



Dan Demeritt
Executive Director

P.O. Box 193
Orono, Maine 04473
Tel: (207) 852-2087
Email: dan.demeritt@meahp.com

Testimony In Opposition to L.D. 2005
An Act Regarding Mail Order Delivery of Prescription Drugs
January 20, 2026

Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

My name is Dan Demeritt, the Executive Director of the Maine Association of Health Plans. Insurance coverages offered or administered by our member plans provide access to care and better outcomes for many of the Mainers who receive coverage through an employer plan or the individual market. Our mission is to improve health by promoting affordable, safe, and coordinated health care.

The Maine Association of Health Plans and its member carriers agree with the intent of L.D. 2005 and the importance of providing members with immediate access to their prescription drugs in the rare instances when a mail order delivery is delayed or spoiled.

Carriers, through the pharmacy benefit managers (PBMs) they partner with, already provide consumers with coverage for a bridge supply through a local retail pharmacy to maintain their medications if their mail order delivery of medication is delayed or unusable. Sensible bridge supply policies help plans and providers prevent patients being oversubscribed and help prevent expensive and unnecessary prescription drug waste.

We oppose L.D. 2005 as drafted because it does not define or include limits related to duration or amount of a bridge supply. My testimony includes language that would align that bill with existing practices being used by carriers today to provide urgent access to medications.

Home Delivery Pharmacies are Convenient and Effective

Health insurance carriers and their pharmacy benefit managers are using the same innovations and systems as online retailers like Amazon to make sure their members can get affordable and convenient access to their prescription drugs without having to visit their local retail pharmacy.

Health plans are deploying on-line portals, phone-based apps, shipment tracking, free shipping, expedited shipping, order notifications, auto-refills, and pharmacy locator tools to make sure members receive their prescriptions delivered on-time at their homes or can access medications when traveling. Many plans also offer members 24/7 access to pharmacists to answer their questions.

And it works.

Optum reports, for example, that its home delivery services have an accuracy rate of 99.998% owing to more than ten safety checks for every order. Its interconnected distribution sites and high dispensing capacity prevents disruptions and results in 98% of its clean orders being shipped for free within 2 days.¹

Home delivery, which often offers 90-day supplies of medications, also leads to greater medication adherence, more effectively managing health conditions and preventing disease progression. According to the report included with my testimony from UnitedHealth Group, 38% fewer individuals with 90-day prescription home delivery are non-adherent compared to consumers with retail 90 day prescriptions.²

Recommended Bridge Supply Reference

The Maine Association of Health Plans recommends the following changes to L.D. 2005 to protect patients from being oversubscribed medications and to prevent waste.

Sec. 1. 24-A MRSA §4349, sub-§7 is enacted to read:

7. Covered persons using mail order pharmacy. If a covered person is using a mail order pharmacy, the pharmacy benefits manager shall allow for the dispensing of the covered person's prescriptions at an in-network pharmacy under the following circumstances to ensure that the covered person has access to prescription drugs:

A. If the prescription is delayed by more than one day after the expected delivery date provided by the mail order pharmacy for a three (3) day supply or the smallest prepackaged unit of use; or

B. If the prescription drug arrives in an unusable condition up to a seven (7) day supply or the smallest prepackaged unit of use.

We appreciate the Committee's consideration and urge the inclusion of a bridge supply limitation if you choose to advance this bill.

¹ <https://www.optum.com/en/pharmacy-services/medication-delivery.html>

² <https://www.unitedhealthgroup.com/content/dam/UHG/PDF/2024/2024-01-orx-home-delivery-clinical-value-commercial.pdf>

<https://www.mainelegislature.org/legis/statutes/32/title32sec13786-F.html>

Commercially Insured Individuals Achieve Greater Medication Adherence with Home Delivery 90-Day Prescriptions: Up to 38% Fewer Individuals Are Non-Adherent Compared to Those with Retail 90-Day Prescriptions

Two-thirds of U.S. adults report taking prescription drugs to treat a long-term health condition, with one-third taking three or more drugs daily.¹ **Ensuring adherence to long-term medication regimens is crucial for effectively managing health conditions, preventing disease progression, and avoiding serious complications.**² Each year in the U.S., failure to take medications as prescribed results in poor clinical outcomes,^{3,4} preventable deaths,⁵ and avoidable health care spending.^{6,7,8}

Home delivery of prescription drugs advances medication adherence for patients by supporting timely access to treatment for chronic and behavioral health conditions.^{9,10}



Compared to retail pharmacies, home delivery is associated with **higher adherence rates, favorable clinical outcomes, and fewer hospital admissions and emergency department visits.**^{11,12,13}



Higher adherence rates are associated with **improved clinical outcomes¹⁴ and reduced mortality.**¹⁵



When individuals opt for 90-day supplies of medications from home delivery pharmacies, they receive their medication with **low dispensing error rates¹⁶** and often at a **lower cost** than retail pharmacies.^{17,18}

Measures of Medication Adherence

This analysis utilizes established measures of medication adherence that the federal government, independent quality improvement organizations, academic researchers, and the health care industry use to assess how often people take their medications as prescribed.^{19,20,21}

- **Proportion of Days Covered** measures the share of days that an individual has access to their prescribed medication.²²
- **Medication Adherence Rate** measures the share of a population with at least an 80 percent Proportion of Days Covered,^{23,24} an adherence threshold associated with favorable clinical outcomes.^{25,26,27}
- **Medication Persistence** measures the continuity of medication usage²⁸ by estimating the probability of individuals going at least 30 days without medication.²⁹

Common Conditions and Medication Categories

This analysis focuses on the following common chronic and behavioral health conditions and the medication categories used to treat them, which collectively account for over one third of all prescriptions for commercially insured individuals.³⁰

Chronic Conditions (Medication Categories)



Diabetes (Antidiabetics)
High Blood Pressure (Antihypertensives)
High Cholesterol (Statins)






Behavioral Health Conditions (Medication Categories)



Depression and/or Anxiety (Antidepressants)
Psychosis (Antipsychotics)
Mood Disorder (Mood Stabilizers)

Across all prescription drug categories and adherence measures studied, Optum Home Delivery 90-day fills outperform both 30-day and 90-day retail fills, promoting better access, continuity in medication usage, and more favorable clinical outcomes.

Consumers, providers, employers, health plans, and government programs all benefit from recent advancements in home delivery services. Today, Optum Home Delivery Pharmacy plays a range of roles including:

-  Providing consumers and prescribers with prompt 24/7 access to pharmacist experts via phone and virtual consultations
-  Ensuring consistent, reliable medication access for consumers with limited retail pharmacy options in rural and urban communities
-  Proactively partnering with prescribers to ensure consumers receive timely renewals of their maintenance medications
-  Deploying comprehensive quality and safety processes to achieve a 99.998% rate of dispensing accuracy
-  Shipping 98% of prescriptions within two days of ordering and providing state-of-the-art package-monitoring to give consumers peace of mind

Proportion of Days Covered

Home Delivery 90-day fills were associated with the fewest days NOT covered for commercially insured individuals across conditions and prescription drug categories in 2022.³¹

↓ **30% to 38% fewer days NOT covered** compared to Retail 90-day fills

↓ **67% to 71% fewer days NOT covered** compared to Retail 30-day fills

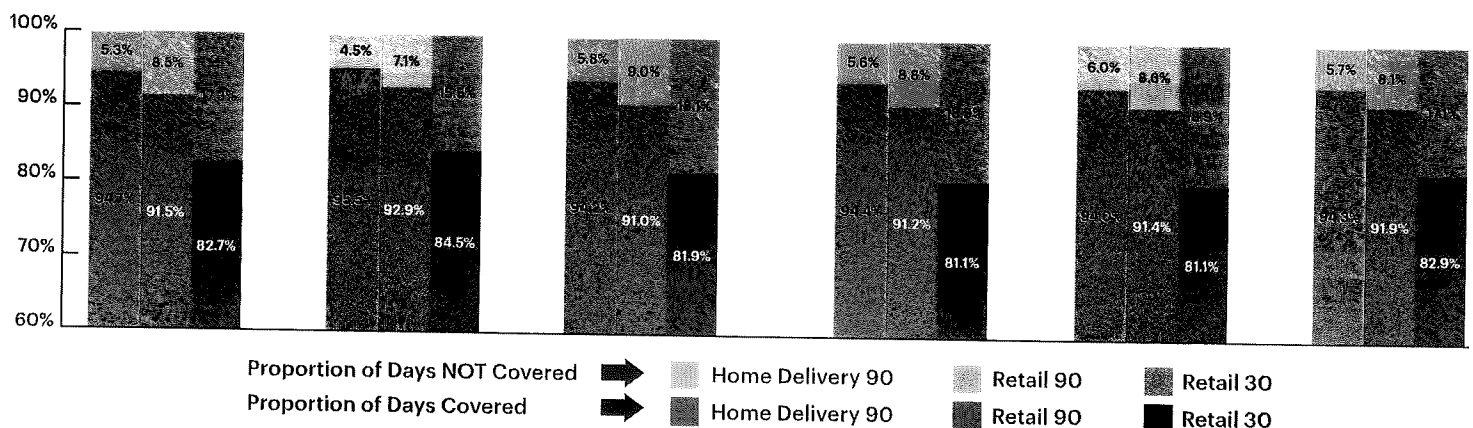


Chronic Conditions



Behavioral Health Conditions

Diabetes (Antidiabetics)	High Blood Pressure (Antihypertensives)	High Cholesterol (Statins)	Depression / Anxiety (Antidepressants)	Psychosis (Antipsychotics)	Mood Disorder (Mood Stabilizers)
↓ 38% fewer vs. Retail 90 (5.3% vs. 8.5%)	↓ 37% fewer vs. Retail 90 (4.5% vs. 7.1%)	↓ 36% fewer vs. Retail 90 (5.8% vs. 9.0%)	↓ 36% fewer vs. Retail 90 (5.6% vs. 8.8%)	↓ 30% fewer vs. Retail 90 (6.0% vs. 8.6%)	↓ 30% fewer vs. Retail 90 (5.7% vs. 8.1%)
↓ 69% fewer vs. Retail 30 (5.3% vs. 17.3%)	↓ 71% fewer vs. Retail 30 (4.5% vs. 15.5%)	↓ 68% fewer vs. Retail 30 (5.8% vs. 18.1%)	↓ 70% fewer vs. Retail 30 (5.6% vs. 18.9%)	↓ 68% fewer vs. Retail 30 (6.0% vs. 18.9%)	↓ 67% fewer vs. Retail 30 (5.7% vs. 17.1%)



Medication Adherence Rate

Home Delivery 90-day fills were associated with the fewest non-adherent commercially insured individuals across conditions and prescription drug categories in 2022.³²

↓ **27% to 38%** fewer non-adherent individuals compared to Retail 90-day fills

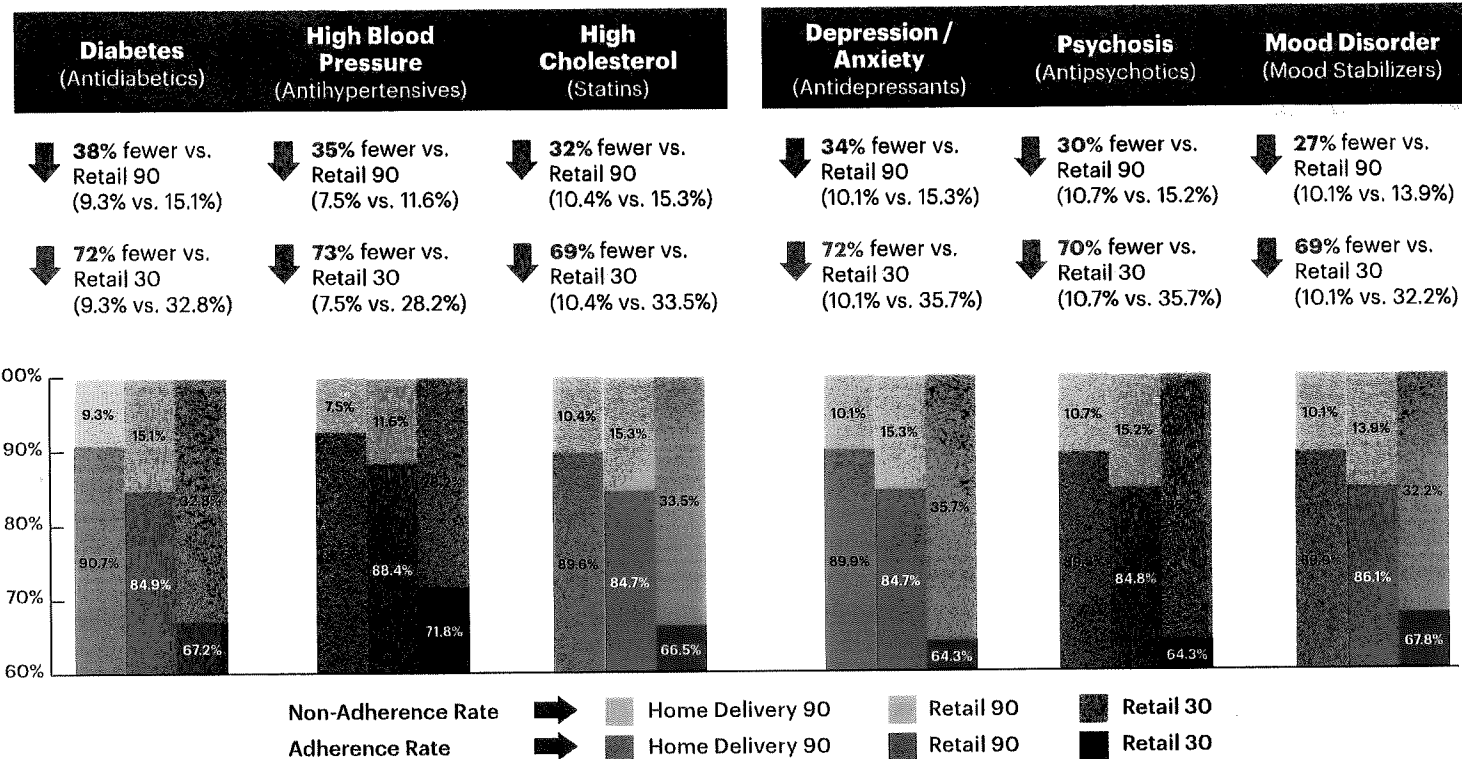
↓ **69% to 73%** fewer non-adherent individuals compared to Retail 30-day fills



Chronic Conditions



Behavioral Health Conditions



Medication Persistence

Home Delivery 90-day fills were associated with the lowest probability of commercially insured individuals becoming non-persistent, by experiencing a gap of at least 30 days without medications, across conditions and prescription drug categories in 2022.³³

↓ **19% to 33%** less likely to experience a gap compared to Retail 90-day fills

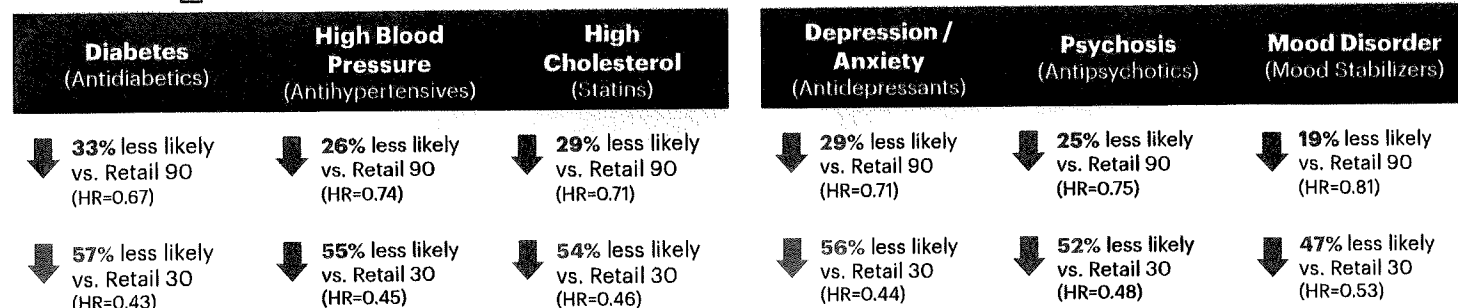
↓ **47% to 57%** less likely to experience a gap compared to Retail 30-day fills



Chronic Conditions



Behavioral Health Conditions



Note: Hazard Ratio (HR) is the ratio of the probabilities of individuals becoming non-persistent, by experiencing a gap of at least 30 days without medications, for Home Delivery 90-day fills vs. Retail 90-day fills, or for Home Delivery 90-day fills vs. Retail 30-day fills.

Moving Forward

Policymakers have an opportunity to enable improved health outcomes by supporting the most effective ways to provide prescription drugs to patients with chronic and behavioral health conditions. **To ensure more individuals have convenient and timely access to medications and can take them as prescribed**, policymakers can:

- Ensure that individual consumers, employers, and health plans **can continue to choose home delivery** as a key resource for accessing prescription drugs.
- **Recognize the value and capabilities that home delivery pharmacies provide** in improving health outcomes and delivering clinical value.

Methodology

This analysis focused on 2022 commercial claims of individuals aged 18 or older with 12 months of pharmacy and medical coverage in calendar year 2022. To ensure the analysis focused on individuals who were taking medication over the long term, the analysis for each medication category is limited to those who had a minimum of two pharmacy claims that were at least 150 days apart. Individuals were categorized into one of the three comparison groups based on having 80 percent or greater days supplied for the medication category of interest (antidiabetics, antihypertensives, statins, antidepressants, antipsychotics, or mood stabilizers) by either Optum Rx home delivery for 90-day fills (HD 90), retail pharmacy for 90-day fills (Retail 90), or retail pharmacy for 30-day fills (Retail 30). In this analysis, retail pharmacies include national, regional, and local chains, as well as independently-owned community pharmacies; retail pharmacies exclude specialty pharmacies, compound pharmacies, and all Optum Rx pharmacy channels.

The proportion of days covered (PDC) is calculated by dividing the total number of days with medication on hand, based on the prescription fill date and the number of days of medication supplied, by the total number of days from the start of prescription until the end of the year. Medication adherence rate was defined as the share of individuals with at least an 80 percent PDC. Comparisons of PDC and adherence were conducted separately for the HD 90 group compared to each retail group and medication category. The average of the two HD 90 values were reported for each medication category since the HD 90 outcome values for the Retail 30 and Retail 90 comparisons were similar. A Hazard Ratio (HR), the ratio of the probabilities of individuals becoming non-persistent, by experiencing a gap of at least 30 days without medications, was estimated using Cox proportional hazards regression models for Home Delivery 90-day fills vs. Retail 90-day fills and for Home Delivery 90-day fills vs. Retail 30-day fills. Subtracting 1 from HR determines whether individuals with Home Delivery 90-day fills are more likely or less likely to become non-persistent. To reduce confounding and selection bias, the 2022 weighted average PDC, adherence rate, and persistence comparisons were calculated using inverse-propensity score weights that adjusted for demographics, geography, plan design, risk score, utilization of chronic disease medications, and co-morbidities between the comparison groups. As with all observational studies, it is possible that there are other confounding factors that this study did not control for. Every observed result achieved statistical significance, with p-values falling below the 0.05 threshold. Findings may not generalize to the Medicare or Medicaid populations.

Citations

- 1 CivicScience, "A Growing Number of Americans Report Taking Prescription Medications Daily," January 2023.
<https://civicscience.com/a-growing-number-of-americans-report-taking-prescription-medications-daily/#:~:text=Recent%20CivicScience%20poll%20results%20reveal,point%20increase%20from%202019%20data>
Survey includes 2,668 responses from 01/06/2023 to 01/09/2023. Data are weighted by U.S. Census 18+.
- 2 World Health Organization, "Adherence to Long-Term Therapies: Evidence for Action," 2003.
<https://apps.who.int/iris/bitstream/handle/10665/42682/9241545992.pdf>
- 3 Walsh, C. et al., "The Association Between Medication Non-Adherence and Adverse Health Outcomes in Ageing Populations: A Systematic Review and Meta-Analysis," British Journal of Clinical Pharmacology, November 2019.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6848955/>
- 4 Centers for Disease Control and Prevention, "Overcoming Barriers to Medication Adherence for Chronic Diseases," February 2017.
<https://www.cdc.gov/grand-rounds/bp/2017/20170221-medication-adherence.html#:~:text=Poor%20medication%20adherence%20is%20linked,non%20adherence%20%80%20%9D%20are%20varied>
- 5 Kim, Y. et al., "Effect of Medication Adherence on Long-Term All-Cause Mortality and Hospitalization for Cardiovascular Disease in 65,067 Newly Diagnosed Type 2 Diabetes Patients," Nature Scientific Reports, November 2017.
<https://www.nature.com/articles/s41598-018-30740-y#citeas>
- 6 Watanabe, J. et al., "Cost of Prescription Drug-Related Morbidity and Mortality," Annals of Pharmacotherapy, September 2018.
<https://pubmed.ncbi.nlm.nih.gov/29577766/>
- 7 Cutler, R. et al., "Economic Impact of Medication Nonadherence by Disease Groups: A Systematic Review," BMJ Open, January 2018.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5780689/pdf/bmjopen-2017-016982.pdf>
- 8 IMS Institute for Healthcare Informatics, "Avoidable Costs in US Health Care," June 2013.
http://offers.premierinc.com/rs/381-NBB-525/images/Avoidable_Costs_in%20US_Healthcare-IHI_AvoidableCosts_2013%5B1%5D.pdf
- 9 Duru, K. et al., "Mail-Order Pharmacy Use and Adherence to Diabetes-Related Medications," American Journal of Managed Care, January 2010.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3015238/>
- 10 Alexander, C. and Qato, D., "Ensuring Access to Medications in the US During the COVID-19 Pandemic," Journal of the American Medical Association, April 2020.
<https://jamanetwork.com/journals/jama/article-abstract/2764562>
- 11 Schwab, P. et al., "A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy," Journal of Managed Care and Specialty Pharmacy, March 2019.
https://www.jmcp.org/doi/10.18553/jmcp.2019.25.3.332?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%20%200pubmed
- 12 Schmittiel, J. and Karter, A., "Safety and Effectiveness of Mail Order Pharmacy Use in Diabetes," American Journal of Managed Care, November 2013.
<https://www.ajmc.com/view/safety-and-effectiveness-of-mail-order-pharmacy-use-in-diabetes>
- 13 Neil, W. et al., "Mail Order Pharmacy Use and Adherence to Secondary Prevention Drugs Among Stroke Patients," Journal of the Neurological Sciences, July 2018.
<https://pubmed.ncbi.nlm.nih.gov/29801871/#:~:text=In%20the%20multivariable%20analysis%2C%20adherence%20was%20associated%20with,are%20more%20likely%20to%20have%20good%20medication%20adherence>
- 14 Schwab, P. et al., "A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy," Journal of Managed Care and Specialty Pharmacy, March 2019.
https://www.jmcp.org/doi/10.18553/jmcp.2019.25.3.332?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%20%200pubmed
- 15 Rodriguez, F. et al., "Association of Statin Adherence With Mortality in Patients With Atherosclerotic Cardiovascular Disease," JAMA Cardiology, March 2019.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6439552/>
- 16 Teagarden, J. et al., "Dispensing Error Rate in a Highly Automated Mail-Service Pharmacy Practice," Pharmacotherapy, November 2005.
<https://pubmed.ncbi.nlm.nih.gov/16232024/>
- 17 Visante, "Pharmacy Benefit Managers (PBMs): Generating Savings for Plan Sponsors and Consumers," Pharmaceutical Care Management Association, February 2020.
<https://www.pcmnet.org/wp-content/uploads/2020/02/Pharmacy-Benefit-Managers-Generating-Savings-for-Plan-Sponsors-and-Consumers-2020-1.pdf>
- 18 Office of the Inspector General, Department of Defense, "The TRICARE Mail Order Pharmacy Program Was Cost Efficient and Adequate Dispensing Controls Were in Place," July 2013.
<https://media.defense.gov/2013/Jul/24/2001712904/-1/-1/DODIG-2013-108.pdf>
- 19 Centers for Medicare & Medicaid Services, "Medicare 2023 Part C & D Star Ratings Technical Notes," January 2023.
<https://www.cms.gov/files/document/2023-star-ratings-technical-notes.pdf>
A range of medication metrics are used for health plan accreditation, Star Ratings, and regulatory compliance. These measures rely on administrative data that capture the dates and contents of each prescription and serve to track predicted medication usage, rather than potentially incomplete and inaccurate survey data based on patients' recall of their medication usage.
- 20 National Committee for Quality Assurance, "HEDIS MY 2023 Measures and Descriptions," Accessed July 19, 2023.
<https://www.ncqa.org/wp-content/uploads/2022/07/HEDIS-MY-2023-Measure-Description.pdf>
- 21 Fanaroff, A. et al., "Agreement and Accuracy of Medication Persistence Identified by Patient Self-Report vs Pharmacy Fill," JAMA Cardiology, March 2020.
<https://jamanetwork.com/journals/jamacardiology/fullarticle/2761581>
- 22 Centers for Disease Control and Prevention, "Tailored Pharmacy-Based Interventions to Improve Medication Adherence," Accessed July 18, 2023.
<https://www.cdc.gov/dhds/pubs/medication-adherence.htm#:~:text=The%20proportion%20of%20days%20covered%20%28PDC%29%20is%20the,defined%20study%20period%20%28e.g.%2C%2080%25%20of%20365%20days%29>
- 23 Centers for Disease Control and Prevention, "Tailored Pharmacy-Based Interventions to Improve Medication Adherence," Accessed July 18, 2023.
<https://www.cdc.gov/dhds/pubs/medication-adherence.htm#:~:text=The%20proportion%20of%20days%20covered%20%28PDC%29%20is%20the,defined%20study%20period%20%28e.g.%2C%2080%25%20of%20365%20days%29>
- 24 National Committee for Quality Assurance, "HEDIS MY 2023 Measures and Descriptions," Accessed July 19, 2023.
<https://www.ncqa.org/wp-content/uploads/2022/07/HEDIS-MY-2023-Measure-Description.pdf>

- 25 Choudhry, N. et al., "Untangling the Relationship Between Medication Adherence and Post-Myocardial Infarction Outcomes: Medication Adherence and Clinical Outcomes," *American Heart Journal*, January 2014.
<https://pubmed.ncbi.nlm.nih.gov/24332142/>
- 26 Chinthammit, C. et al., "A Retrospective Cohort Study Evaluating the Relationship Between Statin Medication Adherence and Economic Outcomes in Commercial Health Plans," *Journal of Clinical Lipidology*, September 2020.
<https://pubmed.ncbi.nlm.nih.gov/33011136/>
- 27 Schwab, P. et al., "A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy," *Journal of Managed Care and Specialty Pharmacy*, March 2019.
https://www.jmcp.org/doi/10.18553/jmcp.2019.25.3.332?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%20%20pubmed
- 28 Cramer, J. et al., "Medication Compliance and Persistence: Terminology and Definitions," *Value Health*, January 2008.
[https://www.valueinhealthjournal.com/article/S1098-3015\(10\)60495-0/pdf?returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1098301510604950%3Fshowall%3Dtrue](https://www.valueinhealthjournal.com/article/S1098-3015(10)60495-0/pdf?returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1098301510604950%3Fshowall%3Dtrue)
- 29 Fanaroff, A. et al., "Agreement and Accuracy of Medication Persistence Identified by Patient Self-Report vs Pharmacy Fill," *JAMA Cardiology*, March 2020.
<https://jamanetwork.com/journals/jamacardiology/fullarticle/2761581>
- 30 UnitedHealth Group (UHG) 2023 analysis of 2022 commercial medical and pharmacy claims.
- 31 UHG 2023 analysis of 2022 commercial medical and pharmacy claims.
- 32 UHG 2023 analysis of 2022 commercial medical and pharmacy claims.
- 33 UHG 2023 analysis of 2022 commercial medical and pharmacy claims.