



House Committee on Behavioral Health and Health Care  
February 24, 2025  
RE: Support for House Bill 2385

Chair Nosse, Vice Chairs Nelson and Javadi, and members of the House Committee on Health Care,

My name is Teresa Hunt, and I am the CEO at Asher Community Health Center. Asher is the **only medical service in Wheeler County**, Oregon. Wheeler County has a **population of 1443 people in a county that covers 1,718 square miles** of land. **Asher serves 1100 unique patients**. Some of these patients travel from neighboring counties of Gilliam, Grant and Wasco. Asher, in the last 8 months, opened a medical clinic in Christmas Valley, who had no medical care without traveling 70 miles one way. These services are made available in part by the savings generated through the 340B program. The 340B program allows us to buy medications at a deep discount so that we can provide access to medications for patients who would not otherwise be able to afford them. We also use the savings in accordance with federal law to expand services for our community. However, we have lost access to much of those savings due to the practices of drug manufacturers.

In May 2020, Eli Lilly announced that Federally Qualified Health Centers (FQHCs) must choose **a single contract pharmacy** where patients can access affordable lifesaving medication, undermining the program and putting vulnerable communities at risk. Since 2020, **twenty-three additional drug manufacturers** have restricted FQHCs to one or two contract pharmacies to work with to receive discounts on 340B drugs. These actions force patients to travel across town or across an entire county to access affordable lifesaving medication. **When essential medications are not accessible and affordable, patients suffer.**

Since 1992, the 340B Drug Pricing program has helped patients access affordable medications by allowing eligible providers to contract with an unlimited number of pharmacy partners. Contract pharmacy arrangements are an essential part of the program. 340B providers like Asher Community Health Center, who by definition treat a disproportionate share of low-income patients, contract with community pharmacies. These contractual arrangements allow patients to pick up prescription medication from their local community pharmacy without a return visit to the clinic, which can be time-consuming, especially for patients in rural areas. The arrangement eases patient access, improving medication adherence and health outcomes.

House Bill 2385 will prevent pharmaceutical manufacturers from imposing restrictions on the number of contract pharmacies where FQHC patients can receive discounted 340B medications. This bill will protect medication access and health center services for all Oregonians. As such, we respectfully request your support for House Bill 2385.

Sincerely,

*Teresa Hunt*

Teresa Hunt

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