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Testimony of the Maine Osteopathic Association  
Before the Health Coverage, Insurance and Financial Services Committee

In Reference to:

**LD 172, "An Act To Improve Prescription Information Access"**

Public Hearing: Thursday, February 11th, 2021; Cross Building, Room 220 (Virtual)

Senator Sanborn, Representative Tepler, and distinguished members of the Health Coverage, Insurance and Financial Services Committee,

My name is Jack Forbush, DO. I am board certified in Family Medicine and I own a Direct Primary Care practice in Hampden, ME. As a Past President of the Maine Osteopathic Association, I am pleased to provide written testimony on behalf of my physician colleagues in opposition to **LD 172, An Act To Improve Prescription Information Access"**.

The Maine Osteopathic Association is a professional organization representing approximately 400 osteopathic physicians and an additional 700+ residents and students. Our mission is to "serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy and member services in order to ensure the availability of quality osteopathic health care to the people of this State."

This bill requires a 2-dimensional machine-scannable barcode that allows a patient to digitally access prescription information to appear on prescription labels and direct the Maine Board of Pharmacy to adopt rulemaking to implement this new requirement. While we can certainly agree that patients deserve easy access to important information about their prescription medications, we have several concerns about this bill.

First, while there is a fairly high penetration of smart phone devices in Maine, not all patients have access to these devices. Therefore, there will be a subset of patients who will not be able to access the information contained in a barcode or QR code if they do not have a smart phone. Further, despite the significant penetration of smart phone use, there is the physical size limitation of smart phone screens which would limit usability for many patients. Poor mobile networks in some areas of Maine might further complicate access. Would paper copies of instructions/information still be required in addition to the new barcode? If so, such information provided via the barcode would be redundant.

Second, we are concerned about the financial cost to pharmacies and/or small medical practices with dispensaries that this may create. They may not currently have the technology required to print such a barcode, and thus may need to incur costly upgrades. We understand that costs to implement may

be passed on to payors; however, given the contractual obligations that pharmacies have with third-party payors, the bulk of the increased cost will be passed on to individuals who do not have coverage, i.e. “cash” paying patients. This would, undoubtedly lead to obstacles for accessibility.

Finally, there is a question of usefulness. Currently, paper copies of relevant instructions and prescription information are required to be provided to patients. We understand that paper copies are not environmentally friendly, nor are they easy to keep track of. A multitude of patients simply throw the provided paper prescription information away rather than read it. The extra step of scanning a bar code to access this information begs the question as to whether or not this information would even be accessed by patients. The physical size of a prescription label can only hold so much information and such a bar code may take up valuable space that could be used for dosing instructions, side effects that patients need to have easy access to.

We support patient access to detailed information regarding their prescription medications, but are concerned about creating new hoops for pharmacies and dispensaries to jump through and increasing costs with unknown benefits.

Please do not hesitate to contact us at [info@mainedo.org](mailto:info@mainedo.org) if you have any questions. Thank you.