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On Behalf Of:  
Committee: House Committee On Behavioral Health and Health Care  
Measure, Appointment or Topic: HB2385

I am a former OHA fiscal analyst and somewhat of an expert on 340b.

This bill needs to be amended so that Section 1(2)(a) to also include "prescription."

The traditional narrative of 340b reform is that manufacturers want to deter use of 340b so more expensive options are dispensed. That is only half of the narrative: for three classes of individuals: HIV positives, Hepatitis C positives, and cancer chemotherapy patients, manufacturers are currently in the business of patient harvesting, which this bill would address.

One example: The Cascade AIDS project operates an LGBTQ specialty clinic with a third-party 340b pharmacy. Simultaneously manufacturer Gilead Sciences sponsors Cascade AIDS and funds "PrEP" and "PEP" navigators who direct Oregonians (principally gay men) to their in-house pharmacy. This creates an incentive for Cascade AIDS and their pharma-funded navigators to 1. Incorrectly counsel people about their actual HIV risk in order to increase PrEP and PEP sales, 2. Navigate individuals to Gilead's products. 3. Influence the prescribing practices of Cascade AIDS's clinicians, 4. Use CAP as a Gilead marketing and lobbying front. A single \$9000 prescription of Gilead's Descovy charged to a 340b pharmacy, after discounting to 6000, generates \$2000 for Cascade AIDS and \$4000 for Gilead.

Gilead has increasingly paid to promote Hepatitis C as a gay illness and promote testing and medication, which is not true. Allegedly, Gilead's expensive DAA's "cure" HCV, but a 2017 gold standard review by the Cochrane Collaborative found no medical evidence for their clinical benefit. Dr. Ron Koretz of UCLA Medical Center, a luminary in the field and not bought by Pharma has said HCV should not be tested for and not treated.

In an ideal world, this bill would prohibit gilead from donating to Cascade AIDS because it indirectly influences the dispensation of 340b drugs from which both entities take a cut. What is left out of the equation is - not testing or treating, especially in the case of Hepatitis C which wasn't even notifiable in the State of Oregon until 2005. A 2014 investigation by the British Medical Journal recommended against screening because the drugs have powerful side effects, have no proven clinical benefit, and are likely to cause net harm. As long as Cascade AIDS takes money from Gilead, they are going to represent Pharma, not their patients.

For an example of the problem: the AIDS healthcare Foundation (AHF) operates a national chain of 340b pharmacies. Because AHF takes a cut of 340b prescriptions, it has been able to generate over \$500 M a year it has been able to put back into real estate and political lobbying. Gilead Sciences actually funds AHF. This medically rigs the standard of care in AIDS medicine.

This bill fails to accomplish the most urgent 340b reform - the use of cancer chemotherapies at outpatient clinics not because their beneficial, but because hospital chains use these clinics to shift 340b revenue to their often wealthy facilities to enrich hospital executives. Often those patients at those clinics are turned away from the main hospital - and the existence of the scam causes improper medicines to be administered