



HEALTHREACH
COMMUNITY HEALTH CENTERS

HealthReach supports LD 2175.

Our 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 lawfully discounted prescription medications.

Senator Bailey, Representative Perry, and members of the Joint Standing Committee on Health Coverage, Insurance, & Financial Services – my name is Ed Molleo, and I am the Director of Communications 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 2175, "An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas", also known as "2175, an act to save lives". We thank President Jackson, Speaker Talbot Ross, and the other bill co-sponsors for bringing this critical emergency 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 preventative healthcare, behavioral health, and substance use disorder treatment, and additionally a variety of specialty services that include dental and podiatric treatments. 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. This all predates recent flooding events that have only worsened the situation. Essentially, the cards are stacked against rural Mainers that depend on lifesaving drugs. We would like to fix 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. Similarly, others find a pharmacy temporarily out of a drug, or an insurance processing snag that prevents their access to a regular prescription at an affordable price. Sadly, even these frustrating points only apply 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.

As important as it is, lack of pharmacy access is bigger than just a lack of medication – the impact is felt across our entire system of rural healthcare. Primary care clinicians are a waning resource in rural Maine. Barriers to providing care not only harm patients, but also serve to dishearten clinicians who eventually choose to move away and practice in an area where their efforts are not hampered by a broken system.

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 bring much-needed funding to the effort to address our rural pharmacy deserts. CHC in-house pharmacies would ascribe to *safe, responsible, and effective medication dispensing supported by fiscally sustainable operations*. We have already successfully brought primary care, triage, behavioral health counseling, dental care, and financial assistance navigation together under one roof. Please support us in our mission to continue to deliver urgently needed healthcare to the people of Maine through fulfillment of their prescriptions in their nearby medical home. Access to an in-house pharmacy 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.

Should you have any questions or seek further insight, please do not hesitate to reach out to me. Thank you.

Edward Molleo (he/they)

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