



Penobscot Community  
Health Care

State of Maine | 131st Legislature  
Joint Standing Committee on Appropriations and Financial Affairs  
Joint Standing Committee on Health and Human Services  
Testimony of Kristopher Ravin, PharmD on behalf of Penobscot Community Health Care  
January 23, 2025

**In Opposition To:**

LD 209 “An Act to Make Supplemental Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2025”  
(Part K)

Senator Rotundo, Senator Ingwersen, Representative Gattine, and Representative Meyer, and members of the Committee On Appropriations and Financial Affairs and the Committee on Health and Human Services, I am Kristopher Ravin, PharmD, Associate Director of Pharmacy for Penobscot Community Health Care (PCHC), one of Maine’s 20 community health centers (CHCs), also known as Federally Qualified Health Centers (FQHCs), and part of the largest independent primary care network in the state.

PCHC is Maine’s largest Federally Qualified Health Center (FQHC), serving about 60,000 patients with locations in Penobscot, Waldo, and Somerset Counties. We provide high quality integrated primary care – including mental health services, pediatrics, care management and treatment for substance use disorder—at 22 clinical service sites, regardless of a patient’s ability to pay. We have four community pharmacies, a robust primary care pharmacy service, and a long-standing pharmacy residency program, with pharmacists working at the top of their licenses an integral part of the primary care team. Our pharmacists play an important role in management of chronic disease states, providing medication management, med reconciliation, assessment and reduction of poly-pharmacy, Hep B and Hep C treatment, connection to HIV treatment, and so much more. The pharmacists, in many ways, have become the link between our patients, ongoing chronic disease management, and their use of and access to affordable medications. Our pharmacists have also played a vital role in reducing the prescribing of controlled substances across the State over the past decade, through our Controlled Substance Stewardship program, an innovative program that began at PCHC to address overprescribing of controlled substances and start to tackle the opioid epidemic over 10 years about, and is now offered to all providers in Maine at no charge to them through a contract with the State. This program alone has been a significant driver in the reduction of opioid prescribing across the State.

We strongly oppose the decision to remove one-time funding approved in Public Law 2023, chapter 643 for developing and expanding pharmacy services and access to affordable priced prescription drugs for patients of federally qualified health centers.

Mainers are currently facing a critical shortage of access to affordable medications, especially in rural and underserved areas served predominately by FQHCs. We have seen a dramatic decline in the number of community pharmacies across the State in the past 5 years, and a reduction in hours for those still in operation, due to ongoing workforce and economic challenges. The closest pharmacy to Jackman Maine is over an hour away in Greenville, significantly limiting access to medications, counseling and med management services.



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FQHCs can bridge this gap for their communities. The Legislature wisely recognized last session that expanding access through FQHCs requires capital to jump start the buildout and start-up of these pharmacies, which would be co-located within rural FQHCs. This funding would allow FQHCs to establish or grow inhouse pharmacy services and bring access to medications and the vital expertise of pharmacists to their communities.

PCHC has been fortunate to have integrated pharmacy services for more than a decade. Having onsite pharmacies have allowed PCHC to:

- **Capture 340B (Federal Discount medication program) savings at its maximum amount available** for patient programs and prescription discounts.
  - At PCHC, 340B savings are used to support many of our services, including:
    - Pharmacists working directly with providers as members of the care team both in the pharmacy and within the clinic.
    - Treatment for Substance Use Disorders.
- Offer a discounted medication program, providing patients access to life saving medications at a significant discount regardless of insurance status.
- Offer a **Prescription Sliding Scale** which discounts the price of medication, or in some cases there is no cost to the patient.
- **Have a more integrated connection between the provider and the pharmacist.** This allows for better communication and for the pharmacist to have access to more information allowing them to make better assessments about therapeutic safety and appropriateness of medications.
- **Provide pharmacists as a critical health care resource** for physicians, APPs, and patients for up-to-date medication use and guidelines for disease states.
- **Increased access for patients to pharmacists as part of the health team** to improve patient outcomes by:
  - **Educating patients** about their disease, support in selection of safe and effective treatment, and providing important information about their medication. This also includes education on lifestyle modifications (diet and exercise).
  - **Deprescribing**, or stopping or tapering of medications to improve health outcomes
  - **Reducing medication costs to the system and patients** by utilizing less expensive alternatives.
  - **Reducing overall expenses to the patient and health care system** by improving chronic disease management before a significant event occurs, such as a heart attack or stroke.
    - **One study completed at Carilion Clinic health system found physician-pharmacist collaborative care model reduced hospitalizations by 23.4% , producing a cost savings of \$2619 per patient.**

The removal of this funding in the Governor's budget comes at an especially difficult time. For the past two years, pharmaceutical manufacturers have been systematically enacting restrictions on the availability of a low cost drug purchasing program referred to as the "340B Federal Drug Pricing Program" (referred to hereafter as 340B) that has been available for three decades to safety net providers. These PhARMA restrictions disproportionately impact rural communities and rural states like Maine, both by draining much needed revenue