

Jonnathan Busko Testimony In support of LD239, "An Act to Allow Retail Pharmacies to Operate Remote Dispensing Sites in Rural Areas" on February 4, 2025

Dear Senator Bailey, Representative Mathieson, and members of the Committee on Health Coverage, Insurance, and Financial Services,

My name is Jonnathan Busko. I am an EMS and emergency medicine physician in Bangor. I am testifying today to urge you to support LD239, "An Act to Allow Retail Pharmacies to Operate Remote Dispensing Sites in Rural Areas." I believe this bill address a critical gap in the healthcare system in rural parts of Maine.

In my job, I work with rural communities and perform Community Health Services Access Needs Assessments. Our team uses surveys, interviews, and town hall meetings to identify community priorities in access to health services and then develop local solutions with community member workgroups. I've been doing this for 5 years and in almost every location, access to acute prescription medications is a top priority. This is particularly true in frontier communities such as year-round unbridged islands. As you may be aware, for some islands the winter ferry service may only run twice a week (or less, depending on weather). On more than one island, residents have brought up that if you were bitten by a cat half an hour after the ferry leaves on a Monday, while you can have all the telemedicine care in the world, you will struggle to access antibiotics before Thursday.

In this age of mail order pharmacy, the economic viability of the full-service brick and mortar pharmacist staffed pharmacy in every community is in question. In fact, in the last decade one out of every 10 pharmacies in Maine have closed, with the most significant impact in rural counties. More than 75% of Washington County residents live more than 15 minutes from a pharmacy.

The Board of Pharmacy has a rule that allows rural health centers to work with pharmacists to provide access to retail prescription pharmaceuticals. Unfortunately, in many cases that access is restricted only to the clinic's patients. Additionally, there are administrative burdens to setting up these types of in-office pharmacies. Despite these rules being in place for years, such dispensing arrangements are unusual and access to acute prescription pharmaceuticals remains limited in many parts of rural Maine.

If passed, LD239 will direct the Board of Pharmacy to develop the terms and conditions necessary to set up remote dispensing site pharmacies. In an age where telehealth has become widely accepted as a method of delivering acute and chronic medical care, telepharmacy, particularly retail telepharmacy, remains limited. By developing regulations regarding remote dispensing site pharmacies, the Board of Pharmacy will enable retail pharmacies to partner with rural communities to provide access to retail pharmaceuticals via telepharmacy. Enactment of such regulations does not guarantee these programs will be initiated, but it will enable communities that are dedicated to ensuring local access to acute prescription pharmaceuticals to pursue such arrangements. For someone living within 15 minutes of the nearest pharmacy, the inconvenience of travel is negligible. For someone who may need to travel an hour or more to pick up a prescription, the chances of them not starting their medication goes way up. For someone on an island who simply does not have access, forced noncompliance could, as has happened in the

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last decade, result in an island resident having to be flown by LifeFlight for severe sepsis for a cat bite that would've easily been treated with oral antibiotics had they been available.

I appreciate your consideration of this important issue and hope that this bill sparks discussions on how to best serve rural and frontier communities regarding access to acute prescription medication