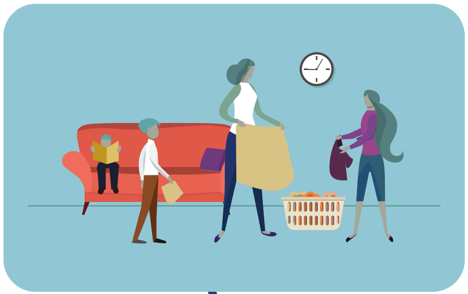
A Patient's Journey: How 340B Forced Rosie's Oncology Clinic Out of Business

AIR 340B
Alliance for Integrity & Reform

The ability to purchase and profit from deeply discounted drugs gives 340B-eligible hospitals an upper hand in the market, making it harder for non-340B hospitals to compete. This can lead to non-340B hospital closures and shift patients to more expensive 340B hospital-owned settings.

Let's take a look at what this could mean for a 340B patient.



Rosie is a single mom living in the Midwest who is fighting breast cancer. She was diagnosed after having her third child, and now she works two jobs — a waitress at night and a sales associate during the day. She relies on her community oncologist for treatments and visits her private office for much-needed care.

Rosie finds the oncology clinic welcoming, the nurses and doctors to be professional and friendly, and the costs meet her expectation. In between her two jobs, she is relieved she can get her treatment that close to home because it allows her to maintain her busy schedule.

When Rosie returns for her next appointment, she learns her local doctor's office where she has been receiving her cancer treatments has been put out of business by the large 340B hospital a town over. She now has to drive an hour to get her treatment from health care professionals she finds impersonal and an environment that is unfamiliar. After her first treatment in the hospital outpatient office, she receives a costly, more expensive bill than what she was used to for her care.

Learn more about the 340B Drug Pricing Program and how we can make it work for patients:
340Breform.org