



Penobscot Community  
Health Care

State of Maine | 132nd Legislature  
Joint Standing Committee on Health Coverage, Insurance, and Financial Services  
Testimony of Susan Cheff, MD 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 Susan Cheff, MD, and I serve as Chief Medical Officer at Penobscot Community Health Care (PCHC), Maine's largest Federally Qualified Health Center (FQHC). We are one of the state's Community Health Centers (CHCs) and part of the largest independent primary care network in Maine.

PCHC serves approximately 60,000 patients across Penobscot, Waldo, and Somerset Counties. We provide high-quality, integrated primary care—including mental health services, dental, pediatrics, care management, and substance use disorder treatment—at 22 clinical service sites, regardless of a patient's ability to pay. We also operate four community pharmacies, a robust primary care pharmacy program, a pharmacy residency program, and a family nurse practitioner residency to help address Maine's provider shortage.

The 340B Drug Pricing Program was created to help safety-net providers like PCHC stretch limited federal resources to offer more comprehensive services to more eligible patients, particularly in rural and underserved areas.

Savings from 340B enable PCHC to fund key patient services, including our extensive discount medication list, outreach and enrollment team, primary care pharmacy services, and transitions of care programs. The discount medication list is available to all PCHC patients who use our pharmacies. Through our Affordable Care Program, patients may also qualify for a sliding scale discount, helping to make medications more accessible.

Our outreach and enrollment team assists patients—especially those who are uninsured or underinsured—by providing prescription assistance, enrolling them in marketplace insurance plans, and connecting them to PCHC's Affordable Care Program. This team is especially critical for Medicare patients, who might otherwise be forced to choose between medications and basic necessities like food.

Our primary care pharmacists are central to chronic disease management. They provide medication therapy management, reconciliation, polypharmacy assessments, Hepatitis B and C treatment, connections to HIV care, and more. They often serve as the essential link between patients, chronic disease care, and access to affordable medications.



Penobscot Community  
Health Care

In my 25 years as a family medicine physician with PCHC, I have witnessed firsthand the profound impact of this program on the lives of hundreds of my patients. Some of my most complex and chronically ill patients have faced unnecessary emergency department visits because they could not afford an inhaler that cost them more than their entire food budget. Our teams work diligently to help patients avoid these unnecessary hospitalizations. I still remember one patient who wept when we were able to provide her with an affordable inhaler for her asthma. Blood pressure control is another essential intervention in primary care that saves lives and prevents complications like heart attack, stroke and kidney failure. It is heartbreaking to hear that some patients cannot afford their blood pressure medications and instead accept the risk of a silent untreated potential killer.

Our primary care pharmacists are vital members of our care teams. They significantly improve my patient outcomes especially in the management of high risk anticoagulation, and diabetes care—achievements that, in some instances, I must humbly acknowledge I could not have accomplished on my own. I cannot imagine our primary care teams without their expertise and collaboration. Our affordable care program, extensive list of discounted medications, prescription assistance programs, and highly skilled pharmacy and care management team all contribute to saving lives.

Pharmacists have also been instrumental in reducing the prescribing of controlled substances through our Controlled Substance Stewardship Program—an innovative initiative launched at PCHC more than a decade ago to address opioid overprescribing. This program, now available statewide at no cost to providers through a contract with the State, has played a key role in reducing opioid prescriptions across Maine. The program was made possible thanks to 340B savings, which funded pharmacist and provider time.

Unfortunately, PCHC has lost approximately \$5 million in 340B savings over the past year due to contract pharmacy restrictions. As a result, we've had to begin cutting services. We reduced our primary care pharmacy program by one full-time equivalent (FTE), spreading remaining pharmacists across multiple clinics. This reduces pharmacist availability and limited patient access.

We've also had to scale back our transitions of care team. Previously, this team conducted home visits following hospital discharges—a service not required by Medicare, but highly beneficial to patients. Due to budget constraints, we've had to restructure the model. We are a highly innovative and resourceful organization that manages our limited resources responsibly. However, when our resources are further impacted by the losses in 340B savings, we are compelled to make difficult choices.

Since the pandemic, we've experienced the effects of "The Great Resignation," which has left our remaining providers stretched thin and increasingly susceptible to burnout and turnover. The loss of primary care providers resulted in thousands of patients without access. As we work on rebuilding and onboarding new providers, including those who are new to practice, we depend on the knowledge and expertise of our clinical pharmacists. This collaborative approach has been instrumental in our ability to maintain access to high-quality, evidence-based care, as a team. This team approach builds resilience, increases the joy in practice, and the capacity of our primary care providers.



Penobscot Community  
Health Care

If PCHC continues to lose 340B savings, we will be forced to make additional cuts. Our primary care pharmacy services will be further reduced, pushing more responsibilities back onto our primary care providers—who are already overextended.

This program is a lifeline for health care providers across Maine, and it must be protected.

We strongly support LD 1018 and thank Senator Bailey and the other co-sponsors for bringing this bill forward. This bipartisan legislation will stop attacks on our health center from large out-of-state pharmaceutical manufacturers and protect access to 340B, keeping savings from the program in Maine to directly support our patients.

On behalf of PCHC, thank you for considering our comments. Please do not hesitate to contact me directly at [scheff@pchc.com](mailto:scheff@pchc.com) with any follow up questions.

/s/ Susan Cheff

Susan Cheff, MD

Chief Medical Officer

Penobscot Community Health Care