



Proponent Testimony for SB 284
Senate Financial Institutions & Insurance Committee
March 17, 2025
Chad Koster
Chief Executive Officer, AmberMed

Chair Dietrich and members of the committee, thank you for the opportunity to provide testimony in support of SB 284 on behalf of AmberMed, a small Critical Access Hospital (CAH) located in Hoxie, Kansas. Our healthcare organization also includes and is collocated with our Federally Qualified Health Center (FQHC) and a Long-Term Care facility where we have the honor and privilege to serve our rural and underserved communities in northwest Kansas.

Your support of this bill is critical to maintaining the integrity and intended purpose of the 340B Program, which is to enable safety net providers like our CAH and FQHC to purchase medications at a discount in order to "stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." The 340B savings that AmberMed has realized through this program have enabled us to offer services and access to care that simply would not be possible without the program. Most recently this has included development and expanded use of our mobile clinic to provide dental screenings and extended dental services at local schools, as well as mobile immunization clinics and healthcare services. These savings have also allowed our facility to support and provide expanded behavioral health services in our local schools and community, in addition to offering a program for qualifying patients to receive significantly reduced medications.

As you are aware, the large drug manufacturers have recklessly disregarded the legislative intent of the 340B program and exploited the lack of enforcement mechanisms. The state legislature added language in the 2024 budget bill to help protect local Kansas pharmacies, hospitals, and clinics; however, codifying these protections in state statute through the approval of this bill is required to ensure these remain enforceable. Through this action, Kansas will join dozens of other states that have taken steps to protect their 340B programs in some way.

Through your committee's support of Senate Bill 284, you can protect our state's hospitals, clinics, and local pharmacies and their ability to provide critical healthcare services at no expense to Kansas taxpayers, simply by holding drug companies to the agreements they have already made at the federal level.

I ask for your support of Senate Bill 284.

A handwritten signature in black ink that reads "Chad Koster".

To: Committee on Financial Institutions and Insurance,

As CEO of Amberwell Health, which includes Amberwell Atchison and Amberwell Hiawatha, the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

At our hospital's the following programs are supported through 340B savings:

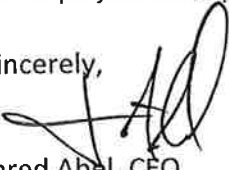
- Medication Assistance Program: Allows Amberwell to provide lifesaving medications, such as high cost cardiac, neurologic, diabetic and anticoagulant medications to patients at a significant discount, especially for the uninsured or under insured population.
- Maternity Care: 340b supports our ability to provide comprehensive maternity care services for Atchison, Brown and Doniphan Counties. Without this program our ability to maintain this service is in question and will result in no maternity care service in these counties.
- Acute Care Services: 340b offsets the costs of providing coverage to uninsured patients in the Emergency Department and in our Acute Care unit. This allows our providers to treat the patient focusing on the clinical needs of the patients, not concerned with the ability to pay for life saving medications.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Sincerely,


Jared Abel, CEO
Amberwell Atchison
Amberwell Hiawatha





Ascension Via Christi

To: Sen. Brenda Dietrich, Chair
Sen. Michael Fagg, Vice Chair
Senate Financial Institutions and Insurance Committee

From: Sarah Dodson, PharmD, MBA
Senior Director, 340B and Medication Assistance Programs
Ascension Via Christi

Subject: Testimony in support of SB 284

Date: March 17, 2025

Chair Dietrich, Vice Chair Fagg and members of the committee, thank you for allowing Ascension Via Christi to provide our perspective on SB 284 and the 340B Drug Pricing Program.

Ascension Via Christi is one of the largest healthcare systems in Kansas. We operate six hospitals and 75 other sites of care, including physician clinics and outpatient ancillary and home-based services. We have more than 6,400 employees who receive over \$481 million in wages and salaries resulting in over \$20.3 million in state taxes withheld. In FY 2024, we provided about \$149 million in total community benefit and unpaid costs of Medicare services, including care of individuals living in poverty.

The 340B Drug Pricing Program was created by Congress in 1992 with bipartisan support. The intent of the program is to allow safety net providers "to stretch scarce federal resources as far as possible, reaching more eligible patients, and providing more comprehensive services."¹ Hospitals and other providers, as defined in statute, qualify for participation in the 340B program because they provide a disproportionate share of the care to those who are uninsured or underinsured. The 340B program allows qualifying entities to access medications at a discounted rate. The savings realized from the 340B Program are then used to support a variety of services to help their patients and our communities. All of this is accomplished without the use of taxpayer dollars. In Kansas, 91 hospitals currently participate in the 340B Program.²

Ascension Via Christi has participated in the 340B Program since 2011, and our hospitals in Wichita, Wellington, Manhattan, and Wamego currently participate. Attached is a document³ which contains more information on Ascension Via Christi's 340B Programs and how the savings realized from the program are used to support Kansas residents. As reflected, the 340B

1. Health Resources and Services Administration. 340B Drug Pricing Program. <https://www.hrsa.gov/opa>.

2. Health Resources and Services Administration Office of Pharmacy Affairs 340B OPAS. <https://340bopais.hrsa.gov>.

3. 340B Program Savings Help Patients at Ascension Via Christi Hospitals

4. HRSA's letters to manufacturers are available at: <https://www.hrsa.gov/opa/program-integrity/index.html>



Program intent aligns closely with our mission to “serve all persons with special attention to those who are poor and vulnerable.”

For many years, the 340B Program has provided vital support to Kansas hospitals and the patients we serve. However, starting in 2020, just as hospitals were grappling with the emerging pandemic, pharmaceutical manufacturers began revoking 340B pricing at community pharmacies across the country. Manufacturers have continued to take actions to restrict access to 340B medications and discounts, violating the 340B statute and the intent of the program. As of February 2025, 39 manufacturers are imposing restrictions on 340B entities, each with their own various policies, and many using third-parties to implement the restrictions. Ascension Via Christi’s experience has been that these third-parties have no oversight and are prone to error, often denying 340B access even in situations where a manufacturer’s public policy states they permit it. Manufacturers are currently shirking their obligations under the agreement they made with CMS, creating their own rules without accountability or oversight.

States across the country are taking action to protect their hospitals and communities from the unilateral actions of manufacturers, which limit access to this critical safety net program. Courts have routinely upheld state laws to protect access to 340B - including in Arkansas and Louisiana.

We appreciate the action taken by the Kansas Legislature in 2024 to add language in the budget bill to protect local pharmacies, hospitals, and clinics. However, drug manufacturers have disregarded the legislative intent and continue to limit access to the savings which support our communities. Our own hospitals have been told that, despite the 2024 budget language, they can only contract with one pharmacy. These actions hurt local pharmacies, and they also hurt patients.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected access to 340B savings for their local providers.

We ask your committee to take action to protect our Kansas hospitals, clinics, and local pharmacies by holding drug manufacturers accountable to the existing rules and requirements of the 340B program and requiring them to ensure hospitals and other qualifying providers can access the savings and support local pharmacies throughout our state.

The 340B Program is vital to Kansas hospitals, including Ascension Via Christi, and the communities we serve. We hope you will support Senate Bill 284.



Using 340B Program Savings to Help Patients at Ascension Via Christi

Ascension Via Christi participates in the 340B Drug Pricing Program to help fulfill its Mission of serving the poor and vulnerable in the Wichita, Manhattan, Wamego, and Pittsburg, Kansas areas.

Accessing 340B to Benefit Local Patients

The 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible healthcare providers at significantly reduced prices. Only non-profit healthcare organizations with specific federal qualifications are eligible to participate and only medications for patients meeting 340B criteria qualify for these discounts. Ascension Via Christi began participating in the 340B program in 2011.

Four hospitals within Ascension Via Christi are eligible for and participate in the 340B program:

- **Ascension Via Christi St. Francis and Ascension Via Christi St. Joseph** are Disproportionate Share Hospitals (DSH) in Wichita, Kansas
- **Ascension Via Christi Hospital in Pittsburg** is a Rural Referral Center (RRC) in Pittsburg, Kansas
- **Ascension Via Christi Hospital in Manhattan** is a Rural Referral Center (RRC) in Manhattan, Kansas
- **Wamego Health Center** is a Critical Access Hospital (CAH) in Wamego, Kansas

In Fiscal Year (FY) 2023, our Pittsburg hospital had a 340B savings of \$1.8 million, our Wichita hospitals had savings of \$12.7 million, our Manhattan hospital had savings of \$1.7 million, and our hospital in Wamego had savings of \$111,000. Many residents in all four communities are in need, and Ascension Via Christi offers many programs and services to care for them through support from the savings provided by the 340B program.

"The 340B program has helped us stretch scarce resources to help patients directly and to expand programs to serve those in most need," said Todd Schroeder, Vice President of Pharmacy for Ascension Via Christi. "We have been able to pass savings directly to patients that have decreased admissions (with medications for diabetes and COPD) to

Ascension Via Christi 340B Highlights

- The 340B Program saved Ascension Via Christi **\$16.3 million** in FY 2023.
- Even with these savings, total drug spending in Ascension Via Christi totaled **\$75.3 million** in FY 2023.
- Programs enabled by 340B savings:
 - **Free Medications** – Provides more than 15,000 prescriptions to approximately 3,000 patients annually for free.
 - **340B Prescription Assistance Program** – Last year, this program served over 3,300 patients, providing over 10,000 prescriptions, and providing a total prescription savings to patients of \$6.6 million.



Ascension Via Christi relies on 340B to provide medications to its rural, poor and vulnerable patients.

We ask for your support of this important program.



hospitals and also have been able to offer services that help with access and understanding of mediation therapies” said Schroeder.

In FY 2023, Ascension Via Christi provided \$90.7 million in charity care and community benefit: \$14.1 million from Ascension Via Christi Pittsburg, \$4.5 million from Ascension Via Christi Manhattan and Wamego Hospital Association, and \$72.1 million from Ascension Via Christi Wichita. A full 25% of the patients served by Ascension Via Christi in the Wichita area have Medicaid or are uninsured.

340B Patient Stories

A five-year-old patient with Cystic Fibrosis experienced several traumatic events and had been placed in state custody. The Cystic Fibrosis clinic is a 340B child site of St. Francis. During this temporary custody transition, the Cystic Fibrosis clinic team met with the child's current guardian, provided detailed education on the patient's care, and the pharmacy team arranged for prescriptions to be mailed to the temporary residence. Due to severe winter weather, a refrigerated medication delivery was significantly delayed and ruined, and insurance would not replace the medication. Because of the 340B program, Ascension Via Christi Pharmacy was able to provide the medication at no charge to prevent further disruption to the child's care, and delivered the medication to the patient at their clinic visit the next day.

An 18-year-old with Type 1 Diabetes in Pittsburg was hospitalized because he had lost his insurance and could not afford his insulin. Fortunately, Ascension Via Christi Pittsburg had a new charitable care pharmacy funded by the hospital's 340B savings, which had opened its doors just a few days prior to serving the Pittsburg community. Through this new pharmacy, the young man could obtain the insulin he needed for free.

A patient in Wichita was diagnosed with aplastic anemia, a rare blood condition that occurs when your bone marrow cannot make enough new blood cells for your body to work normally. Although not a cancer, cancer specialists typically treat it using therapies similar to those used to treat leukemia and lymphoma. The patient, who could no longer afford health insurance after his premiums tripled in 2017, was uninsured and scared. But thanks to the coordinated efforts of his medical oncologist, nurse navigator, pharmacist, and Ascension Via Christi's participation in the federal 340B program, he received the four infusions of the drug he needed. In doing so, the cost of the drug went from more than \$250,000 to less than \$5, making it affordable for both the patient and the hospital. "I'm quite certain that it saved my life," the patient shared.

Other Ways 340B Savings Help Those in Need

Ascension Via Christi funds the following from its 340B program savings:

- **Free Medications** – Ascension Via Christi, through its charitable pharmacy services, participates with the Dispensary of Hope, which provides free medications to patients who qualify based on income and lack of insurance. If a patient in need is unable to obtain his or her medication through the Dispensary, Ascension



Via Christi provides the medication at no cost to the patient. These programs provide more than 15,000 prescriptions to approximately 3,000 patients annually for free.

- **Charitable Care Pharmacies** - In addition to the charitable care prescriptions noted above, Ascension Via Christi has worked to expand to open charitable care pharmacies in the Pittsburg and Manhattan communities. In August 2023, Ascension Via Christi Pittsburg opened a new charitable care pharmacy by participating in Dispensary of Hope. Ascension Via Christi Manhattan is on track to do the same, with the pharmacy slated to open mid-2024.
- **340B Prescription Assistance Program** - Ascension Via Christi offers eligible patients significantly discounted prescriptions for medications such as insulin and inhalers through both pharmacies owned by Ascension Via Christi and a 340B Contract Pharmacy. Last year, this program served over 3,300 patients, provided over 10,000 prescriptions, and saved patients \$6.6 million in prescription costs.
- **Medication Assistance Program (MAP)** – Patients obtain free prescription medications through this program, which is run by a member of our pharmacy team. The pharmacy associate works with patients, physicians and case managers to obtain information and complete extensive application materials, which are time-consuming and challenging for patients to complete on their own. The pharmacy team member also works to educate patients on the medications they are taking.
 - The program has resulted in saving participating patients more than \$160,000 through Ascension Via Christi Pittsburg and more than \$6 million annually through Ascension Via Christi Wichita on medication expenses.
- **Special Ambulatory Clinics** – 340B savings support the continuation of special ambulatory clinics, like the Transitional Care Clinic and the Community Cares Clinic in Wichita. The Transitional Care Clinic focuses on patients who cannot be seen by a primary care provider within seven days of hospital discharge and has reduced unnecessary hospital readmissions and Emergency Department visits for these patients by 91%. The Community Cares clinic provides in-home visits and support for Chronic Obstructive Pulmonary Disease (COPD) and heart failure patients with a taxing effort to get out of the home.
- **Cystic Fibrosis Pharmacist Services** - A pharmacist is allocated and dedicated to meeting the medication needs of all cystic fibrosis patients to reduce barriers to care and to improve access to critical medications.
- **Pharmacotherapy Services** - A new pharmacist-led clinic provides Wichita area residents with a service focused on comprehensive management of prescriptions, eliminating barriers to accessing medications, and educating patients on complex medications.
- **Care for Cancer Patients** – Ascension Via Christi Pittsburg has been able to increase the number of patients seen in our Cancer Center because of the 340B program, increasing patient access to cancer care in the region.



About Ascension Via Christi

Ascension Via Christi, a part of Ascension, has a rich history of serving the people of Kansas and the surrounding region dating back more than 100 years to the healing ministries of our founding congregations. Today, Ascension Via Christi is the largest provider of healthcare services in Kansas. We serve Kansas and northeast Oklahoma through our doctors, hospitals, senior villages and health services.



About Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY2023, Ascension provided \$2.2 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 134,000 associates, 35,000 affiliated providers and 140 hospitals, serving communities in 19 states and the District of Columbia.



Caldwell Regional Medical Center

Caldwell, KS

Committee on Financial Institutions and Insurance,

As CEO, of Caldwell Regional Medical Center, the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

I can tell you that the 340B program is essential to the overall operations of our small rural Kansas hospital. In addition, a large portion of our patient base is uninsured and underinsured; thus, making this critical program even more important to the community and area we serve. Small rural Kansas hospitals should not have to struggle at the expense of Big Pharma's greed.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Respectfully,

Chris Graham, CEO

Caldwell Regional Medical Center



**Cheyenne County
HOSPITAL**

"Improving Health through Access to Quality Care"

March 12, 2025

Committee on Financial Institutions and Insurance,

Thank you for reading this letter in its entirety. This is not a form letter but instead intended to help you understand the unique programs specific to Cheyenne County Hospital that are only available and would be lost without the 340b program. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy. When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

Cheyenne County Hospital would certainly not be able to continue our OB line without the 340B program. Additionally, we manage and operate the Health Department for Cheyenne County at a loss receiving a mere \$10K per year subsidy from the county commissioners. We also take care of two school district's school nursing in Cheyenne County and receive zero compensation from the school. Without 340B we would have to either eliminate offering these services or change the structure requiring our county to seek resources from other places (ie. increase taxes to pay for them). We are one of the few level IV trauma centers in Western Kansas which is not a financial enhancement to our services but dramatically improves the chances of survival for any trauma related events including MVA, Heart Attack, or Stroke in the furthest NW County in the state. We have substantial educational costs associated with keeping our staff prepared and qualified to have a level IV Trauma facility.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

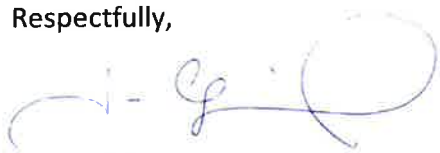
We hope you will support Senate Bill 284.

210 W 1st Street, St Francis, Kansas 67756 • Phone: (785) 332-2104 • Fax: (785) 332-3255



CHEYENNECOUNTYHOSPITAL.COM

Respectfully,



Jeremy Clingenpeel
CEO
Cheyenne County Hospital



Senate Committee on Ways & Means

Ridge Rose, Children's Mercy

March 17, 2025

Testimony in Support of SB 284

Chair Dietrich, Vice Chair Fagg, and Members of the Committee,

For Children's Mercy, the 340B Drug Pricing Program is critical to the patients, families and communities we serve. I write in support SB 284, which strengthens the 340B program and protects safety-net providers like us from harmful manufacturer restrictions.

Children's Mercy is an independent, charitable children's health organization dedicated to holistic pediatric care, educating future caregivers, medical research, and innovation in furtherance of our vision to create a world of well-being for all children. The 340B program is essential to Children's Mercy, allowing us to use 340B savings to meet the original intent of the program, which is to stretch scarce federal resources, to reach more eligible patients and provide more comprehensive services. We serve as a vital safety net for uninsured, underinsured and publicly insured children. Nearly 50 percent of our payer mix is Medicaid, and the 340B program is a critical resource in helping offset low Medicaid reimbursement rates in addition to enabling us to better provide vulnerable patients with access to life-saving medications.

While the Kansas Legislature acted in 2024 to defend the 340B program, drug manufacturers continue to exploit loopholes—limiting the number of contract pharmacies hospitals can utilize. This undermines the program's intent and forces hospitals to make difficult choices, ultimately hurting local pharmacies and patients alike.

At Children's Mercy, 340B savings directly support our operations and allow us to provide world-class care to children across Kansas, administer essential health programs in our communities, and invest in groundbreaking technologies and services.

We urge this committee to join the growing number of states protecting their hospitals, clinics, and pharmacies from unfair restrictions. SB 284 ensures that drug manufacturers cannot interfere with 340B drug distribution—safeguarding patient access to affordable medications and health care providers' ability to serve their communities.

By passing SB 284, you are standing up for patients, providers, and local pharmacies at no cost to Kansas taxpayers. We respectfully ask for your support.

Sincerely,

Ridge Rose

Manager, Government Relations

Children's Mercy

rrose@cmh.edu

Senator,

My name is Paul Schiferl, and I am a pharmacist at Citizens Health in Colby, Kansas. Over the past five years, my career has evolved from working as a pharmacist at a Critical Access Hospital (CAH) to becoming a 340B consultant, now partnering with 42 CAHs in Kansas. The people I work with are some of the most incredible individuals I've had the privilege of knowing. Attached is a map showing the counties where we manage at least one CAH 340B program, which likely includes many of your constituents.

My journey as a pharmacist took an unexpected turn after a life-changing experience with a patient at Citizens Health. We took over care for a patient who had nearly died from a blood clot. She couldn't afford the oral medication she needed and didn't have prescription insurance. She was told she would need to come to our specialty clinic for six months to receive injections covered by her medical insurance. Through the 340B program, we were able to provide her with the oral medication for just \$10—she had originally been quoted over \$600 at the pharmacy. While I had helped many other patients in similar situations, this time was different. The next day, the patient returned in tears, holding a handwritten thank-you note. After reading her note and reflecting on the experience, I realized just how life-changing the 340B program could be. It inspired me to dedicate myself to maximizing its impact in other communities. To this day, that heartfelt thank-you note remains in the top drawer of my desk.

In addition to helping patients access medications they previously thought were unaffordable, the 340B program provides much-needed revenue for the CAHs we serve. Many of these hospitals rely on taxpayer funding to stay open, battling underfunded reimbursements and rising operational costs. These hospitals are required to accept all patients, even if they will not be reimbursed. This makes them different from businesses operating in the free market that have the opportunity to cut losses. Without programs like 340B, these hospitals would struggle to survive.

Six months ago, a family member suffered a severe injury when his foot was crushed by an auger a farming accident. Living in a rural area, it took 45 minutes for the ambulance to reach the farm, followed by another 20 minutes to get him to the emergency room. By the time he arrived, over an hour had passed, his foot was still stuck in the auger, and he hadn't received any pain medication. Now, look at the map I shared and imagine what would happen if small hospitals like these started closing. How far would patients have to drive for medical care before it becomes too much? The net revenue generated by the 340B program is helping prevent that grim reality for many of the hospitals we work with.

Big Pharma is spreading misinformation about a program that is essential to our hospitals, clinics, and local pharmacies here in Kansas. They claim the program doesn't help patients, or that the funds are being misused. Some even argue that the populations served by 340B are not vulnerable. Their aim is to change the system to benefit their profits, putting Kansans' access to care at risk. From the stories I shared, hopefully it is clear that this couldn't be further from the truth. You have the opportunity to stand up to Big Pharma and show that Kansans' health and well-being are more important than corporate profits. Please support SB 284 in front of the Financial Institutions and Insurance Committee and help protect 340B for Kansas!

Sincerely,
Paul Schifert
Pharmacist, Citizens Health
Colby, Kansas



CLAY COUNTY MEDICAL CENTER

Our Family. Caring for Yours.

March 11, 2025

Committee on Financial Institutions and Insurance,

As CEO of Clay County Medical Center, a Top 20 Critical Access Hospital in the United States, the 340B program is a critical component to providing patients with the high quality care that they deserve. I believe that healthcare access is important to Kansans, and the 340B program is an important part of ensuring access to affordable medications and care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one (1) pharmacy. When this happens, hospitals have to choose one (1) pharmacy for 340B prescriptions. These actions hurt local pharmacies, and they also hurt patients.

At our hospital the following programs are supported through 340B savings:

- Hiring medical specialists so patients do not have to travel an hour or more for healthcare services.
- Expanding our Rural Health Clinics in North Central Kansas to bring quality care closer to home.
- To help offset our ongoing financial operational loss due to an increase in bad debt and charity care.
- Not increasing the mill levy on County residents.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Respectfully,

Austin M. Gillard, FACHE
Chief Financial Officer
Clay County Medical Center



Committee on Financial Institutions and Insurance,

As President/CEO, of Coffeyville Regional Medical Center, the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

At our hospital the following programs are supported through 340B savings:

Cancer Services including Medical and Radiation Oncology

Infusion Services

Cardiology Services

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Sincerely,

Brian Lawrence

President/CEO Coffeyville Regional Medical Center

March 11, 2025

Committee on Financial Institutions and Insurance,

As Chief Executive Officer of Community Memorial Healthcare located here in Marysville, Kansas, the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

The legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics. The drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

While proceeds and savings from the 340B program evolve around pharmaceuticals but here those proceeds help offset the uncompensated care we provide to our local population. Uncompensated care comes in the form of doctor visits, emergency care, hospitalizations, surgical procedures, lab and imaging services and prescriptions that are provided to our population that cannot afford to pay for needed care.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Respectfully,



Curtis R. Hawkinson, FACHE
CEO



TO: Committee on Financial Institutions and Insurance,
FROM: Alisha Herrmann, Chief Executive Officer
DATE: March 10, 2025
RE: Senate Bill 284 – Proponent

Edwards County Medical Center is grateful for the opportunity to provide comments in regard to Senate Bill 284.

My name is Alisha Herrmann, and I serve as Chief Executive Officer of Edwards County Medical Center. The 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

At our hospital the following programs are supported through 340B savings:

Providing access to medically necessary services for patients in need, including Medicaid patients, low-income, uninsured, and underinsured patients.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they

already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Thank you for your time and consideration.

Alisha Herrmann
Chief Executive Officer
Edwards County Medical Center



ELLINWOOD HOSPITAL
300 N Park | Ellinwood, KS 67526
(620) 564-2548 | Fax (620) 564-3033

ELLINWOOD CLINIC
300 N Park | Ellinwood, KS 67526
(620) 564-3771 | Fax (620) 564-2684

Committee on Financial Institutions and Insurance,

As CEO of Ellinwood Hospital and Clinic the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

At our hospital the following programs are supported through 340B savings:


Cash card- program allowing the underinsured or uninsured to receive meds at a greatly reduced cost.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

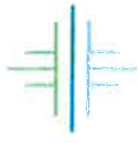
Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Thank you,



Kile Wagner, CEO, MBA, RN, CST
Ellinwood Hospital and Clinic



**Ellsworth County
Medical Center**
www.ewmed.com

Administration

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Ellsworth, KS 67439
P: (785) 472-3111 x1103 F: (785) 472-5760

Monday, March 10, 2025

Committee on Financial Institutions and Insurance,

As the CEO of Ellsworth County Medical Center, the 340B program continues to be a critical component of providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. We have a long partnership with both L&M Drug and Seitz Pharmacies of Ellsworth. Forcing us to choose between one of these exceptional pharmacies will be devastating to the pharmacy not selected and the patients they serve.


At our hospital the following programs are supported through 340B savings:

- **Health fairs - Public Health & Wellness education**
- **Administrative costs associated with our 340B contract and Helping Hands prescription drug assistance.**

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

Respectfully,


Jim Kirkbride, CEO



Committee on Financial Institutions and Insurance,

As the Chief Executive Officer, of Fredonia Regional Hospital, the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Respectfully,

A handwritten signature in black ink, appearing to read 'John Durrett', with a stylized flourish at the end.

Johnathan Durrett

Chief Executive Officer

Fredonia Regional Hospital



March 12, 2025

Committee on Financial Institutions and Insurance,

As CEO of Girard Medical Center, the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals must choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

At our hospital, we are supporting outpatient programs like wound care, cardiac and pulmonary rehabilitation, physical and occupational therapy, lab services, radiology services and outpatient surgery with 340B revenue. We also have a 10-bed inpatient Senior Behavioral Health unit, inpatient acute care and 24/7 emergency room services. The support we receive from the 340B program helps us to keep all these services viable for our rural community.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Sincerely,

Ruth Duling, CEO

March 12, 2025

Committee on Financial Institutions and Insurance,

As Chief Executive Officer of Goodland Regional Medical Center, the 340B program is a critical component to providing patients with the care that they need. I believe that health care access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients. At our hospital, these funds are used for critical services such as increasing access to care, improving adherence to life-saving drug regimens, and ensuring we can effectively partner with local pharmacies to allow patients access to medications and treatments close to home.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Thank you,



Lucretia Stargell
CEO



Gove County Medical Center

Committed to Others. Always.

Committee on Financial Institutions and Insurance,

As CEO of Gove County Medical Center (GCMC) in Quinter, Kansas, the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

As a struggling rural hospital, 340B has been a lynchpin of our financial recovery strategy, without which we would not be able to sustain operations. Prior to being eligible for outpatient 340B dollars two years ago, GCMC was at risk of closing critical service lines or worse, at risk of losing our hospital. Either of these paths would have resulted in devastating impacts to the health and well-being of our county residents. Furthermore, the loss of our hospital would undoubtedly result in the loss of a major economic driver in our small community, which would have significant consequences across our county.

Economic impact aside, let's talk about how 340B dollars improve rural health outcomes for a moment, because ultimately that is what is at risk when funding sources like 340B are attacked. Of significance, our Labor and Delivery (L&D) program was at risk of being closed prior to receiving 340B funds. L&D is a rarity in rural communities like ours. It's a sad reality, but it's a reality that is forced upon rural Kansans due to the lack of sufficient hospital funding – and while it is a service that generates significant operational losses, it is one of the most important services that a rural hospital like ours can provide. We don't do it for financial gain, because it certainly does not generate a profit. We do it because it is critical to the health of our communities in Western Kansas. Make no mistake, Labor and Deliver services are an unequivocal necessity, one that hospitals must find a way to fund through other means because funding these services through direct L&D revenue is not going to happen. This is where 340B dollars become so vitally important. Without our L&D program, the nearest Obstetrics services would be separated by nearly two hours, with many small communities along that stretch. This would create an Obstetrics desert between Hays, Kansas and Colby, Kansas. Western Kansas would undoubtedly see a rise in infant and mother mortality as a result, and because of the reach of our Obstetrics program, the negative impact on the health

outcomes of mothers and infants would extend far beyond the lines of Quinter, Kansas into surrounding counties and beyond.

Western Kansas has already seen too many communities lose their L&D programs. As times are becoming increasingly challenging and uncertain for the healthcare sector, limitations to the number of contract pharmacies is putting an additional and unnecessary financial burden on rural hospitals. Protecting the full availability of 340B funds to hospitals like ours by enforcing the original intent of allowing multiple contract pharmacies would go a long way in continuing to protect our L&D program into the future and would provide some level of financial security in the midst of threats to other forms hospital and healthcare reimbursement. It would be a shame and a disservice to rural Kansans to see yet another community's Labor and Delivery program be a preventable casualty as a result of continued, unnecessary restrictions in critical funding that is aimed solely at the purpose of sustaining healthcare services like rural Obstetrics programs.

The money we have received from 340B over the last two years has saved our L&D program, and as a result, it has saved the lives of mothers and newborns alike. Any unintended limitations to 340B dollars as a result of greedy and reckless restriction of contract pharmacies by pharmaceutical manufacturers to the point of complete disregard for the mothers and babies that these dollars assist hospitals in serving would again put our program in jeopardy. As reimbursement continues to be threatened, GCMC may once again be forced with the difficult decision to close Labor and Delivery while consequentially and knowingly increasing the risk to mothers and infants in our area in favor of sustaining other vital health care services in our community. This is a decision that no hospital and no community should be forced to make. You cannot put a value on the lives of others and as a healthcare provider this is exactly what would be being asked of us if such a logical funding source that does not impact the state budget or ask tax payers to fund our community hospital continues to be unnecessarily and callously restricted by pharmaceutical manufacturers. On behalf of GCMC, our community, and our medical community, I implore you to take action in securing vital healthcare services in rural Kansas by protecting the integrity and the intent of the 340B program.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

Conner Fiscarelli, CEO

Gove County Medical Center



Committee on Financial Institutions and Insurance,

As Chief Executive Officer, of Graham County Hospital, the 340B program is a critical component to provide patients with the care that they need. I believe that health care access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy.

When this happens, hospitals must choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

A sample of our hospitals programs that are supported through 340B savings are found here:

Family Practice care, inpatient care, swing bed care, physical therapy, laboratory services, emergency care, community education and many others.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

We hope you will support Senate Bill 284.

A handwritten signature in black ink, appearing to read 'Jonathan Gleason', written in a cursive style.

Jonathan Gleason, CEO

Graham County Hospital



506 3rd Street PO Box 636
Tribune, Kansas 67879

620-376-4221
Fax 620-376-2406

Committee on Financial Institutions and Insurance,

As Chief Executive Officer of Greeley County Health Services Inc., the 340B program is a critical component to providing patients with the care that they need. I believe that healthcare access is important to Kansas citizens, and the 340B program is an important part of ensuring access to care for your constituents.

While the legislature added language in the 2024 budget bill to protect local pharmacies, hospitals, and clinics, the drug manufacturers have recklessly disregarded the legislative intent, and continued exploiting the lack of enforcement mechanisms, by telling our hospitals that they can only contract with one pharmacy. When this happens, hospitals have to choose one pharmacy for 340B. These actions hurt local pharmacies, and they also hurt patients.

We serve as the only healthcare provider for two of the most rural western Kansas communities. The limitations on the number of contracted pharmacies allowed is excluding an entire county from the benefits of the 340B program. In an effort to support the for-profit retail locations in our communities, our healthcare system does not run its own retail pharmacy. The current exclusions by manufactures are excluding Wallace County Kansas from receiving any 340B program benefits.

At our hospital the following programs are supported through 340B savings:

We utilize the benefits from the 340B program to ensure we can maintain a financially viable organization. These funds have historically been used to offset uncompensated care and operational losses. We have utilized 340B program benefits to grow our outpatient infusion capabilities which ensure services are available locally no matter the payer source of the patient. We believe that your insurance carrier should not dictate the mileage required to find care when needed. Our local community invests heavily in protecting this belief and even with that commitment, it is not always enough. The 340B program is not a revenue stream in our situation, but rather a necessity to cover operating losses and ensure stability of healthcare in our rural setting. By excluding a rural community's hospital to partner with retail pharmacies in all communities they serve, we are restricting access to care and weakening the healthcare systems ability to meet the needs of their patients.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our state hospitals, clinics, and local pharmacies rather than adding to the already historically large profit margins of large pharmaceutical companies. You can do this at no expense to the Kansas taxpayers, by holding the drug companies to the agreements that they already made at the federal level and requiring them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.



*Greeley County Health Services
Trusted Care, Close to Home*

506 3rd Street PO Box 636
Tribune, Kansas 67879

620-376-4221
Fax 620-376-2406

We hope you will support Senate Bill 284.

Sincerely,

Trice Watts
CEO, Greeley County Health Services Inc.



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100 W. 16th St.
Eureka, KS 67045
Ph (620)583-7451
Fax (620) 583-6884

Home Health
100 W. 16th St
Eureka, KS 67045
Ph (620)583-5909
or (866)593-5909
Fax (620)583-5189

Eureka Clinic
1602 N. Elm St., Ste B
Eureka, KS 67045
Ph (620)583-5274
Fax (620)583-5194

Howard Clinic
118 S. Wabash
Howard, KS 67349
Ph (620)374-2650
Fax (620)374-2789

Administration
Fax (620)583-6702
Admissions
Fax (620)583-7990
Medical Records
Fax (620) 583-6821

March 12, 2025

Committee on Financial Institutions and Insurance,

As the CEO for Greenwood County Hospital, I want to share why the 340B program is a critical component to providing patients with the care that they need in the communities that the hospital serves. Healthcare access is important to the patients served through the Greenwood County Hospital and its rural health clinics as well as all Kansas citizens. The 340B program is an important part of ensuring access to care for your constituents.

Legislative language was added to the 2024 budget bill to protect local pharmacies, hospitals, and clinics from the administrative limitations placed on 340B benefits through the limiting of contract pharmacies. Since then, the drug manufacturers have watched the courts indicate that the provisions wouldn't be enforced due to the language not having the strength of state law. We have seen the drug manufacturers go right back mandating the hospital choose one, and only one, pharmacy to serve as the contract pharmacy.

For the communities that Greenwood County Hospital serves, this practice has hurt our patients and limited access to life saving medications. Originally, the hospital had two contract pharmacies, one in Eureka and one in Howard. Greenwood County Hospital has a clinic in Howard and most of those patients fill their prescription medications at Bateson Pharmacy in Howard, just a block from the clinic. Since the hospital could only choose one pharmacy to serve as the contract pharmacy, we had to drop Bateson Pharmacy from the program. This has been detrimental to both the pharmacy and the patients of Howard Clinic.

In order for the patients of our rural health clinic in Howard to access the 340B program through the hospital, they have to fill those prescriptions through the Eureka Pharmacy, a pharmacy located nearly 30 miles north of Howard. For many, the ability to travel that 30 miles is not possible as they don't have transportation or the transportation available is unreliable. Many have no insurance coverage or the insurance coverage they have has deductibles so high it is like having no insurance. Through the 340B program, they can get those medications at near cost. For example, a medication that would cost \$2,000 normally could be purchased for \$100 instead because the 340B program allowed the hospital to purchase the medication at that cost instead of the normal cost we would pay.

Patients in Howard no longer have that ability and many go without those lifesaving medication because as stated previously, the ability to travel to Eureka is not possible.

I would also like to share how the 340B program helps our communities with healthcare access. At our hospital the following programs are supported through 340B savings:

We are able to provide our patients with an insurance navigator to help them enroll in insurance if they have no coverage and qualify for Medicare, Medicaid, or other health insurance. This navigator can also help them if they are having trouble with the insurance company paying for services, denying services, or requiring paperwork to be completed. Our emergency room services are often accessed by those without insurance coverage. We use those savings to offset the costs of providing that uncompensated care to those patients, thus ensuring that they can continue to access healthcare when they need it most.

We hope that the Senate Financial Institutions and Insurance Committee will join the dozens of other states that have already protected their programs. We know that courts across the country, including the United States Supreme Court, have agreed that contracting limitations related to this program are well within the bounds of state legislatures.

Your committee can protect our hospitals, clinics, and local pharmacies in Kansas rather than adding to the already historically large profit margins of large pharmaceutical companies. Additionally, you can do this at no expense to the Kansas taxpayers. Hold the drug companies to the agreements that they already made at the federal level and require them to honor their word and the 340B savings at all contract locations and pharmacies throughout Kansas.

I hope you will support Senate Bill 284.

Sandra Dickerson, CEO
Greenwood County Hospital