpoena to be issued, the professional boards have means to promptly gather the necessary approval. MedChi requests the bill be amended to retain the current requirement.

With its objection and requested amendment noted, MedChi requests an favorable report.

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