

**LD 178,**  
**An Act To Reduce Waste of Prescription Medications**

**SUMMARY:**

This bill provides that advanced practice registered nurses with prescriptive authority, providers of osteopathic medicine, providers of allopathic medicine, podiatrists and dentists may not prescribe to a patient more than a 30-day supply of a prescription drug that the provider has not previously prescribed to that patient. The bill also provides 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 drug. The prescribing and dispensing requirements provided in this bill provide exemptions for opioid medications prescribed or dispensed in accordance with the Maine Revised Statutes, Title 32, section 2210, subsection 2; section 2600-C, subsection 2; section 3300-F, subsection 2; section 3657, subsection 2; or section 44 18308, subsection 2.

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## ISSUES FOR CONSIDERATION:

1. Sponsor acknowledged concerns raised by interested parties about the bill as drafted and expressed interested in working with committee to address issues related to unwanted and unused prescriptions.
2. Representatives of providers and licensing boards raised several concerns, including:
  - Provision would interfere with the prescribing authority of the provider and the relationship between provider and patient;
  - Limits are not necessary (only prescribing limits in State law relate to opioids) and conflict with State law provisions that permit contraceptives to be prescribed for up to 12 months;
  - Certain prescription regimens extend beyond 30-days when first prescribed, e.g. steroids;
  - Interaction between this proposal and incentives in health insurance plans for patients to utilize longer prescriptions through mail-order (90-days);
  - Potential for patients to pay more if move from one copay for 90-day supply to 3 copays for each 30-day supply;
  - Meaning is unclear—what does “new prescription” mean? Does this apply when a patient switches providers? Does this prohibit refills? How would a pharmacist verify that patient does not have a previous prescription? Would this interfere with practice of using a sample of trial medication before issuing “new” prescription?

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### **ISSUES FOR CONSIDERATION (cont'd):**

3. In its testimony (NOR), Legal Services for the Elderly noted provision in federal CARES Act permitting Medicare Part D patients to request 90-day supply of medication until end of COVID-19 federal emergency. Also note that LD 1 as drafted would propose a similar permanent change in State law and authorize prescribers to prescribe up to a 180-day supply during a state of emergency declared by the Governor.

### **FISCAL INFORMATION:**

Minor cost increase-Other Special Revenue Funds

Any additional costs to certain licensing boards affiliated or within the Department of Professional and Financial Regulation to implement the requirements of the bill are expected to be minor and can be absorbed within existing budgeted resources.