

Introduction:

The 340B federal drug pricing program, which requires drug manufacturers to sell outpatient drugs at a discount to safety-net providers, was created to allow these providers to stretch federal resources as far as possible and provide comprehensive services to more low-income patients. Health centers use savings from the 340B program to provide free and low-cost medications to patients and expand services available to medically underserved communities.

Considering recent restrictions imposed by drug manufacturers on access to 340B program discounts, NACHC (National Association of Community Health Centers) is conducting this survey to understand the benefits of health centers' 340B savings and the potential impact of cuts to the program. NACHC may use findings from this survey to communicate the importance of 340B savings for health centers' operations and to advocate for health centers' continued access to 340B drug pricing discounts.

This survey should be completed by the health center Executive Director/CEO or Pharmacy Director. A copy of the survey can be reviewed here prior to completion. NACHC will maintain the confidentiality of individual responses. Please contact Gracy Trinoskey-Rice, NACHC Policy Research and Data Analyst, at gtrinoskeyrice@nachc.com with any questions.

Pharmacy service information:

Does your health center have an in-house pharmacy?

- Yes
- No

Does your health center utilize contract pharmacies, and if so, how many?

- No contract pharmacies
- 1-4
- 5-9
- 10-25
- 25-50
- More than 50

If more than 50, how many? _____

➤ **If your health center utilizes contract pharmacies, how many zip codes are served by your contract pharmacies?**

What percentage of your patients do you estimate would go without needed medication if they were not given access to 340B discounted drugs?

- Less than 10%
- 10-25%
- 25-50%

- 50-75%
- More than 75%
- I don't know

What are the *TOP 3* disease states treated at your health center with drugs purchased through the 340B program?

- Cancer
- Diabetes (e.g., insulin)
- Heart Disease or Hypertension (e.g., ACE inhibitors or beta blockers)
- HIV/AIDS (e.g., HAART medications)
- Behavioral and mental health (e.g., SSRIs, ADHD medication)
- Substance Use Disorders (e.g., tobacco cessation medication)
- Reproductive health (e.g., contraceptive pills)
- Unknown
- Other

If other, please specify: _____

Functional Impact of 340B Savings:

How does your health center utilize 340B savings? *Please select all that apply.*

- Increase access for low-income and/or rural patients by maintaining/expanding services in underserved communities
- Support non-revenue generating services or providers (e.g., CHWs, social workers, navigators, pharmacists, etc.)
- Add or expand dental services
- Add or expand mental health services
- Add or expand Substance Use Disorder services
- Add or expand Ob-Gyn/reproductive health services
- Add or expand care coordination and enabling services (e.g., medication/care management, home care services, social work services, etc.)
- Support targeted programs for special populations (e.g., high-cost patients, patients with limited mobility, patients experiencing homelessness, migrant agricultural workers, patients in public housing, etc.)
- Fund programs to address social drivers of health (e.g., transportation, food services, career services, housing support, etc.)
- Establish programs to provide discounted or free medications
- Support workforce/staffing needs
- Other

If other, please specify: _____

What services currently supported by 340B savings would be *most impacted* by restrictions on the program? (Please select the TOP 5)

- Improved access for low-income and/or rural patients by maintaining/expanding services in underserved communities
- Support for non-revenue generating services or providers (e.g., CHWs, social workers, navigators, pharmacists, etc.)
- Dental services
- Mental health services
- Substance Use Disorder services
- Ob-Gyn/reproductive health services
- Care coordination and enabling services (e.g., medication/care management, home care services, social work services, etc.)
- Targeted programs for special populations (e.g., high-cost patients, patients with limited mobility, patients experiencing homelessness, migrant agricultural workers, patients in public housing, etc.)
- Programs to address social drivers of health (e.g., transportation, food services, career services, housing support, etc.)
- Programs to provide discounted or free medications
- Support for workforce/staffing needs
- Other

If other, please specify: _____

Which quality outcomes have been most impacted by 340B savings? (Please select the TOP 5)

- Improved medication adherence
- Reduced readmissions
- Improved access to care
- Improved patient satisfaction
- Improved patient clinical outcomes
- Reduced emergency department utilization
- Reduced mortality rates
- Unknown
- Other

If other, please specify: _____

Which Clinical Services are most impacted by 340B savings? (Please select the TOP 5)

- Cancer care
- Diabetes care
- General patient services
- Heart Disease or Hypertension
- Behavioral and mental health care
- Substance Use Disorder treatment

- Pulmonary diseases
- HIV/AIDS treatment
- COVID-19
- Reproductive health
- Unknown
- Other

If other, please specify: _____