

LD 60,
An Act To Clarify the Minimum Amount of Emergency Refills of Insulin

SUMMARY:

Current law authorizes a pharmacist to dispense emergency refills of insulin and associated insulin-related supplies and requires that the amount of insulin dispensed be in a quantity that is the lesser of a 30-day supply and the smallest available package.

This bill requires that the insulin dispensed be in a quantity that is at least a 30-day supply.

The provision amended in LD 60 was enacted in the 129th Legislature and considered by the HCIFS Committee. [Public Law 2019, c. 666](#) was enacted as an emergency and became effective March 18, 2020. Part A of the law prohibits health insurance carriers from imposing a cost-sharing requirement for prescription insulin drugs in excess of \$35 per prescription for a 30-day supply of insulin. These requirements apply to all health insurance policies issued or renewed on or after January 1, 2021. Part B of the law authorizes a pharmacist to dispense emergency refills of insulin and associated insulin-related supplies. The law requires that the insulin dispensed be in a quantity that is the lesser of a 30-day supply and the smallest available package. The law also requires the Maine Board of Pharmacy to adopt rules to establish adequate training requirements and protocols for dispensing insulin.

LD 60, An Act To Clarify the Minimum Amount of Emergency Refills of Insulin

ISSUES FOR CONSIDERATION:

1. In its testimony opposing the bill as drafted, Legal Services for the Elderly (LSE) suggested the committee consider that some of their clients may not want to pay out-of-pocket for a full 30-day supply of insulin. LSE proposed an amendment to the bill that would require no less than a 30-day supply be dispensed to a patient with insurance coverage, but would allow the dispensing of less than a 30-day supply to a patient paying out-of-pocket. The Retail Association of Maine (who testified NOR on behalf of their Community Pharmacy Group and the Maine Pharmacy Assoc.) also suggested that the committee consider that patients may not want a full 30-day supply due to the increased costs and recommended flexibility in the language to allow the patient to request insulin in excess of the smallest available package. To address these concerns and maintain the sponsor's intent, the committee could consider amending the language to require dispensing in at least a 30-day supply *unless the patient requests a lesser quantity upon consultation with the pharmacist.*

2. In its written testimony (NOR), the Maine Osteopathic Association suggested adding a requirement that the pharmacist notify the patient's health care provider who wrote the original prescription and instruct the patient to call their health care provider for follow-up care. The Maine Medical Association (NOR) also asked that the bill specify when a pharmacist shall notify the provider. Consider adding that to the bill?

LD 60, An Act To Clarify the Minimum Amount of Emergency Refills of Insulin

ISSUES FOR CONSIDERATION (cont'd):

3. In its testimony (NOR), MaineHealth and the Maine Medical Association suggested that the committee consider adding a limitation that a pharmacist may only dispense an emergency supply of insulin to a patient once per year because of concerns that patients may not maintain appointments and regular care. Consider adding that to the bill?

4. Consider adding an emergency preamble and emergency clause so that bill, if enacted, would become effective once signed by Governor? Emergency legislation would require 2/3 vote of both House and Senate. Original law was enacted as an emergency.

FISCAL INFORMATION:

Minor cost increase-Other Special Revenue Funds

Any additional costs to the Maine Board of Pharmacy within the Department of Professional and Financial Regulation to implement the requirements of the bill are expected to be minor and can be absorbed within existing budgeted resources.