FAMILY Health

BUILDING HEALTHY LIVES TOGETHER

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House Insurance Committee

Testimony on House Bill 276

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Chairman Lampton, Vice Chair Craig, Ranking Member Tims, and Members of the House Insurance Committee, thank you for the opportunity to testify in support of House Bill 276, the Ohio 340B Pharmacy Access Act. My name is Jared M. Pollick, and I serve as the Chief Executive Officer of Family Health Services of Darke County, Inc., a federally qualified health center also known as a Community Health Center (CHC).

At Family Health Services of Darke County, Inc., we operate 8 locations which include four primary care sites and four school-based locations offering primary medical care, dental, behavioral health, pharmacy (including specialty pharmacy), eye-care, specialty care, and women's health. In 2024, we provided care to 27,486 unique patients through 121,602 visits.

Our mission is to "Build Healthy Lives Together" through comprehensive, high-quality, and affordable healthcare to every Ohioan—especially those in underserved communities. A critical and essential tool that enables us to fulfill this mission is the 340B Drug Pricing Program.

The 340B program is not just a policy—it is a foundational support system for Community Health Centers across our state. It allows us to reinvest savings into vital services that would otherwise be out of reach for many patients. I respectfully refer to the Ohio Association of Community Health Centers' (OACHC) testimony for a full overview of the program's structure and history. Today I want to focus on how 340B

directly impacts Family Health Services of Darke County, Inc. and the people we serve.

When Congress created the 340B program, they made their intent clear: to allow safety-net providers to "stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." Community Health Centers like ours were designed to do exactly that. At Family Health Services of Darke County, Inc., we use 340B savings to fund psychiatric services, substance use disorder treatment, dental care, and efforts working toward improvement of the social determinants of health for our patients.

Unfortunately, the sustainability of this essential program is now at risk. Since 2020, more than 35 drug manufacturers have imposed unilateral restrictions on the 340B program—ranging from refusing to ship medications to contract pharmacies to forcing health centers like ours to designate only a single pharmacy for all dispensing, regardless of geography or patient need.

For example, at Family Health Services of Darke County, Inc., we have the case of Marlene (67-year-old): Marlene lives in Greenville and is a patient at Family Health Services of Darke County, Inc. While Family Health Services of Darke County, Inc. has added specialty care, it was previously required for the residents of Greenville to drive an hour to either Columbus or Dayton when they need to get labs or see a specialist. Marlene takes Cimzia, manufactured by UCB Pharma, for her rheumatoid arthritis, which her insurance requires to be filled 191 miles away by OptumRx Specialty Pharmacy in Jeffersonville Indiana. UCB's policy blocks all contract pharmacies if the health center has an in-house pharmacy.

These restrictions harm our ability to serve patients efficiently and comprehensively. Patients may now be required to travel significant distances to access medications—or worse, go without. This undermines both the clinical effectiveness of treatment and care our patients deserve.

At Family Health Services of Darke County, Inc., contract pharmacy restrictions have had a trickle effect on the entire health center. These effects range from limiting

patient capacity and staffing, to reducing programs. As those pharmacy savings were not able to be directly reinvested back into our programs.

HB 276 is a concise, targeted bill that addresses this issue head-on. It prohibits manufacturers from limiting access to necessary medications simply because the provider is a 340B grantee. In doing so, it safeguards access to care for all Ohioans across urban, rural, Appalachia, and medically underserved areas.

This legislation closes dangerous loopholes and reaffirms the original intent of the 340B program. Though narrowly focused, HB 276 will have a wide-reaching and lasting positive impact on patients, communities, and the overall health of our state.

Thank you for your time and thoughtful consideration of this important matter. I would be pleased to answer any questions you may have