



October 3, 2018

The Honorable Alex M. Azar II
Secretary, U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Secretary Azar,

I am writing on behalf of Ryan White Clinics for 340B Access (RWC-340B) to request a meeting in connection with the federal 340B drug discount program (340B program). RWC-340B is a national association of HIV/AIDS health care providers that receive funding under the Ryan White CARE Act and participate as “covered entities” in the 340B program. There appears to be misinformation being spread about the program which we fear could distort future policymaking on 340B-related issues. We would, therefore, like to share with you and your staff how the 340B program is working “on the ground” to help eradicate the AIDS epidemic in the U.S. by supporting the essential services needed by the HIV population that would not otherwise be provided.

In particular, we would like to describe real life examples of how the 340B program supports the complex array of health care and social services needed by people living with HIV to stay healthy. HIV-infected patients are living longer, but are often facing age-related diseases that set in earlier and require continued intensive and comprehensive services. The 340B program works because of the flexibility it affords Ryan White Clinics (RWCs) and other 340B covered entities in how they use their 340B savings. That flexibility allows RWCs to identify and address the unique needs of their patients, which can vary widely from community to community and from patient to patient. It also allows RWCs to maximize the value of the discounts provided by pharmaceutical manufacturers by ensuring that patient medications are used in an appropriate and cost-effective manner. RWCs, therefore, rely on the 340B program to stretch their scarce resources to support the full continuum of care that their patients need, including testing, linkage to care, treatment, retention, case management, and medication adherence. The program allows these services to be provided at little or no cost to needy patients.

Many of the services that RWCs provide are not reimbursed by any payer, though these services directly enable people living with HIV/AIDS to access and remain in care. The program generates both savings and revenue that help underwrite these services at no cost to taxpayers

and at relatively low cost to pharmaceutical manufacturers. Without access to the 340B program – or if the size or scope of the program were significantly diminished – the burden of providing these necessary services would fall on the states or the federal government. This is especially true because the services financed by 340B savings enable RWC patients to become virally suppressed so they cannot transmit the virus to others. RWCs have made great progress in the fight against HIV/AIDS, but that progress is fragile and highly dependent on the continued viability and health of the 340B program and RWC's access to 340B savings. The 340B program is helping RWCs win the battle against the AIDS epidemic and any narrowing of 340B utilization will undermine that battle.

We hope that you and your staff will meet with RWC-340B to learn more about the real impact of the 340B program on patient's lives. We look forward to your reply.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Stephenson".

Shannon Stephenson
President