MAINE STATE LEGISLATURE

The following document is provided by the

LAW AND LEGISLATIVE DIGITAL LIBRARY

at the Maine State Law and Legislative Reference Library

http://legislature.maine.gov/lawlib



Reproduced from scanned originals with text recognition applied (searchable text may contain some errors and/or omissions)



122nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2005

Legislative Document

No. 1310

H.P. 908

House of Representatives, March 15, 2005

An Act To Ensure Rural Access to Prescription Drugs

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millient M. MacFarland
MILLICENT M. MacFARLAND
Clerk

Presented by Representative PINGREE of North Haven.
Cosponsored by Senator DAMON of Hancock and
Representatives: JACKSON of Fort Kent, MERRILL of Appleton, MILLER of Somerville,
PERCY of Phippsburg, SCHATZ of Blue Hill, TRAHAN of Waldoboro, Senator: RAYE of
Washington.

Be	it	enacted	by	the	Peor	ole of	fthe	State	of	Maine	as	follows:

CONCEPT DRAFT SUMMARY

2.2

This emergency bill is a concept draft pursuant to Joint Rule 208.

This bill proposes to require the Legislature to undertake an immediate overview of prescription drug policies of the Department of Health and Human Services under all programs in this State that improve access to prescription drugs, including MaineCare, the elderly low-cost drug program and the Maine Rx Plus Program, to ensure that rules for these programs do not limit access to prescription drugs in rural areas.

The bill also proposes that an overview of the pharmacy incentive payment be undertaken and an alternative change in the reimbursement per prescription be considered.

This bill proposes to direct the Department of Health and Human Services to undertake emergency rulemaking to implement rules that allow rural clients who are taking consistent schedules of prescription drugs to have 3-month prescriptions and allow an 8-day window when a prescription drug may be refilled, an increase from the current 5-day window and the one-month prescription allowed. A client may be considered a rural client if that client lives more than 15 miles from a pharmacy. The Department of Health and Human Services may also adopt rules that allow doctors to identify both experimental and likely short-term prescriptions and long-term prescriptions to reduce the rate of waste from prescriptions that are filled but not used.