

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 Darci Greenacre, a government relations consultant at Drummond Woodsum. I am delivering testimony today on behalf of Hannah Hudson, Director of Policy at Maine Primary Care Association, which represents Maine’s largest independent primary care network. MPCA is in opposition to some parts of the proposed budget.

MPCA’s members are 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 2}

Maine’s Community Health Centers were grateful when the legislature approved, last session, 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>

² 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.

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

Maine's health centers were incredibly disappointed when the Governor stripped this funding from the supplemental budget in this session. MPCA had been in active dialogue with Maine DHHS/Maine CDC to get the program started. As recently as mid-December, MPCA was 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 prepare for the RFP process.

We respectfully urge you to please include the one-time funding approved in Law for developing and expanding pharmacy services and access to affordable priced prescription drugs for patients of Federally Qualified Health Centers in the biennial budget. 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. 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 health centers 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 health centers 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 aged 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,

Hannah Hudson
Director of Policy
Maine Primary Care Association
hhudson@mepca.org
202.644.0082