340B Talking Points

- The federal 340B program is vital to providing access to affordable, high-quality care for the nearly 1.5 million patients of Illinois Community Health Centers (CHCs).
- Roughly 300,000 uninsured Illinoisans served at CHCs each year benefit from no to low cost prescription drugs provided for through the 340B program¹ in addition to thousands of underinsured patients who are unable to afford the out-of-pocket costs.²
- Manufacturers are refusing to ship drugs discounted under the federal 340B program to contract pharmacies partnered with CHCs and other covered entities. In response, CHCs are seeking to protect patient access to affordable outpatient medications by establishing clear guidelines for drug manufacturers participating in 340B.
- Demands from drug manufacturers for CHCs to submit data to third party IT contractors shifts administrative burden from Fortune 500 behemoths to non-profit safety net providers and paves the way for predatory contracting that threatens to unwind the 340B program and dramatically curtail timely access to affordable care for the underserved, including no to low cost prescription medications.
- The National Association of Community Health Centers (NACHC) has filed suit on behalf of the country's 1400
 CHCs in order to stop these unwarranted attacks and preserve access to care including affordable prescriptions for the nearly 30 million patients we serve.
- Providers eligible to participate in 340B, known as covered entities, are already subject to rigorous reporting requirements to ensure transparency and program integrity, and have long been good stewards of the program.
- Attacks on 340B threaten to exacerbate health disparities for underserved communities.
- Covered entities, like CHCs, are not only driven by mission but mandated by statute to reinvest savings realized through 340B into expanding access to care for underserved populations. In addition to enabling access to medication for the uninsured and underinsured, 340 savings:
 - allow for services that improve outcomes and reduce costs like outreach and engagement, transportation, substance use treatment, and adult dental; and
 - o are a significant source of funding for the Getting to Zero AIDS/HIV eradication campaign.
- We are in the middle of a global public health crisis and front line providers like CHCs are under tremendous
 pressure trying to keep their doors open while caring for some of the most impacted communities. The timing
 could not be worse for pharmaceutical manufacturers to undermine such a critical program.

¹ Approximately 20% or 300,000 of Illinois Community Health Centers' 1.5 million patients are uninsured.

² Out-of-pocket costs include co-pays, deductibles, and other forms of cost-sharing.