
January 28, 2026

Senator Henry Ingwersen, Chair
Representative Michele Meyer, Chair
Members of the Health and Human Services Committee

RE: Testimony in support of LD 2134, An Act to Create an Exception to the Prohibition of Tobacco Sales in Retail Establishments Containing Pharmacies for Certain Small Grocery Stores.

Dear Senator Ingwersen, Representative Meyer, and members of the Committee on Health and Human Services:

My name is Amy Downing, I am the Executive Director of the Maine Pharmacy Association, which represents licensed pharmacists, pharmacy technicians, and student pharmacists across Maine. Today, I am testifying on behalf of several independently owned pharmacy members who are in support of passing LD 2134 as it will help ensure they can keep their doors open.

These pharmacies are not part of large chains or corporate health systems. They are locally owned small businesses that serve rural and underserved communities and remain viable by leasing separate space within independently owned grocery stores.

Pharmacists play a critical role in public health, including tobacco cessation, disease prevention, and patient counseling. For that reason, legislation involving tobacco sales is something we approach with caution.

Last year, the Legislature passed LD 166 and it has since become clear that bill resulted in unintended consequences for a small number of independent pharmacies—specifically those that lease space from independent grocery stores in rural and underserved communities. As a result, LD 166 has placed these independent grocery store landlords in an impossible position—forcing them to choose between retaining a pharmacy tenant or discontinuing a lawful line of business critical to their ability to remain profitable. LD 2134 is a narrow and targeted fix to address those impacts.

This bill does not permit tobacco sales by pharmacies and does not alter Maine's prohibition on tobacco sales within pharmacy premises. Instead, it applies only to situations where an independently owned and licensed pharmacy leases separate space within an independently owned grocery store. In these arrangements, the pharmacy and grocery store are entirely separate businesses, operating under separate licenses, leases, inventories, and point-of-sale systems.

In rural Maine, these co-location arrangements are often the only way an independent pharmacy can remain open. They allow communities to retain access to prescription medications, pharmacist counseling, immunizations, and other essential health services. Many of these pharmacies also provide home delivery services to their patients. And if forced to close their retail operation, ALL their pharmacy services would be lost within their communities. For patients, this could mean longer travel times, reduced continuity of care, and the loss of one of the most accessible health care providers in their community.

LD 2134 addresses this issue responsibly. It includes strict eligibility criteria, size limitations, requirements for separate licensing and leasing, clear restrictions on where tobacco sales may occur, and a firm cutoff date. These guardrails ensure the bill does not weaken public health protections or expand tobacco access through pharmacies.

While we remain committed to reducing tobacco use and supporting cessation efforts, we support LD 2134 as a limited and practical solution to protect independently owned pharmacies and preserve access to health care services in Maine's rural and underserved communities. We respectfully urge the committee to support this bill.



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