



**Testimony of Sarah Calder, MaineHealth
In Support of LD 239,**

**“An Act to Allow Retail Pharmacies to Operate Remote Dispensing Sites in Rural Areas.”
February 10, 2025**

Senator Bailey, Representative Mathieson and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, please accept this written testimony on behalf of MaineHealth in support of LD 239, “An Act to Allow Retail Pharmacies to Operate Remote Dispensing Sites in Rural Areas.”

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 24,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care, a lab, and retail and specialty pharmacy services.

As we continue to lose pharmacies in Maine, particularly in rural areas of the state, we must look to innovative policy solutions that can help increase Mainer’s access to, oftentimes, lifesaving medications. It is for that reason that we support the legislation before you today, which directs the Board of Pharmacy to develop the rules necessary to allow for remote dispensing by a pharmacy.

Several [states](#) across the country allow for telepharmacy (remote dispensing), and in August 2024, the National Association of Boards of Pharmacy (NABP) released [model act language](#) for state boards of pharmacy, which includes language that allows remote dispensing.

It is also important to note that while the Maine Board of Pharmacy does allow for a Rural Health Center (RHC) to partner with a consulting pharmacist and apply for a special license called a Rural Health Center Pharmacy, there is significant administrative burden, risk, and cost that comes along with this. Importantly, Rural Health Center Pharmacies will typically only serve patients of the RHC, and not all members of a rural community may access their care through that RHC. This is an important option to increase access, but it does not replace the need for other innovative options, such as remote dispensing.

Please note that our support of this legislation does not conflict with our strong position that pharmacists are critical to the quality of care provided through retail pharmacies. The intention of a remote dispensing model is to improve access to not only medications in a community, but also to increase access to a pharmacist.

With access to pharmacy services reaching a crisis level in some areas of the state, we urge the Committee to support LD 239 and allow the Board of Pharmacy to establish rules that allow for remote dispensing by pharmacies.

Thank you and I will be available during the Work Session to answer any questions that you may have.

Sarah Calder
MaineHealth