



State of Maine | 132nd Legislature
Joint Standing Committee on Health Coverage, Insurance, and Financial Services
Testimony of Kristopher Ravin on behalf of Penobscot Community Health Care
April 16, 2025

Supporting:

LD 1018, An Act to Protect Health Care for Rural and Underserved Areas by Prohibiting Discrimination by Participants in a Federal Drug Discount Program
Sponsored by Senator Bailey

Senator Bailey, Representative Mathieson, and members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services, I am Kristopher Ravin, PharmD, Executive Clinical 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.

The 340B program was created to help covered entities stretch scarce federal resources and improve access to care for underserved populations. At Penobscot Community Health Care (PCHC), the program has been instrumental in enabling us to develop innovative, patient-centered models of care that directly address the needs of our communities.

One such innovation is the Controlled Substance Stewardship Program, launched at PCHC in 2013 in response to the alarming rise in high-dose opioid prescribing. This crisis was fueled, in large part, by aggressive and irresponsible marketing campaigns by pharmaceutical companies, which promoted opioid use for conditions lacking evidence of benefit. We now know that, for chronic noncancer pain, opioids offer no greater benefit than non-opioid alternatives¹. Moreover, the risks of long-term opioid use were minimized—companies often cited a deeply flawed study claiming addiction risk was less than 1% under a physician's care². Today, we understand that for some patients, the lifetime risk of opioid use disorder may be as high as 29%³.

In 2013, more than 1,300 patients at PCHC were prescribed chronic daily opioids, with an average dosage equivalent to 290 mg of morphine per day. Thanks to the savings generated by the 340B program, we were able to launch a comprehensive and compassionate tapering initiative. Over 1,000 patients were successfully tapered off opioids entirely. The number of patients receiving more than 100 mg of morphine equivalents per day was reduced to fewer than five. Simultaneously, we significantly expanded access to recovery services across our organization.

1. Nury E, Schmucker C. Efficacy and safety of strong opioids for chronic noncancer pain and chronic low back pain: a systematic review and meta-analyses. *Pain*. 2022;163(4):610-636.
2. A 1980 Letter on the Risk of Opioid Addiction. *N Engl J Med*. 2017;376:2194-2195
3. Vowles KE, McEntee ML. *Pain*. 2015 Apr;156(4):569-576



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The success of this program led to state-level recognition. Today, with support from the CDC's Overdose Data to Action (OD2A) program, the State of Maine sponsors the initiative, which is now administered by the Community Care Partnership of Maine. It is being implemented across the state to help other organizations confront the same challenges PCHC faced over a decade ago.

This program—and its life-saving outcomes—would not have been possible without the 340B program. Despite this, PhRMA has characterized 340B as a mechanism for health centers and hospitals to profit at patients' expense. The opioid epidemic is proof that the opposite is true. It was the pharmaceutical industry that prioritized profits over people, marketing addictive drugs off-label and misleading providers about the risks. Now, these same companies are targeting the 340B program, threatening the financial stability of the very institutions working to repair the damage they helped create.

We urge you to protect the 340B program, which remains a vital tool in our ability to provide high-quality, equitable care to the communities that need it most.

On behalf of Penobscot Community Health Care, thank you for considering our comments. Please do not hesitate to contact me directly at kravin@pchc.com with any follow up questions.

Respectfully,

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