RETAIL ASSOCIATION OF MAINE
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May 20, 2021

Senator Heather Sanborn, Chair
Representative Denise Tepler, Chair
Members of the Health Insurance and Financial Services Committee

RE: Testimony in Opposition to LD 1584, An Act to Make Donated Medicines Available to Maine Patients at an Affordable Cost

Dear Senator Sanborn, Representative Tepler and members of the Health Coverage and Financial Services Committee:

My name is Curtis Picard and I am the President and CEO of the Retail Association of Maine. I am a resident of Topsham. We have more than 350 members statewide and represent retailers of all sizes. Within our membership includes a number of chain and independent pharmacies and we work with them on legislative issues related to the practice of pharmacy. We are here to testify in opposition to LD 1584.

During times when the use of prescription drugs and their costs continue to increase, we respect efforts to curb costs, and we also respect efforts to divert unused prescriptions from the waste stream. In fact, we support LD 8 which passed the Senate yesterday. We know that some states have put in programs to repurpose drugs that are unused and in blister packs.

During the 129th Legislature, Senator Claxton submitted LD 1661, and Section 1 of LD 1584 is identical to that bill. However, the rest of the bill is very different than the previous bill, but our concern centers on making sure the drug supply chain is secure. Specifically, LD 1584 allows for prescription donations by individuals. We have significant concerns as there will be no way to determine if the unused medications were adulterated, improperly stored or expired. It would be better to eliminate donations by individuals and limit it to professionally designated persons. Additionally, there is no way to comply with the following statements in the bill:

6. Medicines and disposal. Medicine donated to a recipient and redispensed by the recipient must meet the following requirements. The medicine:
A. Must be in the medicine's original, unopened, sealed packaging or, if the outside packaging is opened or disturbed, the contents are one or more single-unit doses that are individually contained in unopened, tamper-evident packaging, except that orally administered cancer medicine may be in opened packaging;

B. May not be adulterated or misbranded;
C. May not be a controlled substance as defined in 21 Code of Federal Regulations, Sections 1308.11 to 1308.15 (2020);
D. Must be maintained in accordance with 21 United States Code, Section 355-1 (2020) relating to risk and evaluation strategies, if applicable;
E. Must have a method to detect improper temperature variations of the medicine, if applicable; and
F. Must be maintained in accordance with 21 United States Code, Sections 360eee-1 to 360eee-4 (2020) relating to supply chain security, if applicable.

There is no conceivable way that a program could confirm that these requirements are met if they are receiving the medication from a patient. Because compliance cannot be guaranteed, it is likely that this Maine law would be in conflict with Federal law.

In summation, we are not opposed to having this discussion and exploring ways to make a drug donation program work for Maine. However, given the timing of the session, we think LD 1584 has many unanswered questions and would urge the committee to reject the bill.

Thank you for the consideration of our comments.

Curtis Picard, CAE
President and CEO