Protect the 340B drug program

By Dr. Charles Hart

As a hospital CEO and former emergency room physician, I know the challenges facing healthcare providers with a mission to take care of our most vulnerable populations. With the skyrocketing costs of medical technology and specialty pharmaceuticals, shrinking insurance reimbursement and higher levels of uncompensated care, we are forced to become more efficient in delivering services—especially to underinsured and uninsured patients. The 340B drug discount program is a vital part of the solution. It's also in need of champions.

The 340B program requires drug companies to provide discounts to hospitals and other healthcare providers that provide a disproportionate share of care to low-income and other vulnerable patients. It was signed into law by President George H.W. Bush two decades ago with strong bipartisan support. The program now faces unprecedented threats. The pharmaceutical industry and other powerful interest groups want to restrict 340B significantly by limiting hospital and patient eligibility. Big Pharma and its allies have launched aggressive public relations and lobbying campaigns to portray the program as rife with fraud. Even more disappointing, they accuse hospitals and healthcare professionals of making decisions that are not in the best clinical interest of patients.

This program is deeply important to urban, community and rural hospitals alike. Thanks to 340B, patients receive free or low-cost medicines, as well as medication therapy management, and mental health and substance-abuse counseling. Without 340B savings, many systems would have to close pharmacies and oncology clinics and cut other healthcare services significantly. Other hospitals would have to close altogether.

At my health system in the Black Hills of South Dakota, 340B savings help us provide free medications to uninsured patients upon discharge. This includes a large Native American population that does not have access to the Indian Health Service at night or on weekends. At Mount Sinai Health System in Chicago, 340B helps fund a clinic that treats stroke and brain-injury patients. At Monroe County Hospital in Monroeville, Ala., the program funds low-cost or no-cost drugs for outpatients in its cancer and diabetes clinics.

These stories are central to demonstrating the value of the 340B program in cities and towns across America. As a community of caregivers, I urge other CEOs to rise and support the program publicly. Together we can make the case for 340B and protect it. We owe it to our patients and communities to help the program stay strong for years to come.

Dr. Charles Hart is president and CEO of Regional Health, Rapid City, S.D. He's also on the board of Safety Net Hospitals for Pharmaceutical Access, which has formed a 340B CEO Council to serve as a resource for legislative efforts to protect the program.