



132nd MAINE LEGISLATURE

SECOND REGULAR SESSION-2026

Legislative Document

No. 2151

S.P. 872

In Senate, January 7, 2026

**An Act to Improve Access to Affordable Prescription Drugs in
Underserved Areas**

(EMERGENCY)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink that reads "DAREK M. GRANT".

DAREK M. GRANT
Secretary of the Senate

Presented by Senator RENY of Lincoln.

Cosponsored by Representative DUCHARME of Madison and

Senators: BAILEY of York, President DAUGHTRY of Cumberland, HARRINGTON of York, MOORE of Washington, ROTUNDO of Androscoggin, Representatives: CLUCHEY of Bowdoinham, FOLEY of Wells, MORRIS of Turner.

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the federal drug pricing program under Section 340B of the federal Public Health Service Act, 42 United States Code, Section 256b requires prescription drug manufacturers to offer discounted pricing to certain covered entities, including federally qualified health centers; and

Whereas, federally qualified health centers serve rural and other underserved areas, delivering health care that would otherwise be inaccessible to residents of those areas; and

Whereas, a crucial part of such health care is the provision of life-saving prescription drugs at affordable prices made possible by the 340B program, which also generates savings that federally qualified health centers must, as a matter of mission and federal law, use to reduce costs and improve access to services for patients of those health centers; and

Whereas, prescription drug manufacturers have recently imposed conflicting and burdensome requirements for covered entities to obtain discounted pricing under the 340B program, depriving patients of access to affordable prescription drugs under the 340B program; and

Whereas, the number of retail pharmacies and the hours of operation of retail pharmacies in underserved areas of the State have been dramatically reduced in recent years due to workforce challenges and other economic challenges; and

Whereas, federally qualified health centers can compensate for the decline in availability of retail pharmacies and for the restrictive practices of prescription drug manufacturers only by developing or expanding their capacity to provide retail pharmacy services as part of their health center services, yet existing health center revenues and resources are insufficient to support such development and expansion; and

Whereas, it is therefore essential to provide immediate funding support for federally qualified health centers to develop and expand retail pharmacy capacity in this State to address the critical shortage of access to affordable prescription drugs; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §259, sub-§1, ¶B, as amended by PL 2025, c. 388, Pt. XXX, §1, is further amended to read:

B. Six hundred ninety-nine thousand, one hundred fifty dollars in fiscal year 2001-02 to federally qualified health centers to support the infrastructure of these programs in providing primary care services to underserved populations. Forty-four thousand, two hundred fifty dollars must be provided to each federally qualified health center with an additional \$8,850 for the 2nd and each additional site operated by a federally qualified health center. For the purposes of this paragraph, "site" means a site or sites operated by the federally qualified health center within its scope of service that meet all health center requirements, including providing primary care services, regardless of patients'

ability to pay, 5 days a week with extended hours. If there is not sufficient funding to meet the formula in this paragraph, the \$699,150 must be allocated in proportion to the formula outlined in this paragraph; **and**

Sec. 2. 22 MRSA §259, sub-§1, ¶C, as amended by PL 2025, c. 388, Pt. XXX, §2, is further amended to read:

C. Five hundred thousand dollars, beginning with fiscal year 2015-16 and continuing each fiscal year thereafter, to support access to primary medical, behavioral health and dental services to residents of the State in rural and underserved communities and to assist with provider recruitment and retention. Twenty-five thousand dollars must be provided to each federally qualified health center.; and

Sec. 3. 22 MRSA §259, sub-§1, ¶E is enacted to read:

E. Four million dollars in fiscal year 2026-27 to support access to pharmacy services and affordably priced prescription drugs to residents of the State in rural and underserved communities by providing funds to support federally qualified health centers in developing or improving pharmacy services, including without limitation:

(1) Planning, designing, constructing and operating one or more licensed retail pharmacies as part of a federally qualified health center's services;

(2) Entering into arrangements, including with one or more federally qualified health centers, to expand the availability of prescription drugs purchased and delivered to patients under the federal drug pricing program under Section 340B of the federal Public Health Service Act, 42 United States Code, Section 256b; and

(3) Expanding access to prescription drugs supplied by one or more federally qualified health centers, including without limitation by increasing the number of locations from which patients may obtain prescription drugs, improving existing pharmacy facilities, expanding the availability of automated pharmacy systems as defined in Title 32, section 13702-A, subsection 1 or addressing workforce issues related to pharmacy program planning and operation.

Sec. 4. 22 MRSA §259, sub-§4 is enacted to read:

4. Allocation of pharmacy services support funding. Each federally qualified health center may apply for funds made available pursuant to subsection 1, paragraph E by providing the department with a budget and plan for developing or improving pharmacy services and access to affordably priced prescription drugs for its patients. The department shall allocate available funds equitably among all applicants based on the cost-effectiveness and feasibility of the proposed development or improvement of patient access to affordably priced prescription drugs and the availability of other pharmacy services in the areas served by a federally qualified health center applying for funds. In developing criteria for awarding available funds, the department shall consult with and consider the recommendations of a statewide association of federally qualified health centers. Any available funds not awarded in fiscal year 2026-27 must be deposited in a nonlapsing account from which awards may be made in subsequent fiscal periods for the purposes set forth in subsection 1, paragraph E.

Upon issuance of each award pursuant to this subsection, the department shall promptly implement a change in scope adjustment pursuant to section 3174-V, subsection 4 to reflect

1 the ongoing costs for the federally qualified health center receiving the grant of operating
2 expanded or improved pharmacy services.

3 **Sec. 5. Implementation.** The Department of Health and Human Services shall
4 publish a schedule and instructions for the content of applications and criteria for
5 determining awards for the pharmacy services support program described in this
6 legislation. The department's schedule must ensure that initial awards of funding be made
7 no later than December 15, 2026 and must ensure that applicants have no less than 60 days
8 to prepare and submit applications after instructions for the content of applications and
9 criteria for selection have been published. Notwithstanding any provision of law to the
10 contrary, the department shall ensure that a majority of the persons selected to evaluate the
11 applications have substantial training or experience in the operation and management of a
12 federally qualified health center by including among those evaluating the applications
13 volunteers recommended by a statewide association of federally qualified health centers.

14 **Sec. 6. Appropriations and allocations.** The following appropriations and
15 allocations are made.

16 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

17 **Maine Center for Disease Control and Prevention 0143**

18 Initiative: Provides one-time funding for the Maine Center for Disease Control and
19 Prevention to support federally qualified health centers in developing and expanding
20 pharmacy services and access to affordably priced prescription drugs for the patients of
21 such health centers.

22 GENERAL FUND	2025-26	2026-27
23 All Other	\$0	\$4,000,000
25 GENERAL FUND TOTAL	\$0	\$4,000,000

26 **Emergency clause.** In view of the emergency cited in the preamble, this legislation
27 takes effect when approved.

28 **SUMMARY**

29 This bill directs the Department of Health and Human Services to provide support for
30 federally qualified health centers to develop or expand the centers' capacity to provide
31 access to affordably priced prescription drugs to patients by increasing the centers' ability
32 to deliver pharmacy services to those patients. The bill provides one-time funding of
33 \$4,000,000 in fiscal year 2026-27 for that purpose. The bill provides that initial awards of
34 funding must be made by December 15, 2026 and that the selection process must be
35 performed by an evaluation team, the majority of whose members must be persons with
36 training or experience in the operation and management of federally qualified health
37 centers.