



Matthea Elisabeth Larsen Daughtry  
President of the Senate

THE MAINE SENATE  
132nd Legislature

3 State House Station  
Augusta, Maine 04333

**Testimony of Senate President Mattie Daughtry in support of  
LD 2151, "An Act to Improve Access to Affordable Prescription Drugs in Underserved  
Areas."**

**Before the Joint Standing Committee on Health Coverage, Insurance, and Financial Services  
January 27, 2026**

Good afternoon, Senator Bailey, Representative Mathieson, and esteemed members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services, my name is Mattie Daughtry. I serve as President of the Maine Senate and proudly represent Senate District 23, including Brunswick, Freeport, Harpswell, Pownal, Chebeague Island, and part of Yarmouth. I am honored to testify in favor of LD 2151, "An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas."

Access to prescription medication can be the difference between stability and crisis, between managing a health condition and ending up in an emergency room. For many Mainers, medication is not optional and is essential to their ability to work, care for their families, and live. For the more than 200,000 Mainers—roughly one in six—who rely on Federally Qualified Health Centers for their primary care, timely access to medication is an essential part of health care, not an amenity. When access is delayed or denied, the consequences can be immediate and dire.

Maine's Federally Qualified Health Centers are reaching their breaking point in access to critical medications. While FQHCs make up the largest independent primary care network in the state, they do not generally have the capacity to provide pharmacy services as well, and so rely on retail pharmacies to supply their patients with necessary medications. That reliance has become increasingly untenable as Maine continues to see pharmacy closures and reduced pharmacy hours driven by workforce and economic pressures.

In my own Cumberland County, one in four residents live in a pharmacy desert, according to GoodRx. And Cumberland is the least impacted county in the state. In counties like Androscoggin, Aroostook, Hancock, and Somerset, more than half of residents live in pharmacy deserts, while Oxford and Washington Counties have no adequate pharmacy access at all.

For many rural Mainers, a pharmacy desert means traveling more than 10 miles to reach a pharmacy—assuming they have reliable transportation. In urban areas, it can mean no pharmacy within walking distance for low-income residents. These barriers delay care, reduce medication adherence, and ultimately worsen health outcomes.

LD 2151 would allow FQHCs to develop or expand in-house pharmacy services by hiring pharmacy staff and investing in automated pharmacy systems. This strengthens coordination

within a patient's care team. It also ensures that patients with acute needs—such as ear infections, strep throat, or other time-sensitive conditions—can access medication quickly.

This committee has unanimously passed legislation nearly identical to this in 2024, identifying it as a top priority, and it was later included in the supplemental budget signed into law by the Governor. Unfortunately, the funding was rescinded, even as the underlying need has intensified following an ongoing wave of pharmacy closures across the state. We are at a crisis point. Without immediate support, FQHCs will continue to struggle to meet a basic component of care for the patients who rely on them most. LD 2151 is a proven, bipartisan solution that directly addresses this growing access gap.

I urge this committee to, once again, pass this bill, so that access to medication in Maine does not depend on geography, income, or luck—but on a health care system that strives to work for everyone.

Thank you.