Maine Primary Care Association

State of Maine | 132nd Legislature
Joint Standing Committee on Appropriations and Financial Affairs
February 12, 2025

LD 210, "An Act to Make Supplemental Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2025"

Sponsored by Representative Gattine

Senator Rotundo, Senator Ingwersen, Representative Gattine, and Representative Meyer, and members of the Committee on Appropriations and Financial Affairs and the Committee on Health and Human Services, I am Darcy Shargo, the CEO of Maine Primary Care Association, which represents Maine's largest independent primary care network.

MPCA's members are an incredible group of Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs). Together, they provide high-quality primary and preventive medical, behavioral, and dental health services for over 200,000 people (or 1 in 6 Mainers) at more than 80 service delivery sites around the State.

On behalf of Maine's Community Health Centers, we ask that you include an important one-time investment in pharmacy services statewide in the biennial budget. This previously approved and enacted funding of just $4 million would enable CHCs to develop or expand in-house pharmacy services, hire much-needed pharmacy staff, and expand availability of automated pharmacy systems, among other things, with an added benefit of increasing overall coordination within the patient's care team.

Mainers continue to face a critical shortage of access to affordable medications, especially in rural and underserved areas where CHCs are located. According to a study by GoodRx, 45% of the population in Maine is living in a pharmacy desert. In Washington County it is 100%.[1] A rural pharmacy desert is defined as any area within a 10-mile radius without ready access to a pharmacy (for those who have access to transportation). An urban pharmacy desert is defined as a low-income community or neighborhood with no pharmacy within a half-mile for those with limited vehicle access. For low-income communities with adequate vehicle access, the defining radius extends to a mile.

Maine's Community Health Centers were grateful when last session the legislature approved this one-time investment of just $4 million to help CHCs build local pharmacy programs to ensure that no one goes without needed medications. Recognizing the value of this approach, our bill was passed out of committee last session **unanimously and on a bipartisan basis**; at the time, HCIFS listed the bill as its number one priority. It was later folded into the supplemental

[1] https://www.goodrx.com/healthcare-access/research/many-americans-lack-convenient-access-to-pharmacies

budget, thanks in large part to members of this committee, and signed into law by the Governor in April 2024.

We were incredibly disappointed when the Governor stripped this funding from the supplemental in this session. As we shared previously, MPCA had been in active—and we assumed authentic—dialogue with Maine DHHS/Maine CDC to get the program started. As recently as mid-December, we were told that the Department was pursuing the steps to get this program running and that funds were expected to be released in May. Health centers trusted those conversations and began taking steps to prepared for the RFP process.

We were again frustrated when the Department stated during the January public hearings and work sessions that this program, unlike others that were cut from the supplemental, would not be included in the biennial budget that we are considering today as it was one-time funding. Maine's health centers do not ask for much and had proposed a small, one-time grant as a strategic solution to help with startup costs to address a very real and dire issue in the state. It is challenging to hear that our attempt to have a fiscally responsible program was a detracting factor. I would also like to state that our organization is not convinced that two staff are needed to run a small one-time grant program. The bill language created an advising body with to help review applications, bringing in the necessary expertise to supplement a DHHS grant manager.

Pharmacy access is an actual and ongoing problem for Mainers across the state. Health centers have shared stories throughout the 131st and earlier this year during the supplemental budget hearings, but I would like to highlight a few comments from leaders at these organizations in this testimony as well:

> **Eastport Health Care (Eastport, Machias):** Currently, we do lots of patient by patient problem-solving because the pharmacy right next to our current facility in Eastport is not meeting patient and community needs (inconsistent hours, unresponsive to calls, lacking basic/needed medications such as insulin). Most importantly for many of our patients, is that they say they accept Medicare, but when a patient with a Medicare Advantage plan shows up, they must pay out-of-pocket.
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> **Fish River Rural Health Care (Eagle Lake, Madawaska, Fort Kent):** Delivery services are not enough. The local 'delivery system' happens at the end of each business day. Delivery services in this arrangement, work well for maintenance medication refills (e.g. blood pressure medication refills), but not for acute medication needs. If you are in excruciating ear pain and the acute medications are intended to provide relief, you shouldn't have to wait six hours to have those medications delivered to you. Having acute medications available at the clinic diagnosing and prescribing these needed medications is ideal.
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> Fish River has seen an increase in the frequency that we send our patients to Walgreens (the only franchise pharmacy in the northern service area—there are no local Walmart, CVS or other franchise pharmacies as found in other parts of the state) and the patient

is acutely ill and has to get back in their vehicle and return to the clinic because there is a paper sign on the pharmacy window "Sorry for the inconvenience. No pharmacist today. Come back tomorrow".

Community Clinical Services (Lewiston, Auburn): DHHS/Maine CDC had been sharing process and implementation times (communicating right through December). We had no indication that these funds wouldn't be available for us to apply for. Our Year 1 startup cost was projected at $474,300 which we were going to use state funding to help support (if awarded the grant). We cannot incur these costs without a grant and so we will not be able to move forward with this much needed service.

Though we are in an urban area, our health center is in a pharmacy desert due to our community being low income, and more than half of the households do not own a vehicle. The closest pharmacy to our primary care office was a Walgreens on Main Street in Lewiston but it permanently closed in February 2024.

Bucksport Regional Health Center (Bucksport, Ellsworth): This funding would assist in our extending our pharmacy services to rural health centers in Washington County by using pic machines (drug dispensing machines). BRHC is hoping to partner on this model with other FQHCs in the region, including the East Grand Health Center in Danforth and the Harrington Family Health Center.

HealthReach Community Health Centers (Belgrade, Bethel, Bingham, Fairfield, Albion, Madison, Kingfield, Rangely, Richmond, Coopers Mills, Strong, Livermore Falls): We've put a lot of time into education and advocacy to ensure that our elected representatives fully appreciated why this is so important for rural Maine, and those facts are clear — for the health and wellbeing of our communities, we need to urgently address the expanding pharmacy desert phenomenon.

We respectfully urge you to please include the one-time funding approved in Public Law 2023, chapter 643 for developing and expanding pharmacy services and access to affordable priced prescription drugs for patients of Federally Qualified Health Centers in the biennial budget. Maine has now gone well beyond a crisis point in its ability to provide patients with access to affordable, life-saving medications. It is essential to restore this funding for Maine's FQHCs to develop and expand pharmacy services throughout the state.

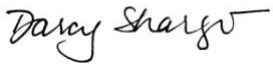
Additionally, we would like to share some background on the importance of MaineCare to the CHC Network. Though we only account for 2% of the MaineCare spend, Maine's CHCs provide care to 16% (or 1 in 6) of the state's total MaineCare enrollees. CHC patients enrolled in MaineCare include more than 24,000 enrollees who are children under age 18, 35,000 adults age 18 and older, and 15,000 who are dually enrolled in Medicare and Medicaid.

We know that patients who receive care at CHCs consistently save money for the overall healthcare system. Annually, Medicaid savings per CHC patient are $1,400 per adult, $740 per child and $3,500 per dually eligible patient.

Already struggling with razor-thin operating margins, Maine's Community Health Centers are simply unable to absorb reductions without impacts to care. We continue to be opposed to the Governor's suspension of the FY26-27 COLAs for MaineCare providers. At a time when health centers are already being asked to do more with less, we ask that the legislature also reverse this cut and not balance the budget on the back of Maine's healthcare safety net.

We appreciate your consideration of our comments. Please do not hesitate to contact me directly with any follow up questions.

Sincerely,



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