



**Maine Medical  
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION  
AND  
THE MAINE OSTEOPATHIC ASSOCIATION  
In Support Of**

LD 2151 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  
Tuesday, January 27, 2026

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Jacob Rha, MD, and I am a third-year internal medicine resident. I am submitting this testimony in support of LD. 2151 An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas on behalf of the Maine Medical Association and the Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,300 allopathic and osteopathic 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. The MMA and MOA's legislative committees have joined to advocate with one voice.

As an active primary care physician, I am intimately aware of the numerous hurdles involved in obtaining medications. I have called pharmacies myself multiple times to inquire about medication availability and often worry that my patients may not be able to pick up time-sensitive medications. As a physician on the inpatient side, I make it a priority to consider how a patient's primary care provider will manage access to life-saving medications, particularly when this is compounded with limitations to transportation and cost. Unfortunately, I have met many patients who were hospitalized or even re-hospitalized due to inadequate access to medications.

MMA and MOA have determined that testifying in support of LD 2151 for a few reasons.

First, critical, lifesaving medications are inaccessible due to current resource limitations.<sup>1</sup> Pharmacies need to be open for patients to receive medication. Federally Qualified Health Centers ("FQHCs") have encountered several negative hits in recent years, such as a declining workforce, reduction of hours, and an overall decrease in the number of local, retail pharmacies.<sup>2</sup> These reductions create an availability deficit for Mainers who already struggle with finding primary and preventative medicine, as well as other necessary healthcare services.<sup>3</sup>

Second, the shortage of this access creates an even greater burden on some of our most vulnerable populations.<sup>4</sup> 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, even going so far as to leave their workplaces early, in order to fill prescriptions.

Third, expanding critical pharmacy services incentivizes healthcare workers to remain in these underserved areas. Two reasons many in the medical service industry transfer or leave the industry are (1) lack of financial incentives and (2) a sense of uncertainty.<sup>5</sup> 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 views of Maine's physicians, and we hope you will support LD 2151.

Thank you,

Jacob Rha, MD

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<sup>1</sup>  
<https://www.pewtrusts.org/en/research-and-analysis/articles/2024/01/30/federally-qualified-health-centers-can-help-address-the-opioid-crisis>

<sup>2</sup>  
<https://www.graham-center.org/publications-reports/publications/one-pagers/health-centers-recruitment-2018.html>

<sup>3</sup>  
[https://jamanetwork.com/journals/jama-health-forum/fullarticle/2803503?utm\\_source=For The Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_term=040723](https://jamanetwork.com/journals/jama-health-forum/fullarticle/2803503?utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=040723)

<sup>4</sup>  
<https://www.ajmc.com/view/ensuring-access-to-prescription-medications-in-the-postaca-healthcare-access-landscape-the-essential-role-of-fqhcs-in-the-safety-net-for-the-underinsured>

<sup>5</sup>  
<https://www.commonwealthfund.org/blog/2023/community-health-centers-need-increased-and-sustained-federal-funding>