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www.onecommunityhealth.org

February 21, 2025

Chair Patterson, Vice-Chair Hayden, and members of the Senate Committee on Health Care:

My name is Dr. Lisa Sandoval. I am a pharmacist with 20 years of experience serving patients in the Columbia River Gorge in hospital, retail, and ambulatory settings. I represent One Community Health, a Federally Qualified Health Center with seven clinics serving 30,000 Oregonians. My testimony is in support of Senate Bill 533.

I have three points to convey: First, permitting drug manufacturers to mandate single-contract restrictions has forced our clinic to reduce patient services. 340B revenue and grants currently support 35% of our clinic system operating budget. Over the last six months we have realized a 28% decrease in one of our 340B revenue streams which is entirely attributable to single-contract restrictions. This translates to an annual revenue loss of just under \$1 million that we no longer have to spend on patient care. Challenged with accelerating restrictions we forecast this trend to worsen.

What else is tangible about this? Revenue loss has hampered our ability to support our diabetic patient services; recently resulting in a missed value-based payment metric and future reduced reimbursement from our third-party payers. This ripple effect of single-contract restrictions has resulted in a significant secondary financial blow.

Second, utilizing the 340B program for drug purchases keeps Oregonian dollars in Oregon. When a patient or covered entity pays the full retail price for a medication, it is the patient who bears the financial burden. Where does this money go? Directly from our local economies, and more importantly our patients, to pharmaceutical manufacturers. However, the directional flow of money is reversed in a 340B transaction, regardless of where the revenue capture occurs. When accessing medications at the federally negotiated 340B price, the difference between wholesale drug price and 340B price is injected into our local economy kickstarting expanded patient care.

Finally, for Federally Qualified Health Centers, the revenue garnered from 340B is required to be directly reinvested into patient care. These funds support the health of our regional population as a whole by directly contributing to improved health outcomes of One Community Health patients,

reducing the cost of care for their health plans, and improving social determinants of health. Healthier patients are far less expensive to care for. In this manner, 340B provides a measure of financial buoyancy for all Oregonians. A loss of 340B revenue will pin the burden of healthcare costs directly back on the State of Oregon through ballooning costs for Medicaid and programs that support needs of daily living.

My colleagues have informed you about the difficulties caused by drug manufacturers for our patients when single-contract restrictions are imposed. We have uploaded additional testimony from two patients themselves in OLIS. I encourage you to watch these powerful videos and experience the perspectives of Teri and Brian.

Often my job is to stand up in battle on behalf of people who are not always in a position to continue that struggle on their own. Today, I respectfully remind this committee that we share the same purpose, as this is your role too. By passing SB 533 you stand for struggling Oregonians by eliminating absurd barriers to medication access placed by self-serving pharmaceutical manufacturers and retain Covered Entity access to federally legitimized revenue.

Thank you, Chair Patterson, and members of the committee for your consideration.

Sincerely,

Lisa Sandoval, PharmD, BCACP Director of Pharmacy One Community Health 1040 Webber Street The Dalles, OR 97058