

John Opperman
HealthReach Community Health Centers
LD 1018

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Support for LD 1018, “An Act to Protect Health Care for Rural and Underserved Areas by Prohibiting Discrimination by Participants in a Federal Drug Discount Program”

Members of the Joint Standing Committee on Health Coverage, Insurance, & Financial Services, my name is John Opperman. I have served as a volunteer on the Board of HealthReach Community Health Centers for more than 8 years — including a term as Chair. Prior to that, I served as a Board Member and Chair of Sheepscot Valley Regional Health Center. I have seen the value and importance of Maine’s rural healthcare system and the issues and concerns the system faces.

HealthReach is a 501(c)(3) non-profit organization, as well as a federally qualified health center (FQHC) which operates twelve rural community health centers in central and western Maine — from Rangeley to Richmond, and Albion to Kingfield — over an area approximately the size of Aroostook County. Our 275 employees provide our 26,000 patients primary and preventative healthcare, including behavioral health and dental health through roughly 100,000 visits a year. Our local health centers offer affordable, accessible, quality healthcare to members of their communities.

I strongly support LD 1018, and I thank the bi-partisan sponsors for working together to bring this important legislation before you. This legislation will stop attacks on our health centers from large out-of-state pharmaceutical manufacturers and keep 340B program savings supporting the healthcare system of rural and underserved Mainers.

In my time as a Board Member at HealthReach, I have consistently served on the Finance Committee. I have consistently seen the importance of the 340B savings for our programs, for services to our patients, and indirectly for the communities in which our health centers are located. I have also learned the value of the program (absent the recent efforts of the pharmaceutical manufacturers to limit the number of “contract pharmacies”) to the remaining local pharmacies — not to mention to our patients.

The 340B program is not state or federally tax funded, does not pay unrestricted savings to our community health centers, and yields substantial funding for improving and expanding services to our patients. Our regulators assure that the funding is applied appropriately. HealthReach has used the funds to support its Connectors who provide patients free advice on navigating the complexities of the healthcare and healthcare financing systems, rendering them more understandable and affordable to our patients. We have also started providing professional educational initiatives, such as our Medical Assistant Training Program to provide in-house training to educate the next generation of healthcare workers for rural Maine. These and other programs ensure that our patients’ needs are met, and that our services are as effectively delivered as possible — all part of the benefits of the federally established 340B program.

LD 1018 simply ensures that the major pharmaceutical companies cannot successfully chisel away the benefits to Maine’s healthcare system from the federal 340B program, which they accepted initially in the 1990s as a “cost” of having their products acceptable for Medicare and Medicaid programs.

Thank you for the opportunity to express my support of this important piece of legislation. I encourage you to join me in support of this legislation in your Committee and before the Legislature.