



April 2, 2021

PRESS STATEMENT: FOR IMMEDIATE RELEASE

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New Research Shows 340B Hospitals Provide More Medication Access Services Than Non-340B Hospitals

WASHINGTON, D.C. – A recent study by the University of Illinois Chicago (UIC), available in *Research in Social Administrative Pharmacy*, demonstrates that 340B hospitals provide more medication access (MA) services, on average, than comparably sized non-340B hospitals, suggesting that 340B hospitals are better positioned to offer such services to vulnerable patients and that the 340B Drug Pricing Program (340B Program) is effective in freeing up the resources hospitals need to create and administer MA programs. Community Voices for 340B Access (CV340B), a non-profit organization dedicated to educating the public about the value of the 340B program, helped fund the UIC study.

The delivery of MA services helps ensure that patients receive necessary medications by removing the barriers that often impede access to medications. For low-income patients, the availability of MA services at their site of care can mean the difference between receiving prescribed drug therapy and undue interruptions in care. Hospitals often provide MA services that are not reimbursed by payers, such as facilitating prior authorization procedures, enrolling patients in a manufacturer patient assistance program, or providing patients with Medication Therapy Management (MTM) services. Financing these types of programs, however, can be challenging for hospitals to sustain. The 340B Program allows safety net hospitals and clinics, referred to as “covered entities” under the 340B law, to generate savings through discounted pricing on outpatient medications which they can then use to provide more comprehensive services, including MA services. These services are known to improve access and quality of care for low-income populations.¹

This is the first study that analyzed the provision of MA services by 340B hospitals versus non-340B hospitals. UIC researchers sent questionnaires regarding the presence of MA and general health care access services to the directors of pharmacy at a national sample of non-federal acute care hospitals, stratified by 340B status and ownership type. The study found:

- 340B hospitals provide, on average, a greater number of MA services as compared to non-340B hospitals;
- Prescription discharge services were provided by a significantly higher proportion of 340B hospitals compared to non-340B hospitals, which has been shown to reduce medication errors, increase medication access, and reduce the odds for all-cause readmission within 30 days²;

¹ Timothy Williams et al., *Using 340B Drug Discounts to Provide a Financially Sustainable Medication Discharge Service*, *Resch. in Soc. & Admin. Pharm.*, 15:114–116 (2019), <https://pubmed.ncbi.nlm.nih.gov/29606609/>; Jessica J. Tilton, et al., *Impact of a Medication Therapy Management Clinic on Glycosylated Hemoglobin, Blood Pressure, and Resource Utilization*. *Annals of Pharmacotherapy*, 53:13–20 (2019), <https://doi.org/10.1177/1060028018794860>.

² Jacalyn Rogers et al., *Impact of a Pharmacy Student-Driven Medication Delivery Service at Hospital Discharge*, *Am Journal of Health Sys. Pharm.*, 74:S24–S29 (2017), <https://doi.org/10.2146/ajhp150613>; Jonathan Hatoun et al., *Increasing Medication Possession at Discharge for Patients with Asthma: The Meds-in-Hand Project*, *Pediatrics*, 137:e1–e8 (2016), <https://doi.org/10.1542/peds.2015-0461>.



- 340B hospitals provide MTM services at a higher proportion than non-340B hospitals;
- A greater proportion of 340B hospitals assist patients with enrolling in patient assistance programs that provide free or low-cost prescription medications to eligible individuals; and
- 340B hospitals are better positioned to fund general health care services, such as drug/alcohol outpatient treatment services and HIV/AIDS outpatient services, compared to non-340B hospitals.

“Many of the programs offered through medication assistance services have been shown to improve medication access and patient outcomes” says Dr. Isha Rana, lead author of the UIC study and current Pharmacy Administrative Specialist at Houston Methodist. “Unfortunately, payers generally do not provide direct reimbursement for most of these necessary services, making it difficult for health-systems without a guaranteed funding stream to invest in medication assistance programs. This study shows that access to 340B savings could be a key factor in underwriting the cost of offering non-reimbursable services which in turn, improve medication access for vulnerable patient populations, just as Congress intended.”

Although the 340B Program is not designed as a direct patient benefit program, savings generated under the Program are utilized by covered entities in a variety of ways to provide more comprehensive services to low-income patients. In recent years, hospitals have faced increased Congressional scrutiny on their use of the 340B Program and some members of Congress have advocated for reform of the Program. As changes to the 340B Program continue to be deliberated, the UIC study provides valuable, first-of-its-kind insight into the constellation of medication and healthcare access services provided at 340B versus non-340B hospitals. The study’s findings suggest that the 340B Program is working as Congress intended – to free up covered entity resources to provide more comprehensive services, many of which are non-reimbursable and would likely not be furnished absent the additional resources generated from the Program.

The full report can be found [here](#).

CV340B aims to educate, enable, and inspire support for the 340B Program at the local level by helping individuals and community leaders tell their side of the story: why 340B is vital to them and why a sustained and vibrant 340B Program is an essential tool for protecting and improving public health, especially for medically underserved populations. It is the only 501(c)(3) nonprofit organization dedicated exclusively to 340B grassroots education to raise community awareness of and support for the 340B Program.

This study was financially supported through a grant from CV340B, to support funding of gift cards for questionnaire respondents, and a stipend for independent statistical analysis. CV340B did not participate in the study design, data collection, interpretation, or analysis of results in any way.