



## Testimony Neither for Nor Against

### LD 2005, An Act Regarding Mail Order Delivery of Prescription Drugs

Kimberly Cook, Esq.

January 20, 2026

Senator Bailey, Representative Mathieson and distinguished members of the Health Coverage, Insurance and Financial Services Committee, my name is Kim Cook and I am an attorney with Government Strategies, testifying neither for nor against LD 2005 on behalf of Community Health Options. Community Health Options is Maine's nonprofit CO-OP health insurance company and exists for the benefit of its Members and its mission which is to provide affordable, high-quality benefits that promote health and wellbeing.

We appreciate the opportunity to provide the following information and perspective for the Committee's consideration. We agree that Maine people need access to their prescription medications in a timely manner and appreciate that even a one-day delay can introduce stress and disrupt treatment regimens. We also believe that filling prescriptions through a mail-order pharmacy offers a multitude of benefits including convenience, improved adherence rates, lower costs, and reliability. Higher medication adherence is associated with positive health outcomes and studies have consistently shown that "consumers who use mail-order pharmacies are more likely to be adherent."<sup>1</sup>

The experience of our Members is similar to research findings at the national level: those who receive their prescriptions through a mail-order pharmacy have higher adherence rates. Based on a review of our Members we offer some data points as a resource:

- Our Members filling prescriptions through the mail to treat diabetes have a 92.7% adherence rate while the Members filling prescriptions at a retail pharmacy have an 82.2% adherence rate.
- Our Members receiving medication via mail to treat other conditions such as asthma, COPD, depression, and blood clots are also more than 10% more likely to be adherent than those filling prescriptions at a retail pharmacy.
- Nearly 12% of all prescriptions filled by our members in 2025 were received through the mail.
- Since the beginning of 2024, we have received just two complaints concerning delays that prevented members from obtaining prescriptions in a timely manner.

1. *Examination of the Link Between Medication Adherence and Use of Mail-Order Pharmacies in Chronic Disease States*. Fernandez, Elena. McDaniel, Jennifer. Carroll, Norman. <https://pubmed.ncbi.nlm.nih.gov/27783552/>



Given the connection between higher adherence and improved health outcomes, and the fact that many of our rural members live far from a physical pharmacy, we view mail order pharmacy as a vital component of the healthcare delivery system.

While we can work with our pharmacy benefits manager to ensure prescription drugs are quickly mailed to Members, we have less control over their delivery. The agreement between us and our pharmacy benefits manager acknowledges the importance of timely shipment through the inclusion of performance guarantees that ensure drugs are mailed shortly after claims are received.

If the Committee moves forward with this bill, we encourage consideration of the following change, underlined in the text below, to the proposed language at 24-A MRSA §4349, sub-§7:

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 a 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, the pharmacy benefits manager shall allow a 7-day temporary fill of the prescription at a network pharmacy. The temporary fill shall be subject to copay or coinsurance prorated to the quantity dispensed; or
- B. If the prescription drug arrives in an unusable condition.

This amendment would ensure consumers do not experience interruptions in medication while allowing the retention of cost controls by limiting temporary fills to short durations and tying patient cost sharing to the actual amount dispensed. We appreciate the Committee's consideration of this proposal which balances patient safety, affordability, and administrative fairness for all parties involved.