



March 6, 2025

Senate Committee on Healthcare

On behalf of the Chronic Disease Coalition, I am writing to express our concerns regarding the proposed expansion of the 340B Drug Pricing Program in Oregon within Senate Bill 533 and House Bill 2385. We still have work to do to ensure that the 340B Drug Pricing Program fulfills its mission to help low-income and chronically ill patients.

Since its creation in 1992, the 340B program has served as a critical tool for supporting safety-net hospitals and clinics by allowing them to purchase prescription drugs at reduced prices. In turn, these savings were meant to be reinvested in patient care, particularly for those facing financial hardship. However, over time, the program has shifted away from this core purpose, and too many patients are not being served.

Instead of ensuring that patients receive lower-cost medications, a significant portion of 340B savings is now captured by pharmacy benefit managers (PBMs) and corporate-owned pharmacies—not to the patients the program was designed to help.

For patients living with chronic diseases, this has serious consequences. Too many patients are already choosing between paying for their prescriptions and covering basic necessities; hospitals, health systems and contract pharmacies should not deny patients their access to discounted medication.

The lack of transparency in the system makes it difficult to hold covered entities accountable for how they use 340B savings. We should not be expanding the program without the transparency and accountability that patients need. Patients deserve to see the benefits of this important program—not just hospitals and black-box PBMs.

These are complicated issues and we appreciate the committee's willingness to take them on. While we have serious concerns about SB 533 and HB 2385, we know that other reforms will move the ball forward for patients.

Sincerely,

A handwritten signature in blue ink, reading 'Mary Kay Clunies-Ross'.

Mary Kay Clunies-Ross, Executive Director
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