

Community Oncology Alliance Strongly Supports Bipartisan 340B Reform Bill

340B PAUSE Act Will Introduce Much Needed Oversight, Transparency to Runaway 340B Program

WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES, December 22, 2017 /EINPresswire.com/ -- The Community Oncology Alliance (COA) strongly supports [H.R. 4710](#), the "340B Protecting Access for the Underserved and Safety-Net Entities Act," also known as the 340B PAUSE Act.

Introduced to the 115th United States Congress by Representatives Larry Bucshon (R-IN) and Scott Peters (D-CA), this bipartisan bill will temporarily pause enrollment of hospitals in the 340B program so that Congress can examine the growth of this critically important, but runaway, program. It also requires 340B hospitals to submit to the same, basic reporting and transparency requirements required of other 340B program grantees.



“The cancer community applauds Representatives Bucshon and Peters for taking the much-needed step of shining a bright light on the 340B black hole in hospitals,” said Ted Okon, executive director of COA. “340B is a vital safety net for cancer patients in need and must be preserved, but large corporate hospital systems profiteering from it have threatened that. With this rational, bipartisan legislation, Congress can finally look at facts – not just hype – and ensure that 340B remains viable for future generations of cancer patients.”

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*Ted Okon, executive director
of COA*

Eye-opening and growing profits from cancer drugs purchased through the 340B program have created substantial financial incentives for hospitals to expand

oncology services, either through internal expansion or acquisition of independent, community oncology practices. The resulting shift of cancer care to the much more expensive hospital setting is costing cancer patients, Medicare, and all taxpayers more. At the same time, there is mounting evidence that the exploding volume of 340B discounts is putting upward pressure on drug prices for all Americans.

Since its inception, the 340B program has been the subject of countless research studies, white papers, and analyses looking at its substantial growth and role in the U.S. health care system. Earlier this month, COA released [a study by the Berkeley Research Group \(BRG\)](#) that found the average profit margin on oncology drugs purchased by hospitals through the 340B program have grown to 49 percent in 2015. At the same time, 340B discounts provided by manufacturers have exploded, leading to pricing pressure on cancer drugs.

[This year COA also released a compendium examining 25 years of data](#) since the 340B program's beginning in 1992, focusing on the origins of the 340B program and data on its growth, particularly in hospitals. One eye-opening statistic from a Medicare Payment Advisory Commission (MedPAC) report to Congress is that by 2014, there were 2,140 hospitals participating in 340B. Today, approximately 45 percent of all acute care hospitals participate in the 340B program.

COA is a non-profit organization controlled by community oncologists that is singularly dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA stands ready to help Representatives Bucshon and Peters advance this important legislation, as well as provide insight into the impact of the program on cancer patients, providers, and the overall health care system.

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