

**TO** Oregon Legislative Assembly  
House Committee on Behavioral Health & Healthcare  
900 Court Street NE  
Salem, OR 97301

**DATE** March 6, 2025

Chair Nosse, Vice Chairs Nelson and Javadi, and members of the committee,

My name is David Ramos. I am the Public Policy Manager for Cascade AIDS Project (CAP). I am here today to express strong support for House Bill 2385.

CAP is the oldest and largest community-based provider of HIV services, housing, education, and advocacy in Oregon and Southwest Washington. We are a non-profit organization whose clinical arm -- Prism Health -- is a Federally Qualified Health Center (FQHC) look-alike providing primary health care, behavioral health care, and pharmacy services to 2,745 unique patients; 86% of whom identify as LGBTQ+ and 20% of whom are living at 100% or below the Federal Poverty Level.

The 340B Drug Pricing program allows organizations like ours to purchase drugs from pharmaceutical manufacturers at the wholesale price, sell them to pharmacies at the retail price and keep the remaining funds as revenue. Federal law requires that 340B savings be reinvested into activities that expand access for safety net clinic patients in medically underserved communities. This program generates about 23% of our organization's total revenues, which has allowed us to fund many of the critical services we provide to Oregonians.

As an FQHC look-alike, CAP is especially reliant on the revenues we generate via the 340B program because we are expected to provide the same services as a fully awarded FQHC and uphold the same Health Resources and Services Administration (HRSA) standards. However, we do not receive the substantial annual grant of \$650,000 that FQHCs receive.

Contract pharmacy restrictions decrease patient access to essential medications. Prism Health has two clinics, but just one in-house pharmacy located in SE Portland. We rely extensively on our contract pharmacies to ensure that patients can access life-saving medications at a pharmacy close to their home.

The most important factor in medication adherence is ease of access. If a patient has difficulty accessing medication, they are more likely to stray from their prescribed regiment and are then at increased risk for a medical or mental health emergency that could result in hospitalization and/or increased treatment costs.

And being required to submit utilization review data as a condition of acquiring, delivering, or dispensing 340B drugs creates an administrative burden on an already stretched system and additionally stretches the HIPAA Minimum Necessary Rule in that it would require covered entities to share protected health information with drug manufacturers and pharmacy benefit managers beyond their scope

For 33 years, the 340B program has helped patients access their medications by allowing eligible providers to contract with an unlimited number of pharmacy providers *and* make health care decisions for their patients independent of the influence of pharmaceutical manufacturers and pharmacy benefit managers. By passing House Bill 2385, we can ensure that this program continues to protect Oregon families, their right to health care, and the organizations that serve them.

Thank you for your time.

Sincerely,

David Ramos  
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Cascade AIDS Project

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