

NRHA 340B PRIORITIES

The 340B Drug Pricing Program is a lifeline that allows rural safety net providers to stretch scarce federal resources and keep their doors open to provide vital services to their communities. Significant 340B Program restrictions by manufacturers and Pharmaceutical Benefit Managers (PBMs) are hurting already struggling hospitals and clinics.



Protecting Patients

**H.R.
2534**
in 118th
Congress

Support the PROTECT 340B Act

Reps. Spanberger (D-VA) and Johnson (R-SD)

Recently health insurers and PBMs have undermined the integrity of 340B for rural providers. This legislation would protect the program by prohibiting discrimination against 340B covered entities or their contract pharmacies by holding payers and PBMs accountable for treatment of covered entities with regards to reimbursement of fees, patient's choice of pharmacies, and participating in standard or preferred networks.

**S.5021/
H.R. 7635**
in 118th
Congress

Preserve contract pharmacy access

Sen. Welch (D-VT), Rep. Matsui (D-CA)

Congress must curb manufacturers' restrictions on the number of contract pharmacies that a covered entity may use, which disproportionately constrains access for rural patients. Many rural covered entities are too small to support an in-house pharmacy and must rely upon outside pharmacies. The reality of rural geography is that rural providers have a patient base spread among a large geographic area.

Supporting Providers

Rural 340B Access Act

Sen. Peters (D-MI), Reps. Bergman (R-MI) and Dingell (D-MI)

The newly established Rural Emergency Hospital (REH) designation is not an eligibility entity for the 340B program, meaning rural hospitals converting to REH designation lose their ability to participate. Congress must take swift to preserve access to this lifeline for rural safety net hospitals.

**S. 4587/
H.R. 8144**
in 118th
Congress

Extend DSH waiver for 2 years

Safety net hospitals were protected from losing 340B status due to changes in their disproportionate share (DSH) thresholds during the Public Health Emergency. Now that this protection has ended, more than 400 mostly small, rural hospitals are at-risk of losing eligibility due to pandemic-era effects continuing to lower their DSH percentages. Congress must pass legislation to enact a 2-year extension for 340B eligibility protections.

**DSH
Waiver**