ARTHRITIS & RHEUMATISM ASSOCIATES, P.C.

July 14, 2026

Mary Kwei, Associate Commissioner, Market Regulation and Professional Licensing
Maryland Insurance Administration

Athos Alexandrou, Director, Office of Pharmacy Services
Maryland Department of Health

VIA EMAIL: pharmacyservicesworkgroup.mia@maryland.gov

RE: MIA PBM Workgroup – Written Comments on Specialty Drug Access (§15-847 / COMAR 10.67.06.04)

Arthritis and Rheumatism Associates, P.C. (ARA PC) is the largest rheumatology practice group in the Mid-Atlantic region. We are dedicated to the diagnosis and treatment of people with disorders of the joints, muscles, tendons, and other connective tissue. Our practice integrates excellent medical care with comprehensive services, including specialty drug pharmacy dispensing, a full-service laboratory, x-ray facilities, a physical therapy division, seven centers for the diagnosis and treatment of osteoporosis, and seven infusion centers. We care for more than 30,000 patients each year at five of our centers located in Maryland.

Maryland's current specialty drug framework—particularly the pharmacy steering permitted under §15-847 and COMAR 10.67.06.04—creates significant barriers to timely, safe, and patient-centered care for individuals with autoimmune and inflammatory diseases. While Maryland protects patient choice for nearly all other medications, specialty drugs remain the sole category where PBMs and insurers can force patients into specific pharmacies. This carve-out has direct consequences for cost, access, and quality.

We appreciate the opportunity to comment on the "Questions for Group Discussion on Specialty Drug Access" that were the subject of the most recent meeting of the PBM workgroup on June 30th. Our answers and feedback are detailed below.

Impact on Patients: Delays, Missed Doses, and Avoidable Harm
Patients routinely experience:

- Extensive time lost navigating specialty pharmacy call centers and "telephone tag."
- Cold-chain medications left on insecure doorsteps, sometimes at unsafe temperatures.
- Long wait times at designated chain pharmacies when trying to avoid mail-order.
- Missed doses leading to painful disease flares and preventable disability.
- Reliance on toxic steroid stop-gap therapy, increasing risks of diabetes, fractures, and serious infections requiring hospitalization.

Even after receiving mail-order shipments, patients often wait additional days to schedule in-person injection teaching, delaying safe initiation of therapy.

Cost and Quality Implications
These access barriers drive higher downstream medical spending through flare-related visits, steroid complications, and avoidable hospitalizations. Quality of care declines when clinicians cannot adjust

doses or dispense urgently needed medication during a flare. Out-of-pocket costs rise when shipments are delayed, mishandled, or wasted.

Specialty Drug Definition: Needed Reforms
While the definition appropriately recognizes drugs requiring enhanced handling and education, it also enables PBM-controlled steering that harms patients. Physician offices already provide:

- Injection teaching
- Cold-chain handling
- Adherence support
- Biosimilar transition counseling
- Real-time dose adjustments during flares

These services meet or exceed the "enhanced patient education, management, or support" cited in COMAR. Allowing point-of-care dispensing would improve access, reduce delays, and lower costs.

Exemptions for Oncology, Diabetes, HIV, and AIDS
Maryland has already acknowledged that pharmacy steering can harm patients with serious conditions. Autoimmune patients experience similar risks, yet remain excluded from these protections—resulting in higher costs and poorer outcomes.

Why Change is Needed
It is time for Maryland to rebalance the longstanding principle of patient choice for life-changing and life-sustaining medications. Eliminating the specialty drug steering carve out will:

- Streamline care by allowing clinicians to dispense medication and provide injection teaching at the point of care.
- Make biosimilar transitions more efficient and cost-effective.
- Enable clinicians to authorize and dispense new doses immediately when flares occur.
- Reduce delays, prevent flares, and avoid steroid-related complications.

The impact of pharmacy steering is uniquely harmful for patients whose medications determine whether they can work, parent, or simply function without pain. Modernizing Maryland's specialty drug framework and aligns it with patient-centered, clinically sound care.

Insurers continue to argue that specialty drug steering will save costs and physician dispensing only adds cost. Financial cost is an ever-present factor in modern health care delivery, but as physicians, we must also weigh the physical and emotional costs our patients endure every day.

Several states—including Arkansas, Louisiana, and Texas—have enacted policies limiting insurer mandates that interfere with physician-directed access to specialty medications. Experience in these states demonstrates that such protections do not increase health insurance costs.

We appreciate the opportunity to provide this input to the MIA. If we can be of further assistance, please contact me at 301-942-7600 or aworthing@arapc.com.

Angus Worthing, MD
Arthritis & Rheumatism Associates, P.C.