

MAINE STATE LEGISLATURE

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ONE HUNDRED AND SIXTH LEGISLATURE

Legislative Document

No. 1589

S. P. 505

In Senate, March 26, 1973

Referred to the Committee on Health and Institutional Services. Sent down for concurrence and ordered printed.

HARRY N. STARBRANCH, Secretary

Presented by Senator Brennan of Cumberland.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED
SEVENTY-THREE

**AN ACT to Expand the Authority of Pharmacists to Dispense
Drugs by Their Generic Names.**

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. R. S., T. 32, § 2607, repealed. Section 2607 of Title 32 of the Revised Statutes, as enacted by chapter 361 of the public laws of 1971, is repealed.

Sec. 2. R. S., T. 32, § 2905, additional. Title 32 of the Revised Statutes is amended by adding a new section 2905 to read as follows:

§ 2905. Prescription for generic names

1. **Authority.** A pharmacist who receives an oral or written prescription from a medical practitioner, physician, osteopath, dentist or veterinary surgeon for the dispensing of a drug or drug combination, which prescription either expressly or impliedly refers to the brand name of the drug to be dispensed other than by its generic or chemical name, may, subject to subsection 2, dispense the generic or chemical drug or drug combination equivalent to the drug or drug combination specified in the prescription. No drug shall be dispensed by the pharmacist by its generic or chemical name, unless it is listed by such generic or chemical name in the most recent edition of the United States Pharmacopoeia or the National Formulary.

2. **Limitation.** A pharmacist who receives a prescription for the dispensing of a drug or drug combination shall not dispense the generic or chemical drug or drug combination actually specified in his own handwriting on the face of the prescription that the generic or chemical equivalent of the drug or drug combination is not to be dispensed.

STATEMENT OF FACT

Pharmacists are required to fill prescriptions as written. They cannot, except in narrow circumstance, sell a different and less expensive brand of medicines even if it is the same drug as the prescribed medicine. Large drug companies which spend approximately a quarter of their budgets on advertising are able to monopolize a market in which the consumers, the elderly and others who are ill have no choice but to purchase the product. This bill would allow the widescale sale of drugs equally effective at substantially lower prices.

Thus, Maine druggists would continue to make a reasonable profit and Maine's elderly and ill would continue to get effective medication but at greatly lower prices. This last consequence would mean lower welfare costs, greater access by Maine people to needed medication, and less dollar outflow from the State.