

State of Maine | 130th Legislature
Joint Standing Committee on Health Coverage, Insurance, and Financial Services
Testimony of Bryan A. Wyatt on behalf of Maine Primary Care Association
February 15, 2022

Supporting:
LD 1938, “An Act To Prohibit Discriminatory Practices Related to the 340B Drug Pricing Program”

Sponsored by Senator Claxton

Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services, I am Bryan Wyatt, Chief Public Affairs Officer at Maine Primary Care Association (MPCA). MPCA is a membership organization that includes all of Maine's 20 Federally Qualified Health Centers, also known as Community Health Centers (CHCs).

Maine's CHCs provide comprehensive medical, behavioral, and dental care for approximately 1 in 6 Maine people. Community Health Centers make up the largest, independent primary care network in the state, and they provide high quality, wide-ranging health care services. They are at the forefront of delivering care to rural and underserved Maine communities and serve patients regardless of their health insurance status or ability to pay.

Maine Primary Care Association supports LD 1938 and thanks Senator Claxton for bringing this legislation forward. Preservation of the 340B program and its key components is mission critical for Maine CHCs.

Since 1992, the 340B program has been a partnership between federal and state governments, providers, and pharmaceutical manufacturers. In this program, drug manufacturers agree to provide outpatient drugs to “covered entities,” such as community health centers, at significantly reduced prices; in return, CHCs agree to invest the savings in programs and services that improve access to health care. 340B shared savings have long been a vital source of funds that support health centers’ programming for services such as outreach, health education, and care management.

As small, community-based organizations, health centers lack the market power to negotiate discounts off the retail price. Prior to 340B, most health centers were unable to offer affordable medications to their patients.

While CHCs are but a tiny part of the 340B program – nationally accounting for just 6% of sales – 340B plays a significant role in CHCs’ ability to achieve their mission. The charge of the 340B program is to “stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”

CHCs are required by law and committed by mission to use all savings resulting from participation in 340B to expand access to medication and other critical health care services. Maine CHCs are community-based and governed by local people. They use 340B funds to respond to the unique needs in each of their communities, reaching eligible patients and providing more comprehensive services.

These patients are our neighbors, veterans, seniors, people with HIV, or who have recently lost their jobs and health insurance, and workers who test positive for COVID-19 but do not require

hospitalization. Many suffer from a higher incidence of chronic disease, poverty, and lack of health insurance. The cost of medicines can easily push them further into poverty, disease, or even death.

We are extremely proud of the innovative ways Maine CHCs have used 340B funds and I would like to share a just few of them with you. These funds have been use to:

- Increase outreach to patients, which includes help with applying for a Sliding Fee Discount, applying for insurance on the Marketplace, and applying for Medicaid.
- Partner with Food Banks to purchase food for patients in need and transportation cards to ensure that people are able to pick up their food, which can require as long as a 40-mile round trip commute.
- Add an oral health program to support hundreds of patients, including some of whom had not received oral health care in over 20 years. Funds are being used to provide a sliding scale for dental care and lab fees, making dental care more accessible.
- Support care management services and wellness programming that addresses social determinants of health - such as food insecurity - at no cost to patients.
- Increase staffing for the patient-centered medical home to provide medication reconciliation, home check-in visits, screenings to reduce falls, detection of depression and isolation, food insecurity and other patient-centric care that supports improved health outcomes beyond the regularly scheduled clinic visits.
- Support programs for underinsured patients that have high deductible plans or medication formularies that do not offer essential medications. Patient assistance and care coordination staff assist patients in obtaining recommended prescribed medications by connecting them to specialty medication discounts offered by contract pharmacies or manufacturers.

In closing, we applaud Sen. Claxton for his work to preserve this critical program and respectfully urge passage of this bill.

Thank you for considering our comments; please do not hesitate to contact me directly at bw Wyatt@mepca.org with any follow up questions.

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