

October 28, 2019

Representative Frank Pallone Chairman, Energy & Commerce Committee 2107 Rayburn Building Washington, DC 20515 Representative Anna Eshoo Chairwoman, Subcommittee on Health 202 Cannon Building Washington, DC 20515

Representative Doris Matsui U.S. House of Representatives 2311 Rayburn Building Washington, DC 20515

Dear Representatives Pallone, Eshoo, and Matsui:

On behalf of Ryan White Clinics for 340B Access (RWC-340B), thank you very much for your continued leadership to protect the federal 340B drug discount program. We especially appreciate your supportive statements about the 340B program, and your efforts to thwart an amendment against the program, during the markup of H.R. 3, the "Lower Drug Costs Now Act" in the Energy and Commerce committee on October 17, 2019.

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. As providers of primary care and other vital services to persons living with HIV/AIDS, we share your interest in protecting the 340B program and addressing the rising cost of health care.

We are very thankful that Congresswoman Matsui made such a powerful statement about the 340B program, reminding committee members that the program is vital for *all* safetynet providers, including rural hospitals, children's hospitals, community health centers, Ryan White clinics (RWCs), and other federal grantees and sub-grantees. And, thank you all for defeating the only 340B amendment at the markup, the amendment that would have re-directed 70% of all 340B savings from hospitals to individual patients.

We appreciate that you recognized this amendment as an obvious attempt to harm the 340B program. We have long noted that recasting the program into an individual drug discount is a "red herring" – an attempt to appear patient friendly that would instead result in a smaller 340B program that would serve fewer patients.

As Congresswoman Matsui so eloquently stated, the proposed amendment would "fundamentally change the purpose and limit the scope of the [340B] program, leaving so many patients across the country behind." We strongly agree with her assessment that the amendment would "severely restrict the number of patients who could be served by this

program...limiting it from a program that provides complete wraparound services to patients to one that only provides low-cost drugs."

RWCs provide drugs at little or no cost to patients who cannot afford them, but also use the 340B program more broadly to provide the <u>comprehensive care</u> that is so important to stopping the spread of HIV/AIDS. For many individuals living with HIV/AIDS, access to non-pharmacy services made possible by 340B discounts – i.e. primary and specialty care, case management, housing, transportation, nutrition, and other support services – is equally as important to achieving desired health outcomes as access to low cost drugs. Such a dramatic policy shift would substantially diminish RWCs' ability to serve the HIV/AIDS population, inevitably harming our ability to protect against the spread of the epidemic.

As you know, the 340B program has been helping safety net providers tackle the high cost of rising drug prices for nearly three decades. Enacted in 1992 as a bipartisan response to rising drug prices, the 340B statute requires drug manufacturers to provide discounts on outpatient drugs sold to certain safety net providers. Significantly, these discounts allow RWCs and other safety net providers to augment the health care and related services they provide, without any cost to taxpayers.

Thank you for your steadfast commitment to the 340B program. For further information or questions, please contact Peggy Tighe at <a href="Peggy.Tighe@PowersLaw.com">Peggy.Tighe@PowersLaw.com</a> or see <a href="RWC340B.org">RWC340B.org</a>.

Sincerely,

Shannon Stephenson, President

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**RWC-340B** 

cc: House of Committee on Energy & Commerce, Majority Members