



## State of Maine | 131st Legislature

Supporting:

### **LD 2175, "An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas"** Sponsored by President Jackson

Senator Bailey, Representative Perry, and members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services, I am Dr. Megan Brewer, of Community Clinical Services. Community Clinical Services is one of Maine's 19 community health centers (CHCs), also known as Federally Qualified Health Centers (FQHCs), and part of the largest independent primary care network in the state.

I am chief medical officer of Community Clinical Services and full-time family physician at B Street health Center. We are in downtown Lewiston, Maine. Our team delivers medical, dental, and behavioral services to members of our community, regardless of their health insurance status or ability to pay. We operate 10 service site locations in Lewiston and Auburn, serving over 13,000 patients in 44 languages patients in 2023.

We strongly support LD 2175 and thank President Jackson and the cosponsors for bringing legislation forward that will provide much needed support for FQHCs to improve access and expand pharmacy services in Maine.

Mainers are facing a critical shortage of access to affordable medications, especially in underserved areas like ours. Downtown Lewiston is considered to be a pharmacy desert. The majority of the population does not have transportation and the nearest pharmacy is over 0.5 miles away. Throughout the state, FQHCs are seeing a dramatic decline in the number of retail pharmacies, and a reduction of hours for those still in operation, due to ongoing workforce and economic challenges. FQHCs want to be able to provide pharmacy services to the communities that they serve, yet existing health center revenues and resources are insufficient to support such development or expansion of current services.

LD 2175 would establish a grant program, overseen by the Office of Affordable Health Care, to provide support for FQHCs to develop or expand their capacity to provide greater access to affordably priced drugs for their patients by increasing FQHCs' ability to deliver pharmacy services to those patients.

Imagine you do not speak English and are new to the community. Your doctor diagnoses you with an illness and prescribes two critical medications. To help you understand, your doctor uses pill pictures from Google Images, prints them out with sun and moon symbols to indicate when to take them safely, and finds the nearest pharmacy on Google Maps, which is miles away. It is Friday afternoon, and the pharmacy closes for the weekend. The clinic attempts to call the pharmacy with request to prepare the medication high priority before they close, but the wait time is over an hour to speak with the pharmacist. Your doctor instructs you to walk there in your state of illness following printed instructions, only to be told they do not have your medication when you arrive. You return home without.

By Monday, your condition worsens. The clinic has no available appointments, and you're advised to visit the emergency department, now critically ill. You receive a bill for thousands of dollars, exacerbating your stress on top of recovery and new chronic conditions. You already cannot afford to

feed your family. You're prescribed five medications, which you cannot afford, leading to further illness. You are labeled "non-compliant."

A patient presented last week after years of not seeking care. They live in a tent 9 miles back in the woods. Their case manager was able to give them a ride into town. They have a history of opioid use disorder and presented in withdrawal because they could not afford to continue phone service and could no longer connect to their telehealth suboxone prescriber. Their overdose history is too numerous to count. They will go back to using heroine if they do not get relief from their withdrawal today. I attempted to send scripts but the system for Maine Care was down (It still is today). I personally called a local retail pharmacy to request them to fill the script. They were very kind and agreed. The patient's only ride to the pharmacy was now. He arrived at the pharmacy, the script was not yet ready, he flipped the pharmacy staff off and left without his medication. The retail pharmacy is unlikely to continue to work with him again. He is at high risk of death from overdose, and I hope I see him again.

The cost savings and human impact of embedding pharmacy services in FQHCs cannot be overstated. It is critical in addressing the opioid epidemic. With an in-house pharmacy, critical conditions could be immediately addressed, significantly improving patient outcomes.

With an in-house pharmacy, I could diagnose and prescribe medication. My patient could walk across the hall. The clinical staff could immediately speak with the pharmacist. The same in-person cultural broker who interpreted the visit could directly accompany the patient and teach them how to safely take the medication. My patient gets their life-saving medication. I go home and sleep at night with job satisfaction and want to continue to work in healthcare. My clinic retains me, and I go on to continue to help thousands of underserved Mainers.

Additionally, I must express my deep concerns regarding the recent closure of Walgreens on Main Street this week. This closure of one of the remaining pharmacies in the downtown significantly impacts public health. It already has. The closure exacerbates delays in medication access and will lead to worsening health conditions or even medical emergencies. The lack of accessible pharmacies particularly affects the elderly, disabled, new Mainers, and those without reliable transportation, increasing health disparities and risking adverse health outcomes.

When I was on-call during the mass shooting that occurred in October, the city was in lockdown. For three business days, I could not find a local retail pharmacy that was open. I escalated the situation to the board of pharmacy. I did not hear back. I had to send a woman to the emergency department for a critical medication she could have died without. I had to talk her through the risk of her condition without this medication vs the risk of being shot leaving her home.

Pharmacies are crucial in supporting clinical services, offering medication management, immunizations, and chronic disease management. An integrated pharmacy in our practice is essential for comprehensive care, improving medical adherence, enabling better care coordination, and patient outcomes.

Your support in this endeavor is critical for ensuring equitable access to medications and controlling cost in the health care system.

On behalf of Community Clinical Services, thank you for considering our comments.

Megan Brewer, DO