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**I support LD 1018,
“An Act to Protect Health Care for Rural and Underserved Areas by Prohibiting
Discrimination by Participants in a Federal Drug Discount Program”**

Esteemed members of the Joint Standing Committee on Health Coverage, Insurance, & Financial Services – my name is Connie Coggins, and I serve the President/CEO of HealthReach Community Health Centers.

HealthReach — a 501(c)(3) nonprofit network of twelve Community Health Centers — provides services across rural Central and Western Maine: in Albion, Belgrade, Bethel, Bingham, Fairfield, Kingfield, Livermore Falls, Madison, Rangeley, Richmond, Strong, and Whitefield (Coopers Mills). Our 275 staff annually serve 26,000 patients across 100,000 visits through primary and preventative healthcare, including behavioral and dental services. Mainers visit their local community health center for affordable, accessible, high-quality healthcare. Our Connector and Substance Use Disorder programs further serve Mainers from across the entire state.

I strongly support LD 1018, and I thank the bill sponsors for bringing this important legislation forward. This bipartisan legislation will preserve the integrity of a program that was established years ago to help safety-net providers like HealthReach stretch scarce federal resources to provide more comprehensive services — especially in rural and underserved areas. This legislation, which will limit pharmaceutical company restrictions, will return the program to achieving its original mission.

We’ve observed the fragility of the current healthcare environment with the closing of Inland Hospital and its Waterville primary care practices, and the reductions in workforce and services at several other healthcare entities across the state. The 340B program is critical to sustaining services in rural communities where access is limited. With one of the oldest populations in the country, it is essential to maintain comprehensive services close to where people live to support “aging in place”.

HealthReach, like other Maine Community Health Centers, is required to re-invest 340B savings into maintaining and expanding patient services to meet patient needs that our communities identify as local priorities. **It’s important to emphasize that funding under 340B does not impact Maine taxes.** HealthReach supports several key services through its 340B savings re-investments:

- Continual oversight and analysis of our 340B re-investment program, to ensure that emergent patient needs are met, while ensuring compliance requirements are met so we remain great fiscal stewards.
- Comprehensive coordinated care and triage throughout our health centers, assisting our community members with complex and emergent scenarios, such as their next steps and follow-through in primary care after discharge from a hospital.
- Outreach services provided to our community members for FREE that help them to navigate a convoluted healthcare system, and identify and apply for other programs that help with the affordability of their care.
- Modest building improvements that increase both staff and patient safety, as well as address needs identified by our community members.

Patients who qualify based on family size and income also receive access to low-cost medications at their local pharmacy through this program. Access to affordable medication is vitally important in the treatment of chronic disease.

Please support us in our mission to continue to deliver urgently needed healthcare to the people of Maine through LD 1018. 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 rural Maine residents with this bill.

Constance Coggins

President/CEO

HealthReach Community Health Centers