

What Is the 340B Program?

The 340B Drug Discount Program, created in 1992, was designed to help healthcare providers, such as hospitals, serve low-income and uninsured patients. The program requires pharmaceutical companies to sell prescription medications at discounted prices to these providers.

The goal? To expand access to care for those who need it most.

But over time, the program has grown with little oversight, leaving many wondering—**Who is really benefiting?**

In Minnesota, hospitals participating in the program are selling these discounted drugs to pharmacies in 32 other states. The Patients' Right to Know campaign is about transparency—because patients deserve to know: **How much money are hospitals making from these sales?** And more importantly, **is that money being used to help the patients the program was meant to serve?**

The Patients' Right to Know Campaign: Exposing the Facts in Minnesota

Where are the discounted drugs going?

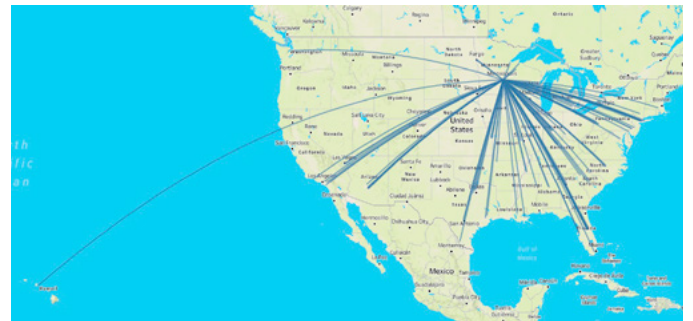
Minnesota providers benefiting from 340B discounts are re-selling these drugs to contract pharmacies across the country—as far away as Hawaii, more than 3,915 miles from Minnesota, as well as in California and Oregon. This raises serious questions about whether the program is truly helping underserved populations in Minnesota.

Why do the nation's wealthiest areas need

Minnesota's discount drugs? Minnesota's discounted drugs are being sold to contract pharmacies in affluent areas like Palm Beach, Florida—where the average home is valued at more than \$1.4 million—instead of helping some of the state's most vulnerable patients.

Who is benefiting? Many of the out-of-state contract pharmacies purchasing these discounted drugs from Minnesota providers—through 994 separate agreements—are large retail chains, like Walmart, or Pharmacy Benefit Managers (PBMs), such as Express Scripts.

Where Are Minnesota's Discounted Drugs Being Sold?



Stop the 340B Abuse that Puts Profits Over Patients

One 340B hospital paid about \$3,400 for an essential cancer drug through the program. But that same drug was then sold for more than \$25,000. Shouldn't hospitals be required to show that more than \$20,000 in profits is being used to provide free or discounted care to vulnerable patients?

Too often, patients aren't even informed about these discounts or charity care options. Instead, they're sent to collections without ever receiving the help the program was meant to provide.

Hidden No More: The Patients' Right to Know Campaign is Shedding Light on 340B

What Can Be Done? To ensure the 340B program fulfills its mission, we need reform and transparency:



Better Oversight: Policymakers should require clear reporting on how program funds and savings are used.



Focus on Low-Income Communities: Set guidelines to ensure 340B pharmacies prioritize underserved areas.



Accountability: Establish measures to track how savings from the program directly benefit patients in need.

Standing Up for Patients: The Patients Right to Know Campaign Needs YOU!

Visit PatientsRight2Know.com to learn more.

Together, with Patients Rising and our allies, we can restore the program's integrity and ensure it supports those it was designed to help.