

HIV Care Providers Sound the Alarm on Threats to Federal Prescription Drug Savings Program

The Loss of 340B Funding Could be Detrimental to People with HIV

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Academy of HIV Medicine, the nation's leading non-profit representing frontline HIV care providers, warns that recent threats to the savings generated by the Federal 340B Drug Pricing Program will compromise access to affordable care, treatment and prevention services for underserved people with and at risk for HIV.



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The drug pricing program was created in 1992 as Section 340B of the Public Health Service Act when Congress extended the Medicaid drug rebate program to safety-net providers. Through an agreement on drug pricing between pharmaceutical manufacturers and the U.S. Department of Health and Human Services, specific providers or "covered entities" that care for the most vulnerable patients, are able to purchase life-saving medications at a discounted cost. The effect of this program is that covered entities are able to capture program "savings" that allows them to

stretch scarce resources as far as possible, reaching more patients and providing more comprehensive services for those most vulnerable and often underserved. This program is particularly impactful for providers who serve people with HIV (PWH) and those at risk for HIV because of the historically high price of HIV prevention and treatment drugs.

“Policymakers and drug manufacturers need to understand the impact any changes to this drug savings program will have on patient care and our ability to end the HIV epidemic,” stated Bruce J. Packett, executive director of the Academy. “The Administration, Congress and pharmaceutical manufacturers must not leave behind people with and at risk for HIV and their providers of care when negotiating any legislation or other policy changes that could affect the 340B drug pricing program.”

Based upon feedback from a multidisciplinary advisory group of Academy members, proposed changes to the prescription drug saving program without considerations for how HIV care providers and PWH would be impacted, could mean:

- o Fewer resources to cover client copays. This will result in fewer PWH being able to afford their medications and therefore fewer people reaching viral suppression.

- o An inability to provide critical support to patients, including other medical expenses or premiums, transportation, and even temporary housing assistance and food.

- o A loss of clinical staff, worsening the workforce shortages that already exist and have been exacerbated by the COVID-19 pandemic.

- o Less resources to support non-clinical staff such as patient navigators, particularly in rural areas where the rate of new HIV infections are growing. These staff help keep patients in care, and ensure that a community-specific safety net exists for those with greatest need.

Ensuring access to HIV medications and services is imperative to both individual and public health. Loss of these program savings would be catastrophic for prevention, treatment, and care, particularly in states that have not expanded Medicaid eligibility and where the majority of new HIV cases are presenting. We know that if PWH can remain adherent to treatment regimens with unobstructed access to medications, they will succeed in keeping their viral load undetectable. This makes them unable to pass the virus to others.

“Our agency runs on about 70 percent 340B program income,” stated Emily Blailock, PharmD, CSP, AAHIVP, Director of Pharmacy at Positive Impact Health Centers in Atlanta, GA. “Without the 340B program we would no longer be able to serve the number of patients or provide the high level of wrap-around services we currently do in order to have an undetectable viral load rate of over 90 percent for our patients engaged in care.”

Beyond the threat of prescription drug access, a dismantling of 340B funding will also dramatically reduce the staffing and services available at the eligible hospitals and clinics, which typically serve underserved populations – often communities of color. This compounds an already dire situation in which those most at risk for HIV and making up the majority of new HIV cases, would have even fewer options for HIV care.

According to Adam Lake, MD, FAAFP, AAHIVS, an Academy member and practicing HIV care physician in Pennsylvania, “About 75 percent of our clinic’s funding comes from 340B income. Without it, we would not be able to assist with insurance coverage, cover copays, offer bridge prescriptions for patients who have insurance lapses, offer rapid start treatments, provide housing assistance, transportation assistance or emergency relief. This would clearly impact the most vulnerable patients, as these are the ones who benefit the most from these services. We would have to lay off a large number, maybe all, of our staff who provide connections with these services.”

We have made tremendous progress in the fight against HIV. Thanks to the advances in treatment and prevention, we have the tools to end the epidemic. However, we cannot maintain progress if this key source of healthcare financing is under threat. PWH need and deserve a stable and consistent system of care.

The Academy supports affordable drug pricing, as well as broadly accessible HIV prevention and treatment drugs. As negotiations on drug pricing, the 340B Program, and patient assistance programs continue, the Academy urges policymakers and drug manufacturers to consider the full impact on those with and at risk for HIV. Ending the HIV epidemic is within our reach, but we all must work together to achieve this important goal. Without reliable program savings, ending the HIV epidemic in the United States simply will not be possible.

Please contact Academy Communications Director Amber McCracken to request an interview with Academy members to discuss the massive challenges they would face without these savings and the direct impact it would have on their patients.

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