

COA Submits Comments on 340B RFI to Bipartisan Senate Working Group

Details Concerns About Abuse of 340B Program and Need to Reform to Better Support Vulnerable Patients with Cancer and Other Serious Diseases

WASHINGTON, DC, UNITED STATES, April 2, 2024 /EINPresswire.com/ -- The Community Oncology Alliance (COA) has submitted comments encouraging long-overdue Congressional reforms of the 340B Drug Pricing Program. In its response to a bipartisan United States Senate working group request for information (RFI) on the 340B program and SUSTAIN 340B Act discussion draft, COA continues its strong advocacy for reform of the program to realign it with its original intent of supporting vulnerable patients, especially those needing assistance in affording critical medications, such as cancer drugs.



The letter details COA's concerns over the 340B program's exponential growth, creating perverse financial incentives for large hospitals that significantly deviate from the program's original mission, fuel consolidation, and ultimately saddle patients and payers with inflated bills for treatment. Furthermore, the 340B program's contract pharmacy system has also been taken over by for-profit pharmacy benefit managers (PBMs) and their affiliated mail-order pharmacies to capture very lucrative drug discounts.

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Community Oncology Alliance

• [Click here to read COA's full response to the bipartisan Senate 340B RFI.](#)

In the comments, COA offers detailed analysis and recommendations around each of the questions posted in the Senate working group RFI including stricter 340B program regulations around contract pharmacies, revised patient definitions, child site eligibility standards, and enhanced oversight to ensure the program effectively serves its goals. Last, but not least, COA discusses the impact of changes to Medicare Part B reimbursement to hospitals for 340B drugs. While not included in the discussion draft, COA is concerned that the Centers for Medicare & Medicaid Services (CMS) has effectively increased out-of-pocket drug costs for patients treated at 340B hospitals by nearly 50 percent by not executing its statutory directive to pay 340B hospitals based on average acquisition drug costs.

COA believes that the 340B program is critically important and must be preserved to financially help safety-net providers stretch scarce resources so that patients in need can afford their medications. Unfortunately, as the numerous studies and reports detailed in the letter show, the 340B program has mutated far beyond its original intent, creating perverse financial incentives for large hospitals that significantly deviate from the program's original mission.

It is critical that Congress, the Biden Administration, and cancer care stakeholders work together to arrive at meaningful, real solutions to reform the 340B program and improve access to high-quality, cost-effective cancer care. To do this, the federal government needs to address perverse financial incentives that exacerbate the growth in the 340B program and consider proactive ways to ensure that the program benefits its intended patient population.

Read COA's full response to the bipartisan Senate working group 340B RFI at <https://mycoa.communityoncology.org/education-publications/comment-letters/coa-comments-on-bipartisan-senate-340b-rfi>

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