



HEALTHREACH
COMMUNITY HEALTH CENTERS

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HealthReach supports LD 239.

Community Health Centers serve our most rural and vulnerable citizens.

Our patients should not have to drive 2+ hours from home for the *chance* to access their lifesaving prescription medications.

Members of the Joint Standing Committee on Health Coverage, Insurance, & Financial Services – my name is Kimber Rackleff, and I serve as the 340B Analyst for HealthReach Community Health Centers. HealthReach provides primary care services across a broad swath of central and western Maine: in Albion, Belgrade, Bethel, Bingham, Fairfield, Kingfield, Livermore Falls, Lovejoy, Madison, Rangeley, Richmond, Strong, and the village of Coopers Mills within Whitefield. Alongside Maine’s other community health centers, we together compose *the largest independent primary care network in the state* – 1 in 5 Mainers visit their local community health center for affordable, accessible, quality healthcare.

HealthReach strongly supports LD 239, “An Act to Allow Retail Pharmacies to Operate Remote Dispensing Sites in Rural Areas”. We thank the bill’s sponsors for bringing this important legislation forward.

HealthReach is a 501(c)(3) nonprofit network of 12 Community Health Centers (CHCs). Our 275 staff annually serve more than 26,000 patients by providing primary and preventative healthcare, including behavioral health and dental services. Our locations are situated, by regulation, in otherwise medically underserved communities. We serve patients that come from 9 of Maine’s 16 counties, and our Connector Program further provides Marketplace health insurance support for clients statewide. As members of the same communities we serve, we are acutely aware that our services stand as a lifeline for many rural Mainers *all the time* – since 1975, *especially* now, and for the foreseeable future.

The bill before you will help us address the ongoing financial AND health anxiety that our patients regularly experience. Our service area sees increasing issues in pharmacy access, particularly related to affordable prescription medications. Some of you may be familiar with the term “pharmacy desert”, which describes areas where it is difficult – or impossible in practice – for many patients to access a pharmacy. In addition to economic realities that have, more and more often, caused pharmacies to either limit their hours or completely shut down, we also see mail-order drugs delayed beyond the point of usefulness in transit to rural Maine. The cards are stacked against rural Mainers that depend on lifesaving drugs. We would like to see a fix for this.

HealthReach clinicians discuss these challenges with patients – we continually troubleshoot barriers to positive health outcomes – and we have heard of patients traveling from 45 minutes to 2 hours one-way to visit the closest pharmacy that provides their medicine at the most affordable price. After all that driving, some patients arrive to discover operating hours have changed, with little recourse for the patient that has taken time from work, paid to put extra fuel in their car, and who must now cope with the added frustration and sometimes health-altering delay in their access to care. Sadly, even this frustrating scenario only applies for our patients with a vehicle, time, money, and patience – many others simply forego needed medicines as the barriers to their access are just too high. Our healthcare system’s many moving parts introduce many potential points of failure.

The *status quo* puts considerable undue burden on the patients of rural Maine, ultimately impacting the quality of care in our state — this is especially true both in our rural areas, and for our aging population.

Simply put, CHCs are leaders in delivering innovative and integrated primary care to our most rural communities. We are already *here* in the community, and we work toward *effective solutions that prioritize patients over profits*. This bill would allow us to bring much-needed local pharmacy infrastructure to our centers of care and help patients get the care they need close to home. Please support us in our mission to continue to deliver urgently needed healthcare to the people of rural Maine through this smart regulation.

We anticipate access to remote pharmacy dispensing points closer to patients' homes would lead to better patient adherence to treatment plans, improved health outcomes, and savings across the community.

On behalf of HealthReach and our 26,000 patients, I thank you for your consideration of this important bill and our testimony. This bill will allow us to continue serving Maine in the way that all Mainers deserve. Please choose to support our local, rural healthcare services with this bill.

Kimber Rackleff (she/her)
340B Analyst, HealthReach