



Dear Mississippi Legislator:

Today, [72% of Mississippi adults disclosed that they have grappled with health care affordability issues over the past year](#). Healthcare access and expenses are a major source of stress for many Mississippi residents. Our organizations represent patients, healthcare providers, and other key parts of the healthcare ecosystem that should work solely to meet the needs of the patients it serves. We've collectively worked together throughout the years to improve access to affordable, innovative treatments and serve as a voice for the local community.

We are concerned about Senate Bill 2145 and House Bill 728 regarding the federal 340B Drug Pricing Program. A growing body of evidence reveals the 340B Program is not helping patients the way policymakers originally intended, and the program is [currently under a federal investigation](#).

- **The 340B Program is not working for patients.** A recent investigative piece by the New York Times, [Profits Over Patients: How a Hospital Chain Used a Poor Neighborhood to Turn Huge Profits](#), explores the federal 340B Program and how it's hurting access to healthcare by eliminating basic medical services, especially in poor and underserved areas, which is the exact opposite of the program's original intention to help in-need communities get the services they need. The [Richmond Times Dispatch](#) did a follow-up article with legislators working on solutions to add additional oversight of federal programs and ensure not-for-profits are meeting commitments to the communities they serve.
- **HB 728 expands the 340B Program.** Rather than reigning in a federal drug program paid for by patient taxpayers that is not properly providing needed care and affordable prescriptions, the bills would expand the 340B Program and exacerbate its shortcomings. Instead of benefitting patients, 340B Program expansion would make it easier for program entities and pharmacy benefit managers to reap unchecked profits provided to them by 340B Program discounts. Research has found that 340B entities and their contract pharmacies generate a [72% profit margin on 340B medicines compared to a 22% profit margin](#) on non-340B medicines dispensed through independent pharmacies. Despite these profit margins, studies show that [patients pay 150% more for their prescriptions at 340B entities](#) than at non-340B entities.
- **340B expansion harms rural hospitals.** Expanding the 340B Program before correcting its shortcomings with comprehensive reform puts rural hospitals at a disadvantage. This is because the 340B Program in its current form has very loose program entity requirements, resulting in more than half of the top 20 companies on the Fortune 500 list generating profit from 340B. Additionally, the most profitable 340B entities provide the least amount of charity care. As these large and profitable entities continue to use the 340B Program to pad their profit margins, smaller and less profitable rural hospitals in the state will continue struggling to keep up.

In Mississippi, it is unfortunate to see some bad actor 340B entities [suing patients for debt collection](#) and [filing thousands of lawsuits against former patients](#). Other state 340B entities devote [less than 1% of their spending to charity care](#) and [force public records requests before disclosing their financial assistance policies](#). Expanding the 340B Program in Mississippi would only exacerbate these practices.

We appreciate all your work to improve healthcare access and address our state's health equity concerns, and we look forward to continuing to work together in these efforts. **Unfortunately, Senate Bill 2145 and House Bill 728 is premature. We cannot expand the federal 340B program until we can be sure the program works as originally intended – to improve access and health equity in Mississippi.** Instead, we encourage you to pass healthcare reforms that will directly lower out-of-pocket costs for patients, like sharing the significant discounts and rebates insurers and PBMs pocket as profit with patients at the point-of-sale and banning copay accumulator programs.

Thank you,

AiArthritis
 American Senior Alliance
 Biomarker Collaborative
 Coalition of Hematology & Oncology Practices
 Coalition of State Rheumatology Organizations
 Derma Care Access Network
 Exon 20 Group
 The Headache & Migraine Policy Forum

HEALS of the South
 Hispanic Business Alliance
 ICAN - International Cancer Advocacy Network
 Lupus and Allied Diseases Association, Inc.
 MET Crusaders
 Neuropathy Action Foundation
 PD-L1 Amplifieds