

February 28, 2024



State of Maine | 131st Legislature

Joint Standing Committee on Health Coverage, Insurance, and Financial Services

Testimony of **Kristopher Ravin, PharmD** on behalf of Penobscot Community Health Care (PCHC)

Supporting: LD 2175, “An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas”
Sponsored by President Jackson

Senator Bailey, Representative Perry, and members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services,

I am Kristopher Ravin, PharmD, Associate Director of Pharmacy at Penobscot Community Health Care.

PCHC is Maine’s largest Federally Qualified Health Center (FQHC), serving about 55,000 patients 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 16 distinct practice locations regardless of a patient’s health insurance status or ability to pay. We have four community pharmacies and a robust primary care pharmacy service, with pharmacists an integral part of the care team. Our pharmacists play an important role in management of chronic disease states and providing our patients with access to reliable and affordable medications. Our pharmacists have also played a vital role in reducing the prescribing of controlled substances across the State through our Controlled Substance Stewardship program, now a program offered to all providers in Maine through a contract with the State.

We strongly support LD 2175 and thank President Jackson and the cosponsors for bringing legislation forward that will provide much needed support for FQHCs to improve access and expand pharmacy services in Maine.

Mainers are facing a critical shortage of access to affordable medications, especially in rural and underserved areas served by Federally Qualified Health Centers (FQHCs). Throughout the state, FQHCs are seeing a dramatic decline in the number of retail pharmacies, and a reduction of hours for those still in operation, due to ongoing workforce and economic challenges. FQHCs want to be able to provide pharmacy services to the communities that they serve, yet existing health center revenues and resources are insufficient to support such development or expansion of current services.

FQHCs are also facing conflicting and burdensome requirements from drug manufacturers that are restricting where a health center can distribute affordable drugs under the 340B Federal Drug Pricing Program, depriving many patients of access to necessary, lifesaving medications.

LD 2175 would establish a grant program, overseen by the Office of Affordable Health Care, 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.

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.
 - Manufacturers are blocking Contract Pharmacies (Hannaford, Walgreens, Walmart, CVS, and others) so that 340B savings are reduced, limiting services that can be provided to patients at FQHCs.
 - 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.

On behalf of PCHC, 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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