

340B Access Act would Reduce Vital Care and Programs for Patients and Communities

The 340B Affording Care for Communities and Ensuring a Strong Safety-net (340B ACCESS) Act would completely dismantle the 340B program and undermines the very purpose of the program — to allow eligible providers to expand access to care for more patients and communities across the country. The following are some of the many ways that this proposed legislation would diminish the scope of the 340B program and its benefits to patients and communities.

Limits 340B Hospital Eligibility

ACTION	IMPACT
<p>Limits urban DSH hospital participation</p>	<p>About 75% of currently participating urban DSH hospitals could lose access. These hospitals, located across 48 states, Washington, D.C. and Puerto Rico, provide:</p> <ul style="list-style-type: none"> → \$14 billion in uncompensated care → \$28 billion in community benefits → 47% of inpatient care for Medicaid patients
<p>Requires DSH hospitals to provide at least 10% of all care to uninsured patients</p>	<p>Could eliminate more than 90% of DSH hospitals from the program and jeopardize their ability to provide access to care for the low-income patients with Medicare or Medicaid that they serve.</p>
<p>Requires RRCs to have at least 60% of their annual inpatient discharges for patients who reside in a rural county</p>	<p>Would eliminate a significant number of the 100+ RRCs currently participating in 340B, harming patients from rural communities who rely on RRCs for essential health care services.</p>

DSH = Disproportionate Share Hospital; RRC = Rural Referral Center

Imposes Narrow Patient Definition



Excludes patients receiving infusion-related services



Excludes patients receiving telehealth services



Limits 340B discounts on a prescription-by-prescription basis

Limits Patient Access To 340B Community Pharmacies

DSH, RRC and cancer hospitals can only have a maximum of 5 contract pharmacies located in the service area of the covered entity



Limits access to 340B drugs for patients with barriers to transportation

Drug companies do not have to provide access to specialty drugs through contract pharmacies



Limits access to critical medications for patients with complex and chronic diseases

Patients must live in the service area of the covered entity to receive 340B drugs through mail order pharmacies



Limits access to mail order pharmacies which would particularly harm patients who are older, have multiple chronic conditions, and live in rural communities

Other Concerning Restrictions On 340B:

Imposes numerous punitive penalties on financially-strained 340B hospitals

Significantly restricts hospitals' 340B savings at child sites

Prohibits states from passing laws regulating access to 340B

Imposes sliding scale fees to low-income 340B patients at all 340B sites of care

Imposes burdensome and meaningless data reporting requirements

Limits hospitals' ability to generate 340B savings from providing care to insured patients