

**MaineHealth  
Local Health Systems**

Franklin Community  
Health Network  
LincolnHealth  
MaineHealth Care At Home  
Maine Behavioral Healthcare  
Memorial Hospital  
Maine Medical Center  
NorDx  
Pen Bay Medical Center  
Southern Maine Health Care  
Synernet  
Waldo County General Hospital  
Western Maine Health

**Part of the  
MaineHealth Family**

MaineHealth Accountable  
Care Organization

**MaineHealth Affiliates**

MaineGeneral Health  
Mid Coast-Parkview Health  
New England Rehabilitation  
Hospital of Portland  
St. Mary's Health System

**Testimony of Sarah Calder, MaineHealth  
in Opposition to LD 178  
“An Act to Reduce Waste of Prescription Medications”  
Thursday, February 11, 2021**

Senator Sanborn, Representative Tepler and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Sarah Calder, Director of Government Affairs for MaineHealth, and I am here to testify in opposition LD 178, “An Act to Reduce Waste of Prescription Medications.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Every day, MaineHealth’s over 23,000 employees are committed to fulfilling our vision of “working together so our communities are the healthiest in America.”

The legislation before you today prohibits a prescriber from prescribing more than a 30-day supply of a newly prescribed medication and, as drafted, does not allow for refills beyond the initial 30-day supply. I would also note that there is no definition of “new prescription” in this legislation, so it is unclear if this applies to patients that have been prescribed a medication for years, but simply switch providers or move to Maine from another state. With that said, limiting “new” prescriptions to 30 days is a barrier to patients and providers trying to appropriately manage chronic disease, and may even result in a gap in medical care.

In most cases, prescribers do not initiate any medications that require a follow up visit in one month. Often, prescriber’s will schedule a follow-up visit with the patient in three months to see how they are doing with the medication and if the medication meets their treatment goals. During the initial visit, prescribers discuss with the patient how they would prefer to have their medication prescribed, including having the prescription filled by a brick-and-mortar pharmacy or through the mail, and if they would prefer a one-month or 3-month supply. Patients often have strong preferences on both of these options, depending on their insurance coverage, co-payments and other medications. It is important to note that some insurers have incentives in place to prescribe a 3-month supply over a 30-day supply, and costs the patient less.

I would like to highlight a few examples of “new” prescriptions that could be impacted by this legislation: diabetes medications, asthma inhalers, and antiplatelet agents – and it could have grave consequences if a patient’s treatment was interrupted because they were only able to receive a 30-day supply of their medication.

Our providers believe that it is their responsibility to remove barriers for patients so that they are able to fill and take the medication for their prescribed treatments, not to create artificial barriers that require multiple phone calls to the office and trips to the pharmacy. For those reasons, I urge the Committee to vote Ought Not to Pass on LD 178, “An Act to Reduce Waste of Prescription Medications.”

Thank you and I would be happy to answer any questions that you may have.