

Chair Nosse, Vice Chairs Goodwin and Nelson, members of the committee, my name is Dr. Lisa Sandoval.

I am a pharmacist with 20 years of experience serving patients in the Columbia River Gorge throughout the continuum of health care. I represent One Community Health, a Federally Qualified Health Center with seven clinics serving 32,000 Oregonians. My testimony is in support of House Bill 4010, section 3.

I have two points to convey. First, permitting drug manufacturers to mandate single-contract restrictions has forced our clinic to reduce patient services. 340B revenue and grants currently support 32% of our clinic system operating budget. In January of 2024 alone we saw a 59% reduction in one of our 340B revenue streams which is entirely attributable to single-contract restrictions. This translates to a revenue loss of \$36,000 in a single month, equivalent to 56 fewer patients receiving our care in January alone. Challenged with accelerating restrictions we forecast this trend to worsen.

What else is tangible about this? Revenue loss has hampered our ability to support our diabetic patient services; most recently resulting in a missed value-based payment metric and future reduced reimbursement from our third-party payers. This ripple effect of single-contract restrictions has resulted in a significant secondary financial blow.

My second point is that utilizing the 340B program for drug purchases keeps Oregonian dollars in Oregon. When a patient or covered entity pays the full retail price for a medication, it is the patient and their insurer who bear the financial burden. Where does this money go? Directly from our local economies, and more importantly our patient, to pharmaceutical manufacturers. However, the directional flow of money is reversed in a 340B transaction, regardless of where the revenue capture occurs. In this scenario the difference between wholesale drug price and 340b ceiling price is injected into our local economy kickstarting expanded patient care.

Not only does 340B directly benefit patients, but also their health plans. Healthier patients are far less expensive to care for. In this manner, 340B provides a measure of financial buoyancy for all Oregonians.

My colleagues have informed [will inform] you about the difficulties caused by drug manufacturers for our patients when single-contract restrictions are imposed. We have uploaded additional testimony from two patients themselves in OLIS. I encourage you to watch these powerful videos and experience the perspectives of Teri and Brian.

Often my job is to stand up in battle on behalf of people who are not always in a position to continue that struggle on their own. Tonight, I respectfully remind this committee that we share the same purpose, as this is your role too. **By passing HB 4010 you stand for struggling Oregonians by eliminating absurd barriers to medication access placed by overly haughty pharmaceutical manufacturers and retain Covered Entity access to federally legitimized revenue.**

Thank you, Chair Nosse, and members of the committee for your consideration.