



**Access to Affordable, High Quality,
Integrated Health Care for All**

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**Mark Bridenbaugh, CEO
Hopewell Health Centers, Inc.
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 Mark Bridenbaugh, and I serve as the Chief Executive Officer of Hopewell Health Centers, Inc., a federally qualified health center also known as a Community Health Center (CHC).

Hopewell Health Centers is based in southeastern Ohio and covers 10 counties with more than 30 locations. We serve approximately 41,000 patients per year and provide primary care, behavioral health and dental services. We also employ more than 700 staff and are an economic engine in our communities.

At the heart of our mission is a commitment to deliver comprehensive, high-quality, and affordable healthcare to every Ohioan—especially those in underserved communities. A critical 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 Hopewell Health Centers, 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 Hopewell Health Centers, we use 340B savings to support a wide array of behavioral health services, including psychiatry, support transportation programs and dental services, and cover non reimbursable services like care management.

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.

"Hopewell Health Centers is an equal opportunity provider and employer"

For example, at Hopewell Health Centers, we've faced having to have patients switch to our single, in-house pharmacy located in Logan, Ohio (Hocking County) to continue to receive 340B discounted medications. From our locations in Marietta and Gallipolis to our Logan pharmacy is about 75 miles and 1.5 hour drive and is out of reach for many of our patients. We've tried to expand our delivery area to lessen the burden, but that comes at additional cost for the organization. Designating a single contract pharmacy for a 10-county area is not practical and many drug manufacturers will not allow even that because we have an in-house pharmacy at one location, in one county. These restrictions harm our ability to serve patients efficiently and comprehensively. These restrictions have been made unilaterally by drug manufacturers and go against every intent of the 340B program created by Congress in 1992. 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.

These attacks not only disrupt care—they jeopardize the financial viability of Community Health Centers. At Hopewell Health Centers, we have seen our financial position deteriorate over the last several years as a result of contract pharmacy restrictions. Since 2019, we have seen the loss of approximately \$5 million in annual revenue attributed to 340B contract pharmacy. Nearly 85% of our patients use a pharmacy that is not ours because of proximity or convenience, but drug manufacturers will not allow us to ship drugs to those pharmacies that our patients are using. Unfortunately, our organization had a deficit of \$4.4 million in calendar year 2023 and we were forced to layoff 35 staff and close two locations in the late summer of 2024. We still lost approximately \$3 million in 2024 even after the cuts and continue to have a financial shortfall in 2025.

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