

House Committee on Behavioral Health and Health Care

2/25/25

RE: Support for House Bill 2385

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

My name is Traci Sackett and I am the Finance Manager/Assistant Director of Finance at Lincoln County Oregon HHS Division. The HHS Division of Lincoln County Oregon **operates 3 FQHC Sites and 4 School Based Health Center Sites** within our County, we provide a variety of Primary and Behavioral Health Care services for all of our residents, but mostly the underserved populations of our rural county. 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 Lincoln County Oregon, 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,

Traci Sackett