



S.2312

The Helping Ensure Low-income Patients have Access to Care and Treatment (HELP) Act


Original Sponsors	What does the legislation do?	What is the impact on hospitals?	340B Health Position
<ul style="list-style-type: none"> • Sen. Bill Cassidy (R-LA) 	<ul style="list-style-type: none"> • S.2312 would create new eligibility requirements for disproportionate share (DSH), children's, and cancer hospitals that could dramatically reduce the number of hospitals in the 340B program. • The bill would freeze enrollment of DSH hospitals and their "child sites" into the program, including those DSH hospitals already enrolled. • The bill would require DSH, children's, and cancer hospitals to report charity care and payer mix information. • S.2312 would require DSH, children's, and cancer hospitals to use modifiers to identify 340B drugs when billing all public and private payers and would require all covered entities to use modifiers when billing all public payers. • S.2312 does <u>not</u> address manufacturer transparency, especially around the issue of access to ceiling prices. 	<ul style="list-style-type: none"> • Changes to hospital and child site eligibility would shrink the 340B program, limiting hospitals' ability to access 340B savings and provide patient care. • Information collected would not reflect how much hospitals save through 340B or how they use 340B savings to help patients. • Data collected could be used to change the purpose of the program by evaluating hospitals based on their level of charity care, which does not reflect the broad and diverse ways hospitals use 340B savings to help patients. • Requiring entities to identify 340B drugs for insurers could result in reduced reimbursement rates for 340B drugs—contrary to the intent of the program. 	

S.2453

The Ensuring the Value of the 340B Program Act of 2018

Original Sponsors	What does the legislation do?	What is the impact on hospitals?	340B Health Position
<ul style="list-style-type: none"> • Sen. Chuck Grassley (R-IA) 	<ul style="list-style-type: none"> • S.2453 would require hospitals to report their aggregate acquisition costs for 340B drugs and aggregate revenues from all payers for those drugs. 	<ul style="list-style-type: none"> • The language of this bill does not accurately capture hospital savings. Hospitals accrue a financial benefit through 340B participation by acquiring outpatient drugs at discounted prices—resulting in savings as compared to what hospitals would have paid for those drugs outside the 340B program. 	

H.R.4392 Block Medicare Part B Cuts to 340B

Original Sponsors	What does the legislation do?	What is the impact on hospitals?	340B Health Position
<ul style="list-style-type: none"> • Rep. David McKinley (R-WV) • Rep. Mike Thompson (D-CA) • Rep. David Kustoff (R-TN) • Rep. Kathy Castor (D-FL) • Rep. Joe Courtney (D-CT) 	<ul style="list-style-type: none"> • The Part B cuts resulted in a nearly 30% reduction in Part B drug payments to certain 340B hospitals and introduced new modifier requirements to identify 340B drugs when billing under the Medicare outpatient prospective payment system (OPPS). • H.R.4392 would reverse the damaging Medicare Part B cuts to 340B hospitals. 	<ul style="list-style-type: none"> • Reversing the Part B payment reduction would result in a restoration of \$1.6 billion to certain 340B hospitals. 	

H.R.4710 The 340B Protecting Access for the Underserved and Safety-net Entities (PAUSE) Act

Original Sponsors	What does the legislation do?	What is the impact on hospitals?	340B Health Position
<ul style="list-style-type: none"> • Rep. Larry Bucshon (R-IN) • Rep. Scott Peters (D-CA) 	<ul style="list-style-type: none"> • H.R.4710 would freeze enrollment of DSH hospitals and their “child sites” into the program, including those DSH hospitals already enrolled. • The bill would require DSH, children’s, and cancer hospitals to report charity care and payer mix information. • H.R.4710 does <u>not</u> address manufacturer transparency, especially around the issue of access to ceiling prices. 	<ul style="list-style-type: none"> • Limiting hospital and child site participation would shrink the 340B program, limiting hospitals’ ability to access 340B savings and provide patient care. • Information collected would not reflect how much hospitals save through 340B or how they use 340B savings to help patients. • Data collected could be used to change the purpose of the program by evaluating hospitals based on their level of charity care, which does not reflect the broad and diverse ways hospitals use 340B savings to help patients. 	