

United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

(202) 224-5364

April 14, 2014

The Honorable Sylvia Matthews Burwell
Director
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Mary K. Wakefield, BSN, MS, PhD
Administrator
Health Resources and Services
Administration
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Dear Director Burwell and Administrator Wakefield:

We are writing to recognize the significant contribution of the 340B Drug Pricing Program (“340B Program”) and express our strong hope that any proposed rule or guidance addressing which patients can access drugs through the 340B Program upholds the original core tenet of the Program – to help safety net providers reach more patients and provide more comprehensive services.¹ To that end, as a part of any revisions to the 340B patient definition, we urge you to retain the emphasis on the provision of *health care services* being *consistent with* the qualifying grant funding. We also ask that you avoid policies which could be interpreted to limit the types of drugs that can be purchased or dispensed under the Program.

The 340B Program is a critical program which has done so much over the past 22 years to ensure that low-income and vulnerable individuals have access to affordable health care. In supporting our vital nation’s safety net – from community health centers to safety net hospitals to HIV clinics and Hemophilia treatment centers – the 340B Program has made the difference between patients getting access to lifesaving health care services and drugs or going without.

A recent report by the Government Accountability Office found that 340B providers are using the savings from the program as Congress intended – specifically, to reduce the cost of drugs and health care services for patients, increase the number of patients they are able to care for, enhance pharmacy services, and offer a range of drugs and devices that they might not have been able to without the savings from the 340B Program. All of these services lead to improved patient care in both underserved and rural areas.

The resources provided through the 340B Program have a direct impact on augmenting patient care throughout the country and will continue to play an integral role in the future in supporting the mission of safety net providers who serve low-income, uninsured, and underinsured patients. Accordingly, as HRSA continues its efforts at improving oversight of the Program, including the development of regulations around which patients can access 340B priced products, it is essential

¹ H.R. Rep. 102-384, 102nd Session, Part 2 (noting that Congress created the 340B Program in 1992 to help safety net providers “stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”)

April 14, 2014
Page 2

that any rulemaking not lose sight of the statutory intent of the 340B Program and render a person who would absolutely be considered a patient in the common sense definition of the word a non-patient under the Program.

Sincerely,



Bill Nelson



Tammy Baldwin



Elizabeth Warren



Richard Blumenthal



John E. Walsh

Cc: Janet Goldberg, Legislative Analyst, Office of the Assistant Secretary for Legislation, US
Department of Health and Human Services