Chair Fahey, Vice-Chairs Helfrich and Kropf, committee members. I'm Colleen Meiman, a national policy advisor to Federally Qualified Health Centers, or FQHCs, and I'm here to support H.B. 4028's "dash 2" amendment. In Oregon, FQHCs care for almost half a million medically-underserved people - 87% of whom are low income and 16% uninsured - providing them with primary, dental, behavioral, and pharmaceutical services **regardless of their ability to pay.**

Oregon's FQHC association has met with many of you or your staff to discuss the 340B drug pricing program, and welcomes follow-up discussions. For the sake of time, I'll skip a lengthy review of this 30-year-old program, except to say that it requires drug manufacturers to offer discounted prices to safety net providers.

FQHCs are required -- by law and regulation -- to invest every penny of 340B savings into expanding access for underserved populations. Thus, when PhRMA decides unilaterally to limit FQHCs' access to contract pharmacies, it's medically underserved patients who suffer. You'll hear concrete examples of these harms from other speakers.

In response, around 20 states have introduced bills requiring PhRMA to ship 340B drugs to contract pharmacies. Two states -- Arkansas and Louisiana -- have already enacted such laws, on mostly unanimous votes. These states saw through PhRMA's arguments, as follows:

#1. PhRMA claims that 340B has "deviated from its mission of helping underserved patients". When every penny of FQHCs' 340B savings are

used to expand access for patients -- 87% of whom are low-income -- how can that be true???

#2. PhRMA wants states to look the other way while their lawsuits over the Federal law grind their way through the court system. PhRMA may have the time -- and resources -- to wait that process out, but our medically underserved patients don't.

#3. PhRMA has made two constitutional arguments for why states cannot legislate around 340B. When they sued over the Arkansas law, PhRMA's first argument was struck down in District Court and the second was nullified by the Supreme Court.

#4. PhRMA claims there is "little evidence that patients have benefited from contract pharmacies." Clearly, they have not considered how contract pharmacies expand access for patients who live in remote areas, face transportation challenges, or can't get to a pharmacy during normal business hours. Nor have they considered the FQHCs who can't afford to run their own pharmacy and whose patients must rely entirely on contract pharmacies.

In closing, I ask the committee to approve HB 4028 with the "dash 2" amendment to preserve access to health care services for Oregon's medically underserved individuals. Thank you.