



LEGAL SERVICES FOR MAINE ELDERS

January 27, 2026

Testimony of Marge Kilkelly for Legal Services for Maine Elders
Joint Standing Committee on Health Coverage, Insurance and Financial Services

In support of LD 2151 An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas

Good afternoon, Senator Bailey, Representative Mathieson, and esteemed Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services.

My name is Marge Kilkelly, and I am here today on behalf of Legal Services for Maine Elders. LSE provides free legal help for Mainers aged 60 and older when their basic human needs are at stake. LSE serves older Mainers across the state. Our clients are generally low-income, some with medically complex conditions.

I am speaking today in strong support of LD 2151 An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas and thank Senator Reny for bringing this forward.

Access to health care is like a three legged stool, primary care, inpatient care, and pharmacy services- and when one leg is missing the value of the other two is compromised.

The situation facing many older rural Mainers is dire. According to a Gorman Foundation Data Brief Jan 2025 there are approximately 29,000 Mainers over 60 who do not hold a driver's license and over 40,000 households lack access to a reliable vehicle. These people need to depend on family or friends to get to appointments. Rural non drivers make significantly fewer trips for essential services because they don't want to be a bother or have someone take time off work to take them.

This is particularly challenging when it comes to prescriptions half of the population over 65 takes 4 or more prescriptions and 90% take at least one. A trip to primary care and then an additional 20 miles to the pharmacy- usually to wait is quite a challenge and costly. Combining the two improves access and health outcomes.

When older adults cannot access prescriptions, it leads to dangerous medication non-adherence, resulting in worsened chronic conditions, increased hospitalizations, higher medical costs, and increased mortality.

The Impact of Pharmacy Deserts April 2024 Difficult access such as longer travel time or distance may contribute to a patient's nonadherence, leading to poor health outcomes and increased medical care costs from increased hospitalizations or emergency department visits.² . Nonadherence is one of the main sources of healthcare system waste in the U.S., with about \$100 billion spent per year on avoidable hospitalizations and \$290 billion per year in avoidable expenses overall.

LD 2151 is a creative solution to a very complex issue of rural pharmacy access. It requests a \$4 million onetime investment and those funds have not only a direct multiplier but also a future benefit of reducing other health care costs caused by medication nonadherence. We urge you to move this bill forward to improve the health and well-being of rural older Mainers.

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