



**WRITTEN TESTIMONY OF  
RYAN WHITE CLINICS**

**SUBMITTED FOR THE RECORD  
TO THE  
SUBCOMMITTEE ON HEALTH COMMITTEE ON ENERGY AND COMMERCE  
UNITED STATES HOUSE OF REPRESENTATIVES**

**HEARING ON  
“EXAMINING THE 340B DRUG PRICING PROGRAM”  
MARCH 24, 2015**

**RWC-340B Members**

**AIDS Care Group (PA)  
AIDS Healthcare Foundation (CA, DC, FL,  
GA, IL, LA, MD, MS, NV, NY, OH, SC, TX, WA)  
Cares Community Health (CA)  
Evergreen Health Services of Western NY (NY)  
Trillium Health (NY)  
Whole Family Health Center (FL)**

**RWC-340B allies**

**ActionAIDS (PA)  
AIDS Project New Haven (CT)  
Apicha Community Health Center (NY)  
Chase Brexton Health Care (MD)  
Desert AIDS Project (CA)  
Northern Nevada HOPES (NV)  
Pittsburgh AIDS Task Force (PA)  
Ryan White Medical Providers Coalition (Nationwide)  
University of Alabama HIV Outpatient, Dental and Research Clinic (AL)  
Waikiki Health (HI)  
Western North Carolina AIDS Project (NC)**

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Thank you for the opportunity to submit testimony for the record for the subcommittee's hearing, "Examining the 340B Drug Pricing Program." The undersigned Ryan White clinics welcome the opportunity to comment on the 340B program and the importance of the program in providing healthcare to individuals living with HIV or AIDS.

Established as part of the Veterans Health Care Act of 1992, the 340B program allows certain classes of safety net providers, called "covered entities," to purchase covered outpatient prescription drugs from manufacturers at discounted prices. ***The 340B program is not funded by taxpayers;*** it is a discount that drug manufacturers agree to provide as a condition of Medicaid covering their drugs.

Each of our clinics provides primary care and many other services to persons living with HIV/AIDS through support from the Ryan White CARE Act. The CARE Act provides funding for services to uninsured and underinsured people living with HIV/AIDS. Ryan White providers are eligible to participate in the federal 340B drug discount program, which enables them to expand and support care.

The 340B program is a lifeline that allows safety net providers, including Ryan White-funded HIV/AIDS clinics, to obtain prescription drugs at substantial savings. With these savings, Ryan White clinics are able to fulfill the purpose of the 340B program, which is to "stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." Through 340B, Ryan White Clinics offer a wider range of services and improve the quality of care delivered to persons living with HIV/AIDS.

In 2011, Ryan White clinics served approximately half of all Americans with HIV/AIDS, over fifty percent of whom were indigent and/or uninsured. Our patients face challenges that extend beyond drug affordability, and which must be addressed if we are to treat successfully their HIV, allowing them to be healthy, care for their families, and prevent new infections. The 340B program is an integral part of our ability to treat the disease and the patient, and successfully end the AIDS epidemic.

Experts recognize that, to be successful in the fight against HIV/AIDS, persons living with the disease need more than medical care. Ryan White clinics often serve as a gateway to a broader range of services. The 340B program allows them to stretch their resources to support the full continuum of care that their patients need, from diagnosis, to linkage to care, to medication adherence and viral suppression.

Ryan White funded HIV/AIDS clinics embody the success of and need for the 340B program. Effectively treating HIV/AIDS requires much more than simply seeing a doctor regularly. Comprehensive services to test routinely for HIV, to link HIV-positive individuals to care, to retain them in care, and to ensure that they are adherent to a medication regimen – services no commercial insurance plan, Medicaid or Medicare pays for – are required to maintain HIV suppression. When a person's HIV is suppressed, she is healthy, able to work, able to care for her family, and – perhaps most importantly – virtually noninfectious. The Centers for Disease Control and Prevention (CDC) recently issued a report that found that ninety percent of new HIV infections in the United States come from people living with HIV who are not in care for the disease. Proper HIV care not only results in healthy people, it reduces new infections.

Unfortunately, because most Americans with HIV/AIDS do not have access to these comprehensive testing, linkage, retention, and adherence services, ***fewer than 28% of Americans with HIV/AIDS have their virus suppressed***. But for people receiving medical care at Ryan White funded clinics, the story is remarkably better. The resources generated by participation in the 340B program in these clinics are used to fund these comprehensive services. As a result, for people with HIV/AIDS – regardless of insurance status – who receive medical care in Ryan White-funded clinics, HIV suppression is as high as 70% nationally and up to 85% for some of the clinics submitting this testimony. Patients with viral loads that are sufficiently suppressed do not transmit the disease to others. Just as it was designed to do, the 340B program is allowing safety net HIV/AIDS providers to serve more patients, provide more services, and generate better health outcomes.

Recently, an individual came to one of our clinics after being exposed to HIV. If an individual takes antiretrovirals shortly after exposure, they have a very good chance of not contracting HIV. Because the patient arrived late in the evening, the clinic could not verify the patient's insurance, but was able to provide antiretrovirals purchased with 340B discounts to the individual and prevent HIV infection, without concern about whether it would be later reimbursed. These sorts of preventative treatments, which are possible because of the 340B program, result in cost savings to the health care system.

For people with HIV/AIDS, the 340B program is not broken, and even small changes to the program could have adverse unintended consequences. Changes to the program that would limit patient access or eligibility would greatly harm their health, create gaps in care, and result in increased federal expenditures to address these gaps. Ryan White Clinics strongly oppose any legislative change that would limit the eligibility of a person receiving care in a Ryan White-funded clinic to participate in the program. Limiting program use to uninsured patients only would be especially disastrous – both for the HIV population and federal taxpayers.

We hope to work with the members of this subcommittee to provide information about the importance of the 340B program to Ryan White Clinics and the HIV/AIDS community. We pledge our assistance as policy-makers assess the 340B program.

Ryan White Clinics for 340B Access (RWC-340B) is a coalition of Ryan White grantees and sub-grantees that (1) provide primary care and related services to HIV/AIDS patients and (2) participate in the federal 340B drug discount program. Members of RWC-340B have organized to advocate for the interests of 340B Ryan White providers and to educate policy makers about the important role that the 340B program plays in improving care for HIV patients. Numerous other Ryan White clinics that are not RWC-340B members are joining with RWC-340B to submit this testimony. All of the clinics are identified in the cover sheet to this testimony.

Thank you for the opportunity to submit written testimony on this important issue.

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