Ryan White Clinics for 340B Access

HRSA's Rebate Model Pilot

A Slippery Slope for Patient Access to Care

HRSA's rebate model will allow manufacturers to provide 340B discounts after the fact rather than upfront, giving manufacturers sole authority to determine whether a covered entity qualifies for a 340B discount. HRSA's rebate model results in . . .

1. Increased Administrative Burden
2. Manufacturer Control & Lack of Guardrails
3. Reduced Patient Access & Assistance
4. Threats to State Medicaid Programs
5. Harm to Clinics & HIV/AIDS Progress

URGE HRSA TO ABANDON ITS REBATE MODEL EFFORTS

Increased Administrative Burden

RWCs will incur significant financial, administrative, and labor costs in attempting to secure rebates after the fact, taking time and resources from patient care.

Manufacturer Control & Lack of Guardrails

Manufacturers will use the rebate model and access to covered entities' claims data to deny 340B discounts. Without proper safeguards, the pilot program risks inappropriate expansion and potential misuse of covered entities' data.

Reduced Patient Access & Assistance

Reduced 340B savings will force RWCs to cut primary care, case management, behavioral health, and other support services. New burdens will make contract pharmacies less willing to partner with covered entities and RWCs will have difficulty providing patients with financial assistance at the pharmacy counter.

Threats to State Medicaid Programs

When covered entities carve out Medicaid claims from 340B due to the increased burdens of the rebate model, state Medicaid programs will face higher drug costs.

Harm to Clinics & the HIV/AIDS Epidemic

The combined effects of the rebate model could force some RWCs, particularly in rural or underserved areas, to close. This reduces care capacity and undermines efforts to link patients to treatment, manage care, and combat the HIV/AIDS epidemic.

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