

**State of Maine | 132nd Legislature**  
**Joint Standing Committee on Health Coverage, Insurance, and Financial Services**  
**Testimony of Kristopher Ravin, PharmD on behalf of Penobscot Community Health Care**  
**January 27<sup>th</sup>, 2026**

**Supporting:**  
**LD 2151, “An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas”**  
**Sponsored by Senator Reny**

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). PCHC is 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 FQHC, serving about 55,000 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 as 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 C treatment, connection to HIV treatment and prevention through access to PrEP, and so much more. Pharmacists, in many ways, have become the link between our patients, ongoing chronic disease management, and their use of and access to affordable medications.

We strongly support LD 2151 and thank Senator Reny and the cosponsors for reintroducing this critical legislation. LD 2151 would establish a grant program, overseen by the Department of Health and Human Services, to provide support for FQHCs to develop or expand their capacity to provide greater access to affordably priced drugs for their patients by increasing FQHCs’ ability to deliver pharmacy services to those patients. It will improve access to pharmacy services across Maine.

Since this Committee unanimously advanced this bill as its top priority in 2024 (but it subsequently was not funded), access to pharmacy services and affordable medications has worsened. Continued pharmacy closures have further limited access to care for Maine communities, as we watch the number of retail pharmacies shrink and the reduction in hours for those still in operation, as a result of the ongoing workforce shortages and sustainability challenges faced by independent pharmacies. This has exacerbated the problem and created pharmacy deserts across Maine. FQHCs are perfectly positioned to fill in these gaps and increase access to life saving medications in the rural and underserved communities where the FQHCs already operate clinics. This bill would help fund the capital investments necessary to expand or build new pharmacy facilities and offer these services.



Penobscot Community  
Health Care

If PCHC were fortunate enough to secure grant funding under this bill, we would utilize these funds to develop a mail-order specialty pharmacy, significantly expanding our ability to meet the complex medication needs of our patients. Establishing this service requires substantial upfront investment—including facility build-out, consultant expertise, courier and cold-chain delivery infrastructure, advanced pharmacy technology systems, and other costs unique to specialty pharmacy operations—but the long-term benefits for our patients would be considerable. Moreover, this would improve access to medications for patients, with the goal of improving health outcomes and reducing healthcare costs.

A PCHC-operated specialty pharmacy would allow us to white-bag medications directly to our clinics for timely administration, improve coordination of care by eliminating frequent delays and communication challenges our patients face with large national specialty pharmacies, and ensure reliable delivery of essential therapies to patients living in rural and underserved areas. By bringing this service in-house, we can provide more seamless care, reduce barriers to treatment, and better support patients who depend on specialty medications for chronic and life-changing conditions.

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

Respectfully,

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