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**Chair Patterson**  
**Vice Chair Hayden**  
**Honorable Members of the Committee**

My name is Dr. Sara Jones, and I am a Clinical Pharmacist at Northwest Human Services, a Federally Qualified Health Center. We operate primary care clinics in West Salem and Monmouth, proudly serving over 12,500 patients in Marion, Polk, and surrounding counties. Our mission includes providing comprehensive care to our patients which includes many vulnerable populations in our community.

I'm here today to focus your attention on the devastating impact that recent changes to the 340B program are having on both our organization and, more critically, on the patients we serve. These changes are not just affecting the bottom line of our agency—they are directly hindering our ability to provide vital medications and services to our patients. These changes threaten the very care that our most vulnerable community members depend on.

In addition to our medical clinics, we offer a broad range of essential services: from clinical pharmacy support, dental care, psychiatric and mental health services, to community outreach and specialized programs. These services engage thousands of our community members annually who are suffering and face significant barriers to healthcare, safety, and a better quality of life. The unfortunate reality is that many of these programs, including my own role, do not generate enough revenue to sustain themselves. That's where the 340B program has been absolutely essential in keeping these services running and accessible. Without this, many of these critical services would not be viable.

To put it simply: for the 2024 calendar year, the pharmacy restrictions alone caused us to lose \$1,078,000 in revenue—a 40% decline over the previous 12 months. This is a stark reflection of the very real consequences that have resulted from the actions of many major pharmaceutical manufactures. These losses are crippling our ability to expand services, and without intervention, they could lead to cuts that impact the care we can provide.

As a Clinical Pharmacist, I see firsthand the devastating effects these changes have on our patients. Unlike some FQHCs, our clinic does not have an on-site pharmacy. For our uninsured and underinsured patients who rely solely on 340b to access their medications, they are now largely restricted to a single off-site pharmacy. Many are being forced to travel long distances, sometimes to another city—to obtain



medications. To an aging patient who is unable to drive, this can be the difference between effectively managing a chronic health condition or a costly trip to the hospital.

We cannot, in good conscience, allow these restrictions to stand. These changes are not just a threat to the financial health of our organization—they are a threat to the health of the community we serve. If we are to continue providing the level of care our patients deserve and need, we must ensure that the 340B program remains a viable resource for all FQHCs. Please help us protect the 340B program, and in doing so, protect the health and well-being of our community.

Thank you for your time and attention.

Sincerely,

A handwritten signature in black ink that reads "Sara Jones". The signature is fluid and cursive, with the first and last names clearly legible.

Sara Jones, PharmD  
Consulting Pharmacist  
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