



**LD 178 An Act To Reduce Waste of Prescription Medications
Testimony in Opposition
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Inland Hospital
Maine Coast Hospital
Mercy Hospital
Northern Light Health Foundation
Sebasticook Valley Hospital

Senator Sanborn, Representative Tepler and members of the Committee on Health Coverage, Insurance and Financial Services, my name is Lisa Harvey-McPherson RN, I am here today providing testimony on behalf of Northern Light Health and our member organizations speaking in opposition to this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with over 12,000 employees statewide.

This bill attempts to address the issue of unused medication and the challenge that creates both financially and in terms of proper and safe disposal. While the issue is worthy of discussion, the solution proposed in this bill creates significant challenges.

The bill creates a 30-day standard for both prescribing and dispensing of medications by a pharmacy. Regarding providers the bill specifically states that a prescriber may not prescribe more than a 30-day supply of a prescription drug that the provider has not previously prescribed to that patient. Unfortunately, a blanket standard such as this does not reflect the practice environment of today's clinicians. Many clinicians work in practice settings providing cross coverage for the patients cared for by a group of providers. It is a common occurrence for one provider to be covering for another provider in the practice when a patient is in need of a prescription refill. The covering provider may not have previously prescribed for that particular patient but would write the prescription order generally covering a 90-day period if that has been the prescribing history. In this example, the medication is not a new prescription for the patient. In other instances, the patient may be on long standing medications but a new patient to the group practice which now is responsible for prescribing medications, once again new to the provider but not new medication to the patient.

As I researched the potential impact of this bill with providers, they emphasized to me the financial impact to patients when prescriptions are limited to 30 days resulting in the real risk of patients paying prescription co-pays every thirty days in a group practice setting as I have described. It would be highly dissatisfying for patients to go from a 90-day co-payment to a monthly financial burden.

The bill also states that a pharmacist may not dispense more than a 30-day supply of a new prescription drug order to a patient who does not have a previous prescription drug

order for that specific drug. This section of the bill does recognize that the patient has previously received the drug irrespective of the prescriber. Unfortunately, this section places the pharmacist in a position of trying to verify if the patient had ever received the medication in the past through a different pharmacy, not all medications are reported into the Prescription Monitoring Program. If the pharmacist is not able to verify that the drug is not a new drug for the patient, the pharmacist must then limit the dispensing to a 30 day supply, exposing the individual to a higher co-pay than otherwise would be incurred if a 90-day supply of medication was provided. Accountability for ordering medication and the amount ordered lies with the prescriber.

While well intentioned this bill creates significant unintended consequences for prescribers, pharmacist dispensers and most importantly the patients. We ask that you oppose this legislation.

Thank you.