

TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

IN OPPOSITION TO

L.D. 163, AN ACT TO REQUIRE HEALTH CARE PRACTITIONERS TO DISTRIBUTE FREE SAMPLES OF MEDICATIONS IN CERTAIN CIRCUMSTANCES

Joint Standing Committee on Health & Human Services
Room 209, Cross State Office Building
Wednesday, February 11, 2009

Good morning Senator Brannigan, Representative Perry, and Members of the Joint Standing Committee on Health & Human Services. My name is Andrew MacLean and I am here today to speak in opposition to L.D. 163 on behalf of the Maine Medical Association, a professional organization representing more than 3000 Maine physicians, residents, and medical students whose mission is “to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.”

Despite the MMA’s opposition to this bill, I want to commend Representative Beaudoin and the co-sponsors for their interest in health care policy and for their commitment to safe and cost-effective health care for their constituents.

The three “exceptions” to this “mandate” that health care practitioners provide samples first before preparing a prescription make it difficult to call the bill highly objectionable. However, I find the bill objectionable on principle. It proposes a legislative intrusion on the physician’s professional judgment and the practice of medicine that would be a bad precedent and unwarranted - despite Representative Beaudoin’s good intentions. Maine physicians do appreciate pharmaceutical manufacturers’ samples as a benefit to their patients, but I do not believe it is appropriate to legislate the provision of a sample *in all cases* prior to the issuance of a prescription. I have enclosed for your reference, a copy of the American Medical Association House of Delegates Resolution 120.991, *Sample Medications*, the one policy statement I found on the subject.

Finally, I want to assure the Committee that although quality is physicians’ primary concern in making treatment recommendations to their patients, they do have an ethical obligation to consider cost and cost-effectiveness as well. I would cite AMA Code of Medical Ethics Opinions 2.09, *Costs*; 2.095, *The Provision of Adequate Health Care*; and 8.135, *Cost Containment Involving Prescription Drugs in Health Care Plans* as support for this proposition.

Thank you for considering the MMA’s views on L.D. 163. I would be happy to respond to your questions.