One Community Health

Hood River Clinic and Administration
849 Pacific Ave
Hood River, OR 97031
541-386-6380

School Based Health Center
1220 Indian Creek Road
Hood River, OR 97031
541.308.8345

Stevenson Clinic
875 SW Rock Creek Dr
Stevenson, WA 98648
509-427-4212

The Dalles Clinic
1040 Webber Street
The Dalles, OR 97031
541-386-6380

White Salmon Clinic
65371 Highway 14
White Salmon, WA 98672
509-493-2133

www.onecommunityhealth.org

House Committee on Behavioral Health and Health Care
March 7, 2025
RE: Support for House Bill 2385

Chair Nosse, Vice Chairs Nelson and Javadi, and members of the House Committee on Behavioral Health and 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 eight clinics serving 30,000 Oregonians. My testimony is in support of House Bill 2385.

I have three points to convey: **First, allowing drug manufacturers to impose single-contract pharmacy restrictions forces patients to travel outside their communities for medications—or more often, go without them entirely.** As a pharmacist, 340B is my most powerful tool for ensuring patients get timely, affordable medications. The increasingly imaginative geographic and technology-based restrictions imposed by drug manufacturers have a chokehold on my ability to provide patients with life-saving medications and have effectively created pharmacy deserts across my rural service area. Challenged with accelerating restrictions we forecast this trend in suboptimal care to worsen.

Second, Federally Qualified Health Centers (FQHCs) are required to reinvest all revenue from the 340B program directly into patient care. At One Community Health, we use these funds to support diabetes programs, subsidize patient visit copays, and provide discounted prescriptions to those who qualify financially. We are subject to HRSA audits to prove where these critical dollars go and, because HRSA has limited capacity to conduct these audits, we voluntarily contract with an independent consulting team to ensure transparency.

Finally, 340B funding does not come from taxpayers or government sources. Instead, it functions as a credit extended by drug manufacturers, which we can only apply to a limited patient population. However, manufacturers benefit significantly from participating in 340B. Under federal law, their participation grants them access to the much larger and highly profitable Medicare and Medicaid markets. By restricting 340B access, drug manufacturers are not only sidestepping their federal obligations but also conserving their profits from taxpayer-funded Medicare and Medicaid programs.

If we continue to stand aside, allowing arbitrary manufacturer restrictions to 340B in our state, the consequences are clear. The lost influx of external healthcare funding will have a direct and negative

impact on the population health of Oregonians and a corresponding increase in State healthcare program expenditures. It is my impression that the State of Oregon is not currently prepared to make up that shortfall.

By passing HB 2385 you stand for struggling Oregonians by eliminating absurd barriers to medication access placed by self-serving pharmaceutical manufacturers and retaining Covered Entity access to federally legitimized revenue.

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

Sincerely,

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