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## **Patient Advocates, Members of Congress, Health Care Leaders Unite to Discuss the 340B Safety-Net for America's Patients**

**WASHINGTON** – Patient advocates, health care leaders, and members of Congress united at the sixth annual National Alliance for Integrity and Reform of 340B (AIR340B) Stakeholder Summit in Washington, DC, to discuss how to fix the 340B drug discount program so it benefits the low-income, vulnerable, or uninsured patients it was intended to help.

The Summit highlighted the work of federally qualified health centers (FQHCs) and other federal grantees like hemophilia treatment centers, focusing on three key discussions regarding the need for fixes to the program: a snapshot of 340B's impact and future challenges, the role the program has played in consolidation and reducing patient access, and how certain participating hospitals are redirecting the program's benefits away from patients.

U.S. Senator Bill Cassidy (R-LA), U.S. Representative Larry Bucshon (R-IN-08), and U.S. Representative Buddy Carter (R-GA-01) delivered remarks during the program, which also included panels featuring patient advocacy groups and providers. Former Illinois Congressman and AIR340B Spokesperson Bob Dold served as moderator.

"The 340B drug discount program is a critical component of our country's safety-net for America's patients facing socioeconomic barriers to care, but not every 340B entity is treating it as such," **said Bob Dold, AIR340B Spokesperson and former member of Congress.** "A growing body of evidence points to larger hospital systems prioritizing profits over patients, and that's why we're all here today. The 340B program has gone off track, and we must prioritize fixing this program and ensuring patients benefit as intended before it's too late."

"Right now, the 340B program is working against many patients and there is a wealth of academic data to prove it," **said Senator Cassidy.** "Fixing the 340B program will help address the issue of rising health care costs across the country, and I'll continue to work with my colleagues to make sure that patients do benefit from of 340B."

“The 340B program was created to help low-income, uninsured patients access treatment in their communities. In my view, some patients don’t seem to be receiving a lot of the benefits from the program,” **said Representative Bucshon**. “It is my goal that this program is used to maximize patient benefit, and I look forward to introducing legislation this year to help ensure they do.”

“We need to work to create more accountability within the 340B program to make sure it’s following through on its original intent,” **said Representative Carter**. “What we are seeing out there is some hospitals going out and buying up these oncology practices for no other reason than taking advantage of the 340B program. We can’t differentiate between the bad actors and good actors [within the 340B program] because we don’t have the right rules in place.”

**Panelists from across the country gave their unique perspectives on the program’s impact on their communities and their thoughts on how 340B can be fixed to better benefit patients:**

“340B has a big impact on community health centers in Florida and across the nation for all our vulnerable patients. It’s important for us to be able to pass along these critical savings to our patients. That’s the whole point of this for us,” **said Andy Behrman, President and CEO of the Florida Association of Community Health Centers**. He later continued, “Accountability is a habit for us...we have to provide information about exactly where our dollars are being spent and that includes 340B dollars. The FQHC model is quite different concerning requirements from other covered entities, including hospitals.”

“340B has been a useful tool and a lifesaver. With that being said, it can be improved upon,” **stated Eddie Hamilton the Executive Director of the AIDS Drug Assistance Program (ADAP) Education Initiative**. “The statute is silent on why DSH hospitals don’t have accountability requirements like grantees in the HIV/AIDS communities do and even they can improve upon their standards!”

“The 340B patient definition is vague...tightening the definition would cause less confusion about who should benefit,” **said Shayna Linov, Fiscal Health Manager at HealthHIV**.

"Due to the program’s opacity and lack of clarity around reporting requirements for non-grantees, it’s unclear to what extent non-grantees are using 340B to serve vulnerable or uninsured patients,” **said Brian Nyquist Executive Director of the National Infusion Center Association**.

“If you measure by hospital outpatient revenue, about half of hospitals in the country today are eligible for and enrolled in the [340B] program. DSH hospitals account for 80% of the sales in the program today,” **stated Aaron Vandervele, Managing Director at Berkeley Research Group**. “What isn’t understood, and would be something important to know, is to what extent are contract pharmacies profiting from 340B?”

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**The Alliance for Integrity and Reform of 340B (AIR340B)** is a coalition of patient advocacy groups, clinical care providers, and biopharmaceutical innovators dedicated to reforming and strengthening the 340B program to ensure it directly supports access to outpatient prescription medicines for uninsured indigent patients. [www.340Breform.org](http://www.340Breform.org)