



TESTIMONY OF THE MAINE MEDICAL ASSOCIATION AND THE MAINE OSTEOPATHIC ASSOCIATION

In Support Of

LD 2175, An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas

Joint Standing Committee on Health Coverage, Insurance and Financial Services Room 220, Cross Building, Augusta, Maine Thursday, February 29, 2024

Good afternoon, Senator Bailey, Representative Perry, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. My name is Anne Sedlack, and I am the Director of Advocacy for the Maine Medical Association. I am submitting this testimony in support of LD 2175, An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas.

The Maine Medical Association (MMA) is a professional organization representing more than 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

This year MMA and MOA's legislative committees have joined together to advocate from one voice. We all have determined that it is important to testify in support of LD 2175 for several reasons.

First, critical, lifesaving medications are currently inaccessible due to current resource limitations.¹ Pharmacies need to be open for patients to receive medication. Federally Qualified Health Centers ("FQHCs") have encountered several negative impacts in recent

https://www.pewtrusts.org/en/research-and-analysis/articles/2024/01/30/federally-qualified-health-centers-can-help-address-the-opioid-crisis

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years such as a declining workforce, reduction of hours, and a general decline in the number of retail pharmacies.² Indeed, these reductions create an availability deficit for Mainers who already struggle with finding primary and preventative medicine, as well as other necessary services.³

Second, the shortage of this access creates an even greater burden on some of our most vulnerable populations.⁴ A limitation on the hours a pharmacy is available strains working Mainers in pharmacy deserts. Although pharmacies seem to be around most corners in our larger cities and open for many hours, Mainers who live miles from their nearest pharmacy must commute to that pharmacy at odd times, racing against the clock in desperate need for services that keep them healthy.

Third, expanding critical pharmacy services incentivizes healthcare workers to remain in these underserved areas. Two reasons many in the medical service industry either transfer or leave the industry are (1) lack of financial incentive and (2) a sense of uncertainty.⁵ This bill could serve as a much-needed boost to these workers in underfunded areas as well as provide some assurance to those who work in FQHCs.

Thank you for considering the thoughts of Maine's physician and public health communities about LD 2175. We hope you join us in supporting a plan that will assist Maine communities and support our healthcare workforce.

Thank you,

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https://www.graham-center.org/publications-reports/publications/one-pagers/health-centers-recruitment-2018.ht ml

https://jamanetwork.com/journals/jama-health-forum/fullarticle/2803503?utm_source=For_The_Media&utm_me_ dium=referral&utm_campaign=ftm_links&utm_term=040723

https://www.ajmc.com/view/ensuring-access-to-prescription-medications-in-the-postaca-healthcare-access-landsc ape-the-essential-role-of-fqhcs-in-the-safety-net-for-the-underinsured

https://www.commonwealthfund.org/blog/2023/community-health-centers-need-increased-and-sustained-federal -funding