

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB712
RELATING TO HEALTH.**

REP. GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: January 31, 2025

Room Number: 329

1 **Department Testimony: Department Testimony:** The Department of Health (DOH) supports
2 the intent of HB712 but recommends HB562 as the vehicle for this discussion. DOH does not
3 possess the expertise nor infrastructure to regulate unfair or deceptive trade practices between
4 privately contracted entities.

5 DOH acknowledges current state of affairs with the 340B drug pricing program and the role of
6 contract pharmacies. The 340B drug pricing program is critical to Hawaii's public health and
7 health care systems. For example, Hawaii's Federally Qualified Health Centers, the largest of
8 which attends to over 40,000 lives relies on 340B savings for patients and organization to
9 continue providing quality services due to less-than-market reimbursement.

10 Although contract pharmacies are not common in DOH to deliver services, the overall integrity
11 of the program is vital. For example, the Sexually Transmitted Infection clinic participates in the
12 340B program but does not use contract pharmacies since it can dispense to clients immediately.
13 However, others such as the HIV Drug Assistance Program, which deals with a much larger
14 number of medications that are often prescribed by clinicians who are not internal to DOH, may
15 require a contracted pharmacy in the future given changes in patient needs and threats from
16 federal health policy.

17 Despite the critical need for a strong and fair 340B drug pricing program, the core issue is the
18 enforcement of contracts between private sector entities. This is clearly outside the scope of the

- 1 department's core capability and it is inappropriate for public health civil servants to regulate
- 2 unfair or deceptive acts or practices in the private sector. The department recommends HB562
- 3 as a more appropriate vehicle to achieve the intent of this measure.

- 4 Thank you for the opportunity to testify.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:
H.B. NO. 712, RELATING TO HEALTH.

BEFORE THE:
HOUSE COMMITTEE ON HEALTH

DATE: Friday, January 31, 2025 **TIME:** 9:15 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Melissa Chee, Deputy Attorney General

Chair Takayama and Members of the Committee:

The Department of the Attorney General offers the following comments.

The purpose of this bill is to prohibit drug manufacturers and wholesale distributors from placing any restriction on or denying access to pharmacies that are contracted under the federal 340B Drug Pricing Program as covered entities to purchase 340B drugs at a discounted price. It adds a new section that enforces compliance by classifying the prohibited acts as unfair or deceptive acts or practices to chapter 321, Hawaii Revised Statutes (HRS).

The bill regulates commerce and prescription drug pricing, which does not fall under the purview of the Department of Health. A more appropriate placement for the proposed provisions may be chapter 481B, HRS, which addresses various unfair and deceptive practices.

We respectfully ask the Committee to consider the recommended amendment.
Thank you for the opportunity to provide comments

HB-712

Submitted on: 1/29/2025 9:40:58 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Emily Crabill	Hawaii Island Community Health Center	Support	Written Testimony Only

Comments:

Aloha - I am strongly in support of this bill that prevents drug manufacturers or distributors from reducing or denying access to 340B drugs at reduced prices for pharmacies with contracted organizations. I work for a healthcare nonprofit, the Hawaii Island Community Health Center, and I have seen first-hand the impact that the 340B program has for our patients and community.

340B savings go directly toward patient access services that we are otherwise unable to offer, and reducing access for our contract pharmacies results in a direct impact on the programs we rely on to care for our patients. These essential services include sliding fee scale discounts for prescriptions, health education services such as diabetes education, and skill building classes.

For our patients, this goes beyond discounts on medications, it means that our organization is better able to meet their needs, whether that's through greater access to a staff of pharmacists for medication guidance, translation of educational materials into their native language, or through the expansion of outreach services to those who are unable to reach our clinics directly.

Our team has worked hard to maximize 340B savings to benefit our patients and to enable our budget to go farther toward accomplishing our mission, with a goal of creating a healthier Hawai'i island for all - regardless of their ability to pay. Currently, 37 manufacturers restrict access to their medications at contract pharmacies. 24 of these restrictions directly affect our health center, our patients, and the services we are able to provide.

Thank you for hearing my testimony, and for ensuring these essential protections for Hawai'i's residents, healthcare, and overall wellness.

HB-712

Submitted on: 1/29/2025 9:50:14 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
david d derauf	KKV	Support	Written Testimony Only

Comments:

Aloha Committee Members

KKV strongly supports the bill that prohibits drug manufacturers and wholesale distributors from restricting or denying access to 340B drugs at discounted prices for pharmacies contracted with 340B covered entities.

In Hawaii, the 340B Drug Pricing Program is a lifeline for safety-net providers including critical access hospitals, federally qualified health centers like KKV, and Native Hawaiian health care systems, which serve some of our most vulnerable populations—from rural communities on neighbor islands to underserved urban areas on O’ahu.

The savings generated by the program are reinvested into our communities, funding essential services like adult dental care, clinical pharmacy programs, and affordable medications for low-income families. Contract pharmacies play a vital role in expanding access to care, particularly in remote areas where geographic isolation and financial barriers make it difficult for patients to obtain medications. However, since 2020, drug manufacturers have increasingly restricted 340B drug access at these pharmacies, undermining the program’s ability to support critical health services. This has had a devastating impact on patient care and health outcomes across our state.

This bill is crucial to safeguarding the 340B program in Hawaii, ensuring that our safety-net providers can continue to deliver care to those who need it most and uphold the health and well-being of our communities.

Thank you for the chance to provide our thoughts on this important legislation.

HB-712

Submitted on: 1/29/2025 10:02:11 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Michela Passos	Hawaii Island Community Health Center	Support	Written Testimony Only

Comments:

The 340B Drug Discount Program was created in 1992 to assist safety-net providers, such as critical access hospitals and federally qualified health centers, in maximizing their limited resources to support vulnerable populations. By law, the savings these covered entities achieve through the 340B program must be reinvested into the communities they serve, primarily to expand access to services that would otherwise go unfunded. These services include adult dental care, enabling services, clinical pharmacy programs, and affordable medication programs. Contract pharmacies act as extensions of these covered entities, enhancing patient access by reducing geographic and financial barriers. Currently, four out of ten health centers rely exclusively on contract pharmacies, and nine out of ten use them to meet their community's medication access needs. However, since 2020, drug manufacturers have begun restricting access to 340B-priced medications at contract pharmacies, with 39 manufacturers imposing varying limitations depending on the covered entity type. This has led to significant reductions in the financial resources necessary to sustain these patient access programs, negatively impacting both patient care and clinical outcomes.

HB-712

Submitted on: 1/29/2025 10:57:33 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Hawaii Health & Harm Reduction Center	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee

Hawaii Health & Harm Reduction Center **supports HB 712**. The 340B Drug Discount Program was established in 1992 to help safety-net providers such as critical access hospitals and federally qualified health centers stretch their scarce resources to serve the most vulnerable populations. The savings realized by these covered entities through the 340B program are required, by statute, to be reinvested back into the communities they serve by expanding patient access to services that would normally be unfunded. These services include such things as adult dental care, enabling services, clinical pharmacy programs, and affordable medication programs. Contract pharmacies serve as extensions of the covered entities, increasing patient access by reducing geographic and financial access barriers. Four out of ten health centers rely solely on contract pharmacies and nine out of ten health centers use contract pharmacies to meet their community’s medication access needs. Since 2020, drug manufacturers have begun restricting access to 340B priced medications at contract pharmacies such that 39 manufacturers now restrict shipments of their medications with limitations varying by covered entity type. This has resulted in dramatic decreases in the financial resources needed to support these otherwise unfunded patient access programs. Patient access to care and clinical outcomes suffer as a result.

January 29, 2025

TO: Chair Gregg Takayama
Vice Chair Sue L. Keohokapu-Lee Loy
Members of the House Committee on Health

FROM: Pharmaceutical Research and Manufacturers of America (PhRMA)
(William Goo)

RE: **HB 712** - Relating to Health
Hearing Date: January 31, 2025
Time: 9:15 am

PhRMA opposes **HB 712**. Attached is PhRMA's testimony in opposition.

Thank you for considering this testimony.

STATEMENT



In Opposition to Hawaii HB 712

Position: The Pharmaceutical Research and Manufacturers of America (“PhRMA”) respectfully opposes HB 712. HB 712 would require biopharmaceutical manufacturers to ship 340B drugs to all pharmacies that contract with 340B “covered entities” and by extension offer 340B pricing at these locations. This type of provision not only raises constitutional concerns but also exacerbates existing problems with the 340B program without ensuring that vulnerable patients needing discounted medicines will benefit.

The 340B hospital markup program has become a hidden tax on employers, patients, and state employees.

Marking up the costs of 340B medicines for employer-sponsored commercial plans and patients with private insurance generates significant revenue for 340B hospitals. These 340B hospitals collect 7 times as much as independent physician offices for the sale of medicines administered to commercially insured patientsⁱ and average spending per patient in the commercial market on outpatient medicines was more than 2.5 times higher at 340B hospitals than non-340B hospitals.ⁱⁱ

In addition, the current design of the program directly increases costs for employers by an estimated 4.2%, or \$5.2 billion, due to reduced rebates from manufacturers, and indirectly increases employer costs by incentivizing provider consolidation and use of higher cost medicines.^{iii,iv} With no obligation to invest profits from 340B markups at satellite facilities into underserved communities, 340B hospitals frequently purchase independent physician offices so they can then buy more medicines and increase their 340B profits. Further, incentives in the 340B program increase the use of higher-cost medicines as hospitals participating in 340B program generally obtain substantially larger profits from more expensive medicines.

In an unprecedented report examining 340B hospital practices in its state, the North Carolina State Treasurer found North Carolina 340B hospitals charged state employees massive markups for oncology medicines. According to the report, North Carolina 340B hospitals charged state employees, on average, a price markup of 5.4 times the hospitals’ discounted 340B acquisition cost for outpatient infused cancer medicines. This resulted in billing the North Carolina State Health Plan for Teachers and State Employees a price markup that was 84.8% higher than North Carolina hospitals outside of the 340B program.^v

There is little evidence to suggest that patients have benefited from contract pharmacy growth.

Since 2010, the number of contracts with pharmacies has grown by more than 8,000%, with roughly 33,000 pharmacies participating in the program today. Because the program has no transparency or guardrails on how hospitals and clinics use 340B profits, the money often is not going to help low-income and uninsured patients access medicines. An analysis of contract pharmacy claims for brand medicines only found evidence that patients were directly receiving a discount for 1.4% of prescriptions eligible for 340B.^{vi} Additional studies have found that 65% of the roughly 3,000 hospitals that participate in the 340B program are not located in medically underserved areas,^{vii} and in Hawaii, only 30% of contract pharmacies are located in medically underserved areas.

Research has also found that more than 77% of 340B hospitals provide less charity care than the national average for all hospitals, and they often spend less on charity care and community investment than the estimated value of their tax breaks as nonprofits. In fact, 93% of 340B hospitals in Hawaii are below the national average for charity care levels.

HB 712 will line the pockets of pharmacy benefit managers (PBMs), pharmacy chains, and large hospital systems.

Many contract pharmacies charge a patient based on a drug's full retail price because they are not required to share any of the discount with those in need.^{viii} Big-box retailers such as Walgreens, CVS Health, and Walmart are major participants in the 340B program through contract pharmacy arrangements. Because of vertical integration in the supply chain, PBMs now own the vast majority of pharmacies, meaning they also make a profit from contract pharmacy arrangements. In fact, the five largest for-profit pharmacy chains comprise 60 percent of 340B contract pharmacies, but only 35 percent of all pharmacies nationwide.^{ix} 340B covered entities and their contract pharmacies generated an estimated \$13 billion in gross profits on 340B purchased medicines in 2018, which represents more than 25% of pharmacies' and providers' total profits from dispensing or administering brand medicines.^x Today, the program stands at \$66.3 billion, a 23% growth increase from the previous year.^{xi}

In 2023, the Minnesota Legislature passed legislation^{xii} that requires the Minnesota Department of Health (MDH) to collect and aggregate data from Minnesota providers that participate in the federal 340B program. The Minnesota 340B report provides further evidence that for-profit middlemen are profiting from the 340B program. Payments to contract pharmacies and third-party administrators (TPAs) were over \$120 million, representing approximately \$16 of every \$100 of gross 340B revenue generated paid to external parties. In fact, 10% of safety-net federal grantees reported a negative net 340B revenue due to payments made to middlemen. The top 10% of critical access hospitals and disease-specific grantees with the highest external operational costs lost at least half their gross 340B revenue to TPAs and contract pharmacies.^{xiii}

The Minnesota 340B report also sheds light on the massive profits 340B hospitals retain from the 340B program. Minnesota providers participating in the 340B program earned a collective net^{xiv} 340B revenue of at least \$630 million for the 2023 calendar year. Based on national data, MDH believes this figure may represent as little as half to one-third of the actual total 340B revenue for Minnesota providers due to lack of reporting from the covered entities for office administered drugs.^{xv} Most entities did not report data for office administered drugs, which are estimated to account for 80% of all 340B drug spending.^{xvi} The state's largest 340B hospitals benefitted most from the 340B program, accounting for 13% of reporting entities but representing 80%—more than \$500 million—of net 340B revenue.^{xvii}

The 340B program is a comprehensive federal program that is governed exclusively by federal law. States do not have the authority to create new requirements that are not in the federal statute or that conflict with the statute. Whether manufacturers can be required to ship drugs to contract pharmacies for 340B providers is currently being litigated in multiple federal courts across the country.

PhRMA respectfully opposes the provisions outlined above and appreciates your consideration prior to advancing HB 712.

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading innovative biopharmaceutical research companies, which are laser focused on developing innovative medicines that transform lives and create a healthier world. Together, we are fighting for solutions to ensure patients can access and afford medicines that prevent, treat and cure disease. Over the last decade, PhRMA member companies have invested more than \$800 billion in the search for new treatments and cures, and they support nearly five million jobs in the United States.

ⁱ Hospital Prices for Physician-Administered Drugs for Patients with Private Insurance, *New England Journal of Medicine*, 390, 4, (338-335), (2024). DOI: [10.1056/NEJMsa2306609](https://doi.org/10.1056/NEJMsa2306609)

ⁱⁱ Hunter MT, et al. "Analysis of 2020 Commercial Outpatient Drug Spend at 340B Participating Hospitals." Milliman, September 2022. https://www.milliman.com/-/media/milliman/pdfs/2022-articles/9-13-22_phrma-340b-commercial-analysis.ashx

ⁱⁱⁱ Sun C, Zeng S, Martin R. "The Cost of the 340B Program Part 1: Self-Insured Employers." *IQVIA*, March 2024. <https://www.iqvia.com/-/media/iqvia/pdfs/us/white-paper/iqvia-cost-of-340b-part-1-white-paper-2024.pdf>

^{iv} Sun C, Zeng S, Martin R. "The Cost of the 340B Program Part 2: 340B Revenue Sharing." *IQVIA*, March 2024. <https://www.iqvia.com/-/media/iqvia/pdfs/us/white-paper/2024/the-cost-of-the-340b-program-part-2-340b-revenue-sharing.pdf>

^v North Carolina State Treasurer. "Overcharged: State Employees, Cancer Drugs, and the 340B Drug Pricing Program." May 2024. Access: <https://www.shpnc.org/documents/overcharged-state-employees-cancer-drugs-and-340b-drug-price-program/download?attachment>

^{vi} IQVIA. "Are Discounts in the 340B Drug Discount Program Being Shared with Patients at Contract Pharmacies." Oct. 10, 2022. Access: <https://www.iqvia.com/locations/united-states/library/fact-sheets/are-discounts-in-the-340b-drug-discount-program-being-shared-with-patients-at-contract-pharmacies>.

^{vii} Alliance for Integrity & Reform. "340B – A Missed Opportunity to Address Those That Are Medically Underserved." 2023 Update. Access: https://340breform.org/wp-content/uploads/2023/07/340B_MUA_July23-4.pdf.

^{viii} Conti, Rena M., and Peter B. Bach. "Cost consequences of the 340B drug discount program." *Jama* 309.19 (2013): 1995-1996.

^{ix} Government Accountability Office, "Drug Discount Program: Federal Oversight of Compliance at 340B Contract Pharmacies Needs Improvement," GAO-18-480, June 2018.

^x Berkeley Research Group. For-Profit Pharmacy Participation in the 340B Program. October 2020.

^{xi} Fein, Adam. The 340B Program Reached \$66 Billion in 2023—Up 23% vs. 2022: Analyzing the Numbers and HRSA's Curious Actions. *Drug Channels*. Oct. 22, 2024. <https://www.drugchannels.net/2024/10/the-340b-program-reached-66-billion-in.html>

^{xii} 2023 Minnesota Statutes, Section 62J.312

^{xiii} Minnesota Department of Public Health, "340B Covered Entity Report," Nov. 25, 2024. <https://www.health.state.mn.us/data/340b/docs/2024report.pdf>

^{xiv} MDH defines "net" as the difference between the payments received for discounted drugs (\$1.5 billion), and the cost of acquiring those drugs (\$734 million) plus payments to external administrators (\$120 million). (see p.7)

^{xv} The Minnesota Legislature amended the transparency law in 2024 to explicitly require covered entities to report data for office-administered drugs. See 2024 Minnesota Statutes, Section 62J.461

^{xvi} Spending in the 340B Drug Pricing Program, 2010 to 2021 (<https://www.cbo.gov/system/files/2024-06/60339-340B-DrugPricing-Program.pdf>)

^{xvii} Minnesota Department of Public Health, "340B Covered Entity Report," Nov. 25, 2024. <https://www.health.state.mn.us/data/340b/docs/2024report.pdf>

Friday, January 31, 2025 at 9:15 AM
Via Video Conference; Conference Room 329

House Committee on Health

To: Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of HB 712
Relating to Health**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes in SUPPORT of HB 712 which prohibits drug manufacturers and wholesale distributors from restricting or denying access for pharmacies contracted with 340B covered entities to purchase 340B drugs at a discounted price under the federal 340B Drug Pricing Program (340B Program).

The federal 340B drug pricing program is essential for providing health care access to low-income and uninsured populations. Under the 340B program, drug manufacturers are required to offer significant discounts on outpatient medications to eligible nonprofit hospitals and safety-net providers, rural hospitals, community health centers and Native Hawaiian health centers. The discounts allowed under the 340B program enable hospitals to use those resources to provide other benefits such as financial assistance for low-income patients, free wellness visits, screenings, vaccinations, transportation to appointments, health education classes, and workforce development efforts as well as integrating Native Hawaiian health practices into patient care.

Contract pharmacies are vital in ensuring that patients are able to have access to the medications they need. This is critical in rural and underserved communities where many hospitals do not have an in-house pharmacy. More than 80% of rural 340B hospitals nationwide rely on contract pharmacies to dispense medication to patients who may be unable to obtain their medication otherwise. This is especially problematic in Hawai'i because of geographic barriers including location, size, and transportation challenges. However, drug manufacturers have consistently attempted to undermine the benefits of

the program by limiting the use of contract pharmacies by 340B covered entities, thereby limiting access to care for many patients.

By prohibiting drug manufacturers from engaging in conduct that limits or denies access to 340B drugs, this measure would ensure that patients, especially those residing in rural areas of the state, are able to obtain the medications they need.

Thank you for the opportunity to testify.



**Testimony to the House Committee on Health
Friday, January 31, 2023; 9:15 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0712, RELATING TO HEALTH.

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0712, RELATING TO HEALTH.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

The measure, as received by your Committee, would preserve the integrity of the 340B Drug Pricing Program by prohibiting drug manufacturers from restricting the use of contract pharmacies by any 340B-covered entity in the State.

This measure would take effect upon approval.

For more than thirty years, the 340B Program has provided critical resources that enable FQHCs and other program participants to deliver affordable and accessible health care services to the most underserved and vulnerable communities.

Testimony on House Bill No. 0712
Friday, January 31, 2025; 9:15 a.m.
Page 2

By law, FQHCs:

“ . . . must document that any non-grant funds generated from health center program project activities in excess of what is necessary to support the total health center project budget were utilized. . . to benefit the current or proposed patient population and were not utilized for purposes that are specifically prohibited by the health center program. . . ”
[See, HRSA, Health Center Program Compliance Manual, August 20, 2018, p. 63.]

Over the past few years, statutory ambiguities have allowed other parties to claim the savings that were intended to accrue to the patients of FQHCs and other 340B providers. Because of this, the HPCA believes that the 340B Program must be preserved to ensure stability for Hawaii’s safety net providers and enable them to effectively care for patients that otherwise would not have access to affordable health care services and medications.

For this reason, the HPCA respectfully requests your favorable consideration of this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



Hawai'i Island Community Health Center

75-5751 Kuakini Highway Suite 203, Kailua Kona, HI 96740

(808) 326-5629

www.hicommunityhealthcenter.org

January 30th, 2025

The Honorable Gregg Takayama
Chair, House District 34
Hawai'i State Capitol, Room 404
Phone: (808) 586-6341

The Honorable Sue Keohokapu-Lee Loy
Vice Chair, House District 2
Hawai'i State Capitol, Room 332
Phone: (808) 586-6120

RE: CALL FOR SUPPORT OF HB-712 & SB-480, RELATING TO THE 340B DRUG PRICING PROGRAM

Dear Representative Takayama & Representative Keohokapu-Lee Loy,

On behalf of the Hawai'i Island Community Health Center (HICHC), I am writing to express our strong support for HB-712, which seeks to prohibit drug manufacturers from restricting access to 340B medications at contract pharmacies. This critical legislation will help ensure that community health centers, rural clinics, and other safety-net providers can continue to offer affordable medications and essential healthcare services to our most vulnerable patients.

In 2022, Bay Clinic and West Hawai'i Community Health Center, both non-profit Federally Qualified Health Centers, merged operations as Hawai'i Island Community Health Center. This bold move created an integrated system focused on quality care and the delivery comprehensive health services island wide. Our mission is to provide accessible, high-quality, patient-centered healthcare that is culturally responsive and advances health equity for all individuals on Hawai'i Island. Our vision is a healthier island community where everyone has the opportunity to thrive. We are guided by our core values of compassion, respect, humility, advocacy, and excellence in everything we do.

The 340B Drug Pricing Program is a vital tool that enables health centers like HICHC to stretch scarce federal resources, reinvest in patient care, and provide comprehensive services to those in need, regardless of their ability to pay. The savings from the 340B program allow us to offer a sliding fee discount on prescriptions, ensuring that patients can afford their medications. Last year, we leveraged the 340B Drug Pricing Program to save our patients over 1.4 million dollars in direct medication costs through our sliding fee discount program. Additionally, we provide clinical pharmacy services, dental care, behavioral health, enabling services, women's health services, medication mail order, medication delivery, durable medical equipment services, prior authorization processing, and prescription refills by protocol. These services are critical to ensuring that patients, especially those in rural and underserved communities, receive the care they need without financial barriers.

However, in recent years, drug manufacturers have implemented restrictive policies that severely limit our ability to access 340B-priced medications through contract pharmacies. These restrictions disproportionately impact patients in rural and underserved communities, where contract pharmacies serve as an essential point of access for affordable medications. This is especially true in our health system as we have only one Entity-Owned Pharmacy to service the prescription needs of the 38,000 patients we serve.

As a result of these contract pharmacy restrictions, HICHC has experienced significant financial strain, forcing us to reassess the scope of critical services we provide. If these restrictions continue, the ability to sustain key programs, including those offered by our clinical pharmacy team, such as Hepatitis C treatment and anticoagulation services will be severely compromised. Hepatitis C treatment is essential for preventing liver disease and cancer in our community, while anticoagulation services are critical for patients managing conditions such as atrial fibrillation and clotting disorders. Without access to discounted 340B medications, the cost burden on our patients will increase, and reduced funding will limit our capacity to provide these lifesaving treatments.

By prohibiting these harmful restrictions, HB-712 will help protect the integrity of the 340B program and ensure that patients continue to receive the care and medications they need. We urge you and your colleagues to advance this bill to safeguard healthcare access for the residents of Hawai'i.

Thank you for your leadership and commitment to protecting healthcare access for our communities. We appreciate your consideration and support for this important legislation. Please feel free to contact us if you have any questions or if we can provide further information.

With Aloha,

A handwritten signature in black ink, appearing to read "Melissa Bumgardner". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Melissa Bumgardner, Pharm.D., BCPS,
Director of Pharmacy Services



January 31, 2025 at 9:15 am
Conference Room 329

House Committee on Health

To: Chair Gregg Takayama
Vice Chair Sue L. Keohokapu-Lee Loy

From: Hilton R. Raethel
President and CEO
Healthcare Association of Hawaii

Re: **Strong Support**
HB 712, Relating to Health

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

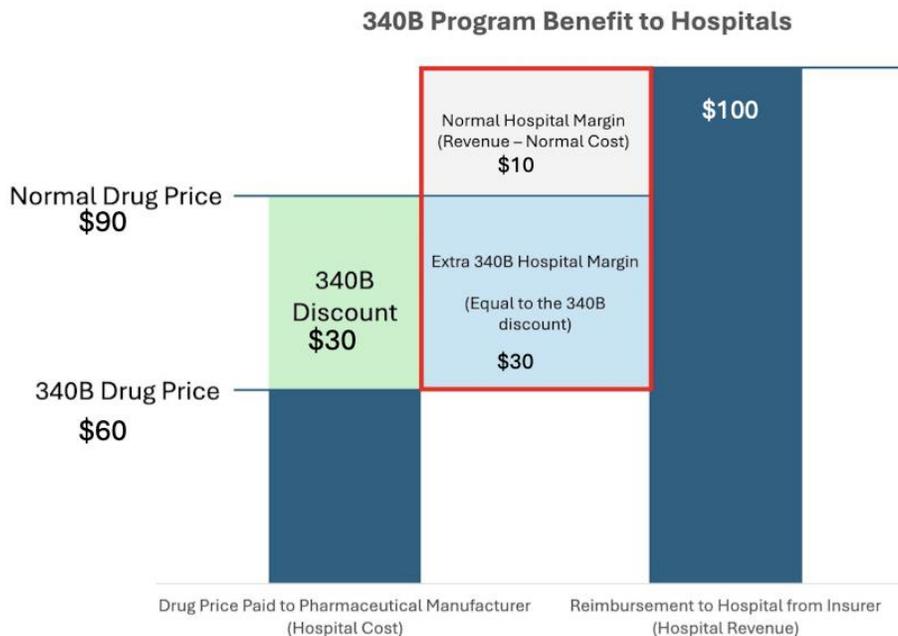
I am writing today in **strong support** of this measure, which would prohibit unfair practices by drug manufacturers to limit the ability of safety-net providers to access discounted outpatient drugs through the 340B drug pricing program. We are suggesting amendments to strengthen the measure, with language that largely reflects laws that have withstood legal challenge.

More than 20 states have taken action to preserve the integrity of the program and to ensure that community hospitals, health centers, and other essential providers can continue to provide key services and benefits to residents in Hawaii. These unfair practices are currently costing the state at least \$30 million in savings that would be best used to support underserved communities in the state.

Specifically, we are asking the legislature to prohibit drug manufacturers from imposing limitations on the use of contract pharmacies by 340B providers. These unfair, unilateral restrictions take important funding away from non-profit hospitals, community health centers, and other safety net providers, while increasing profits for drug companies. We will provide background in this testimony to help ensure a full understanding of the issue—however, we do not believe that this issue, at its core, is complicated. The major decision to be made is whether \$30 million should stay with Hawaii providers or go to multinational corporations.

History and Mechanics of the 340B Program

The 340B drug pricing program was passed by Congress in 1992 to address two main issues: persistently high drug prices, and access to care for millions of Americans. The 340B program works by increasing the margin that a hospital makes when dispensing a drug. The margin on any transaction is equal to revenue minus cost. A hospital will receive reimbursement from an insurance company for any drug dispensed to a patient to cover the costs of the drug, along with any overhead costs such as labor or space. Under the 340B program, a hospital can acquire eligible drugs at a reduced rate and still receive the same reimbursement. Since their revenue is the same, but the costs are down, then the margin for the hospital increases. This increased margin is often referred to as “savings” generated through the 340B program.



These savings are used by 340B providers for programs such as financial assistance; free wellness visits; transportation to appointments; health education classes, such as comprehensive weight management; free care to indigent patients; and investments in clinical training and workforce development. These savings are especially important for rural hospitals, which are critical facilities that anchor communities and often run zero to negative margins.

Who is Eligible in Hawaii

The federal statute allows non-profit hospitals that serve largely low-income and rural populations to participate in the program. In Hawaii, 15 hospitals qualify to participate in the program—many of which as HHSC facilities. Further, all federally qualified community health centers and Native Hawaiian health centers qualify for the program.

Hospital
Adventist Health Castle
Hilo Medical Center
Kahuku Medical Center
Kapiolani Medical Center for Women and Children
Ka'u Hospital
Kauai Veterans Memorial Hospital
Kona Community Hospital
Maui Health System
Molokai General Hospital
Pali Momi Medical Center
North Hawaii Community Hospital
Samuel Mahelona Memorial Hospital
Straub Clinic and Hospital
Queen's Medical Center
Wilcox Memorial Hospital

All eligible providers run negative, no, or extremely small budget margins. Any additional source of revenue is exceptionally important to providing basic care and ensuring that they are able to stay open and serve their communities.

The Appropriate Role of Contract Pharmacies

Contract pharmacies are a legitimate and important part of the healthcare system. Safety net hospitals typically have limited to no retail pharmacy services, meaning that they are unable to dispense many if not all of the drugs their patients might need on-site. As a result, they must partner (or contract) with pharmacies in the community in order to access the wider inventory needed to adequately serve their patient populations. This is especially true for specialty drugs that require specialized handling, storage, and dispensing. In some cases, those drugs are so specialized that they can only be accessed through specialty pharmacies located outside of the state.

The intent of the 340B program is to provide a *discount on every dose*. The federal statute is indifferent on whether that dose comes directly from a hospital pharmacy, or a partner pharmacy in the community. The federal agency with oversight of the program, the Health Resources and Services Administration, agrees with this interpretation and has long allowed safety-net providers in the program to partner, or contract with, pharmacies in the community to ensure that providers can realize the full benefits of the program.

Drug companies are exploiting the fact that the federal statute is silent on the use of contract pharmacies, and imposing unilateral, unfair restrictions on their use. As a result, \$30 million in funding that has traditionally been used to support safety-net providers is going directly back to the pockets of drug companies as profit.

What Hawaii Can Do

Hawaii can join the majority of states in the nation in fighting back against these unfair restrictions by passing this measure. The language in this bill largely mirrors measures passed in other states that have successfully withstood legal challenges by the drug industry. The measure allows Hawaii as a state to exercise its right to control drug distribution by prohibiting drug companies from limiting the use of contract pharmacies. We can join the increasing number of states who are protecting safety net providers in their community in passing this court-tested language. *Importantly, states have prevailed in every single case that has been decided on this issue and we believe Hawaii will also be successful if this measure is passed.*

At its core, the 340B program is about preserving and expanding healthcare access for people who need it most. This is particularly critical as the current administration and Congress look to drastically cut funding for safety net providers, including hospitals in Hawaii. Restricting contract pharmacies undermines the ability of hospitals and clinics to serve their communities and, in turn, threatens the health and well-being of the people of Hawaii. We must join with other states to protect our residents and patients and pass this critical legislation.

We are requesting the following amendments to Section 2 – page 3, line 18 through page 4, line 19:

"§321- Drug manufacturers ~~[and wholesale distributors]~~; discriminatory acts prohibited. (a) ~~[No drug]~~ A manufacturer ~~[or wholesale distributor]~~, or any agents or affiliates thereof, shall not deny, restrict, or prohibit, either directly or indirectly, the acquisition of a 340B drug by, or shipping or delivery of a 340B drug to, a pharmacy that is under contract with a 340B covered entity and is authorized under such contract to receive and dispense 340B drugs on behalf of the covered entity unless such receipt is prohibited by the United States Department of Health and Human Services. ~~[limit or deny access to a 340B drug by a pharmacy that is contracted with a 340B~~

~~covered entity and is authorized to receive and dispense prescription drugs on its behalf.]~~

(b) Any person who violates any provision of this section shall be deemed to have engaged in unfair or deceptive acts or practices in the conduct of any trade or commerce within the meaning of section 480-2.

(c) For the purposes of this section:

"340B covered entity" means an entity that participates in the federal 340B drug pricing program authorized by title 42 United States Code section 256b.

"340B drug" means ~~[an outpatient]~~ a prescription drug that is purchased by a 340B covered entity through the 340B drug discount program ~~[sold at a discount to a covered entity under the federal 340B drug pricing program]~~ authorized by title 42 United States Code section 256b and that is dispensed by a pharmacy.

"Manufacturer" has the same meaning as defined in section 328-112.

~~["Wholesale distributor" has the same meaning as defined in section 328-112."]~~



Biotechnology Innovation Organization
1201 New York Ave, NW, Suite 1300
Washington, DC, 20005
202-962-9200

January 30, 2025

The Honorable Gregg Takayama
Chair, House Committee on Health
Hawai'i House of Representatives
415 S Beretania St.
Honolulu, HI 96813

Dear Representative Takayama and Members of the Committee:

The Biotechnology Innovation Organization (BIO) has an **oppose** position on **HB 712**, which is currently before your committee. This bill would prohibit biopharmaceutical manufacturers participating in the federal 340B Drug Discount Program ("340B Program") from establishing requirements or standards intended to ensure compliance with federal laws. BIO has very serious concerns with these provisions, which would enact state requirements in an exclusively federal program and would preclude legitimate efforts to ensure transparency and integrity in the 340B Program.

BIO is the world's largest trade association representing biotechnology companies, academic institutions, state biotechnology centers and related organizations across the United States and in more than 30 other nations. BIO's members develop medical products and technologies to treat patients afflicted with serious diseases, delay their onset, or prevent them in the first place. In that way, our members' novel therapeutics, vaccines, and diagnostics not only have improved health outcomes, but also have reduced healthcare expenditures due to fewer physician office visits, hospitalizations, and surgical interventions. BIO membership includes biologics and vaccine manufacturers and developers who have worked closely with stakeholders across the spectrum, including the public health and advocacy communities, to support policies that help ensure access to innovative and life- saving medicines and vaccines for all individuals.

The 340B Program was enacted in 1992 to provide steeply discounted drugs to certain qualified hospitals and clinics, collectively referred to as "covered entities," intended to support these facilities' care to uninsured and underinsured patients. Covered entities are able dispense discounted drugs to patients and receive reimbursement by commercial payers at the full price, keeping the difference and providing a revenue stream for the covered entity. However, under federal law, 340B drugs cannot be subject to Medicaid rebates when dispensed to Medicaid beneficiaries ("duplicate discounts"). Additionally, 340B drugs may only be dispensed to patients of a covered entity; dispensing 340B drugs to ineligible patients is prohibited and referred to as "diversion" from the 340B program.

The 340B program has grown exponentially in volume over the past decade. the 340B program has expanded in ways that no one could have foreseen. From 2015 to 2021, purchases under

the program grew at an average rate of 24% per year and as of 2023 totaled \$66.3 billion.^{1, 2} 340B is now the second largest pharmaceutical program in the nation behind Medicare Part D.³ An October 2020 study found that from April 2010 to April 2020, contract pharmacy arrangements in the program grew by 4,228% from 2,321 in 2010 to 101,469 today.⁴ Because of this explosive growth in the 340B Program, it is important to ensure all appropriate federal laws are being followed and all steps are taken to prevent fraud, waste, and abuse.

In addition to 340B covered entities dispensing drugs directly to patients, the Health Resources and Services Administration (HRSA), which implements the program, has issued sub-regulatory guidance to allow covered entities to contract with outside pharmacies to dispense drugs to covered entities' patients. However, a heightened risk for duplicate discounts and diversion at contract pharmacies exists because, unlike at covered entities' in-house pharmacies, most of the patients visiting contract pharmacies are not eligible for 340B drugs. The federal Government Accountability Office (GAO) reports that contract pharmacies are a significant source of diversion and duplicate discounts, in part, because they often do not identify patients as 340B-eligible until after the prescription has been dispensed.⁵ In fact, the GAO also notes, "66 percent of the 380 diversion findings in HRSA audits involved drugs distributed at contract pharmacies."⁶

HRSA's main mode of enforcing the 340B program is through random audits. They audit 200 covered entities per year, and problems with duplicate discounts and diversion are common findings in audits, as well as working with "contract pharmacies" without any actual contract in place. Idaho facilities are found to have compliance issues approximately on par with the rest of the country. A report by the federal GAO in 2018 found that 72 percent of audits had findings of noncompliance.⁷ Unfortunately, the HRSA audit program has limitations, as indicted in the title of GAO's 2018 report: "Federal Oversight of Compliance at 340B Contract Pharmacies Needs Improvement."

Adding further concern to compliance concerns with contract pharmacies, HRSA does not even cite audit findings of noncompliance if the noncompliance is by a contract pharmacy. In another report in 2021, GAO states "HRSA officials told GAO that, beginning in fall 2019, the agency started issuing findings only when audit information presents a clear and direct violation of the requirements outlined in the 340B Program statute. HRSA officials explained that guidance, which is used to interpret provisions of the 340B statute for the purposes of promoting program compliance among covered entities, does not provide the agency with appropriate enforcement capability. For example, *HRSA officials reported that there were instances among fiscal year 2019 audits in which the agency did not issue findings for a failure to comply with guidance related to contract pharmacies in part because the 340B statute does not address contract pharmacy use and, therefore, there may not have been a clear statutory violation*" (emphasis added).⁸

¹ Fein, Adam, "What I (and Others) Told the Senate about the 340B Drug Pricing Program." Drug Channels, August 8, 2023. Accessed September 14, 2023. <https://www.drugchannels.net/2023/08/what-i-and-others-told-senate-about.html>

² Fein, Adam, The 340B Program Reached \$66 Billion in 2023- Up 23% vs 2022: Analyzing the Numbers and HRSA's Curious Actions." Drug Channels. October 22, 2024. Accessed December 10, 2024.

³ Blalock, Eleanor. Measuring the Relative Size of the 340B Program, BGR Group, June 2022.

⁴ Vanderveelde, Aaron, et al., For-Profit Pharmacy Participation in the 340B Program, BRG Group, October 2020.

⁵ *Drug Discount Program: Federal Oversight of Compliance at 340B Contract Pharmacies Needs Improvement*, GAO Report, June 2018.

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Drug Pricing Program: HHS Uses Multiple Mechanisms to Help Ensure Compliance with 340B Requirements*, GAO Report, December 2020.

We strongly oppose this bill's provisions intended to prohibit biopharmaceutical manufacturers participating in the 340B Program from establishing requirements or standards to ensure compliance with federal laws. The use of contract pharmacies in the 340B Program simply has not been adequately policed by HRSA. It is for this reason that some manufacturers have put in place requirements for covered entities that use multiple contract pharmacies. This particular issue is currently being litigated in several federal courts, as there is no statutory requirement for manufacturers to extend 340B prices to contract pharmacies. Contract pharmacy was created through sub-regulatory federal guidance (guidance that HRSA itself has acknowledged is legally unenforceable⁹). This bill's provisions are nearly identical to bills in nearly *two dozen* other states this year, which are part of an effort by covered entities to inappropriately enshrine *their* interpretation of federal law into state statutes. Yet the belief that manufacturers have no ability to establish standards and must provide discounted 340B drugs to all contract pharmacies, regardless of a history of noncompliance, has been rejected by multiple courts.

Even beyond the exclusive federal jurisdiction of the 340B program and the multiple pending federal lawsuits, the policy contained in these provisions is flawed. Biopharmaceutical manufacturers have participated in the 340B Program for 30 years and, in doing so, provided hundreds of billions of dollars in financial support to covered entities. However, when evidence exists that certain arrangements (i.e., contract pharmacies) result in increased rates of illegal duplicate discounts and diversion of 340B drugs, it is untenable to preclude manufacturers from implementing *any* standards. In doing so, the state would be facilitating contract pharmacies' noncompliance with federal statute.

For these reasons, we respectfully oppose HB 712 and urge your NO vote on this measure. If you have any questions, please do not hesitate to contact me at bwarren@bio.org.

Sincerely,



Brian Warren
Vice President, State Government Affairs

⁹ "HRSA Urges Pharma to Continue 340B Discounts at Contract Pharmacies," *Inside Health Policy*, August 20, 2020.

To: Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair
House Committee on Health

From: Chevelle Davis, MPH - Director of Early Childhood & Health Policy
Hawai'i Children's Action Network Speaks!

Subject: Measure H.B. No. 712 – Relating to Health Program

Hearing: Friday, January 31, 2025, at 9:15 AM, Conference Room 329

POSITION: Support

Aloha e Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the committee:

Mahalo for the opportunity to provide testimony in **strong support of H.B. No. 712**, which seeks to prohibit drug manufacturers and wholesale distributors from restricting or denying access to pharmacies contracted with 340B covered entities from purchasing 340B drugs at the federally mandated discounted prices. This bill is essential to upholding the integrity and intent of the federal 340B Drug Pricing Program, ensuring that safety-net providers can continue to serve vulnerable and underserved populations.

The 340B Drug Pricing Program was established by Congress in 1992 with the specific goal of enabling covered entities—such as community health centers, rural hospitals, and nonprofit clinics—to stretch scarce federal resources and provide essential healthcare services to low-income and uninsured patients. However, in recent years, drug manufacturers and distributors have increasingly engaged in restrictive practices that limit access to these discounted drugs. These actions not only undermine the purpose of the 340B program but also jeopardize the ability of safety-net providers to deliver affordable medications and critical healthcare services to those most in need.

By prohibiting these unfair and deceptive practices, H.B. No. 712 will:

1. **Ensure Patient Access to Affordable Medications** – The restrictions imposed by drug manufacturers and distributors have led to increased costs for 340B covered entities, which ultimately impacts patients who rely on these discounted medications. This bill will help restore fair pricing and protect patient access to necessary treatments.
2. **Support Safety-Net Providers** – Community health centers, rural hospitals, and nonprofit healthcare organizations depend on 340B savings to fund vital programs, including uncompensated care, substance use treatment, and preventive health services. Ensuring that 340B entities can access discounted drugs without restriction is critical to maintaining these services.
3. **Hold Manufacturers and Distributors Accountable** – The bill imposes civil penalties for engaging in unfair or deceptive trade practices, creating a deterrent against exploitative pricing policies and reinforcing the obligation of drug manufacturers and distributors to comply with the 340B program's requirements.

4. **Promote Health Equity** – Many 340B covered entities serve populations that experience significant health disparities. Protecting the ability of these providers to access affordable medications is a key step in reducing barriers to care and addressing inequities in healthcare access and outcomes.

Without legislative action, restrictive practices by drug manufacturers and distributors will continue to threaten the viability of the 340B program and the essential healthcare services it supports. This bill is a necessary safeguard to ensure that covered entities can continue their mission of providing care to the most underserved members of our communities.

For these reasons, **I strongly urge the committee to pass H.B. No. 712** and protect the integrity of the 340B Drug Pricing Program.

Mahalo for the opportunity to provide testimony on this important measure.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Greg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair
Members, House Committee on Health

From: Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: January 31, 2025

Re: Support for HB712: Relating to Health

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of HB712, which prohibits drug manufacturers and wholesale distributors from restricting or denying access for pharmacies contracted with 340B covered entities to purchase 340B drugs at a discounted price under the federal 340B Drug Pricing Program.

The Queen's Health Systems' hospitals relies on 340B program savings to stretch scarce federal resources to reach more patients and provide more comprehensive services exactly as Congress intended when they created the 340B program over 30 years ago. QHS 340B hospitals use affiliated and community based retail and specialty mail order pharmacies to expand the reach of the 340B program to allow patients to receive 340B drugs close to their home or work via a well-defined contract pharmacy network. These contract pharmacy relationships are required to adhere to all of the same rules and regulations governing the 340B program as the covered entity 340B hospitals.

Queen's 340B contract pharmacy networks have operated with great integrity since their inception, but in early 2020 as Hawai'i and the rest of the world was trying to deal with the Covid-19 pandemic, a handful of the world's most profitable drug manufactures created unnecessary and burdensome barriers to 340B pricing. More than four years later, the number of manufactures nationally who restrict access to 340B pricing for hospitals has grown to 38. Many of the manufactures only allow shipping of their drugs to the 340B hospital parent or hospital outpatient clinics directly which is in direct conflict of the 340B program's intent of reaching more patients. These unilateral and arguably unlawful manufacture restrictions cost hospitals billions of dollars

The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

annually in increased drug cost and lost revenue. This is particularly troubling in today's healthcare landscape where rural and critical access hospitals are asked to do more with less and are ceasing to exist with greater frequency; the result creating increasing challenges to access for populations who need services the most.

In Hawai'i, the manufactures' 340B contract pharmacy policies, again in direct conflict with the Congress' stated intent for 340B, cost Queen's and other Hawai'i hospitals and health center millions in excess drug cost and lost revenue from their contract pharmacies. We implore you to take action to hold these companies accountable and protect the hospital and healthcare safety net that our communities depend on.

Furthermore, we support the amendments put forth by the Healthcare Association of Hawai'i (Section 2 – page 3, line 18 through page 4, line 19) striking the reference to wholesale distributors.

Thank you for the opportunity to testify in strong support of HB712.

HB-712

Submitted on: 1/29/2025 9:43:13 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Alysa Lavoie	Individual	Support	Written Testimony Only

Comments:

Healthcare should never be driven by profit.

I firmly support the bill that prevents drug manufacturers and wholesale distributors from restricting or denying 340B drug discounts to pharmacies contracted with 340B-covered entities. The 340B Drug Pricing Program was designed to help safety-net providers—including critical access hospitals and federally qualified health centers—fulfill their mission of caring for vulnerable populations.

The cost savings from this program are reinvested directly into communities, broadening access to essential services such as adult dental care, clinical pharmacy programs, and affordable medications. Contract pharmacies play a crucial role in overcoming geographic and financial barriers to care. However, since 2020, drug manufacturers have increasingly imposed restrictions on 340B drug access at these pharmacies, significantly reducing the resources needed to sustain vital services.

These restrictions have had a tangible impact on patient care and health outcomes. Passing this bill is essential to preserving the integrity of the 340B program and ensuring that those who rely on it continue to receive the care they need.

HB-712

Submitted on: 1/29/2025 10:55:43 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Ronald Taniguchi, Pharm.D., MBA	Individual	Support	Written Testimony Only

Comments:

In full support of HB712. Mahalo.

HB-712

Submitted on: 1/29/2025 11:04:36 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr. Christina MB Wang	Individual	Support	Written Testimony Only

Comments:

Support

HB-712

Submitted on: 1/29/2025 11:56:23 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Myriam Saboui	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee

I support HB 712. The 340B Drug Discount Program was established in 1992 to help safety-net providers such as critical access hospitals and federally qualified health centers stretch their scarce resources to serve the most vulnerable populations. The savings realized by these covered entities through the 340B program are required, by statute, to be reinvested back into the communities they serve by expanding patient access to services that would normally be unfunded. These services include such things as adult dental care, enabling services, clinical pharmacy programs, and affordable medication programs. Contract pharmacies serve as extensions of the covered entities, increasing patient access by reducing geographic and financial access barriers. Four out of ten health centers rely solely on contract pharmacies and nine out of ten health centers use contract pharmacies to meet their community’s medication access needs. Since 2020, drug manufacturers have begun restricting access to 340B priced medications at contract pharmacies such that 39 manufacturers now restrict shipments of their medications with limitations varying by covered entity type. This has resulted in dramatic decreases in the financial resources needed to support these otherwise unfunded patient access programs. Patient access to care and clinical outcomes suffer as a result.

HB-712

Submitted on: 1/29/2025 12:25:43 PM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Sylva	Individual	Support	Written Testimony Only

Comments:

I strongly support the bill that prohibits drug manufacturers and wholesale distributors from restricting or denying access to 340B drugs at discounted prices for pharmacies contracted with 340B covered entities. The 340B Drug Pricing Program was established to support safety-net providers, such as critical access hospitals and federally qualified health centers, in their mission to serve vulnerable populations. The savings generated by the program are reinvested back into the communities, expanding access to vital services like adult dental care, clinical pharmacy programs, and affordable medications. Contract pharmacies play a critical role in increasing access by overcoming geographic and financial barriers. Yet, since 2020, drug manufacturers have increasingly restricted 340B drug access at these pharmacies, severely limiting the resources needed to sustain essential services. This has had a direct impact on patient care and clinical outcomes. This bill is vital to protect the integrity of the 340B program and ensure continued access to care for those who need it most.

HB-712

Submitted on: 1/29/2025 12:42:24 PM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Jason Yaris	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee,

I support HB 712. The 340B Drug Discount Program was established in 1992 to help safety-net providers such as critical access hospitals and federally qualified health centers stretch their scarce resources to serve the most vulnerable populations. The savings realized by these covered entities through the 340B program are required, by statute, to be reinvested back into the communities they serve by expanding patient access to services that would normally be unfunded. These services include such things as adult dental care, enabling services, clinical pharmacy programs, and affordable medication programs. Contract pharmacies serve as extensions of the covered entities, increasing patient access by reducing geographic and financial access barriers. Four out of ten health centers rely solely on contract pharmacies and nine out of ten health centers use contract pharmacies to meet their community’s medication access needs. Since 2020, drug manufacturers have begun restricting access to 340B priced medications at contract pharmacies such that 39 manufacturers now restrict shipments of their medications with limitations varying by covered entity type. This has resulted in dramatic decreases in the financial resources needed to support these otherwise unfunded patient access programs. Patient access to care and clinical outcomes suffer as a result.

HB-712

Submitted on: 1/29/2025 3:06:32 PM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
angelina keys	Individual	Support	Written Testimony Only

Comments:

I am writing to express my support for **HB712**, which prohibits drug manufacturers and wholesale distributors from restricting or denying access to pharmacies contracted with 340B covered entities to purchase 340B drugs at a discounted price under the federal 340B Drug Pricing Program. I believe this bill is crucial for ensuring continued access to affordable medications for underserved populations, especially in light of the increasing challenges faced by health systems and patients who depend on the benefits of the 340B program.

Key Points of Support for HB712:

1. **Ensuring Access to Affordable Medications:** The 340B program is a vital resource for healthcare providers that serve vulnerable communities, including low-income and uninsured patients. By requiring manufacturers and distributors to honor the discounted prices, this bill helps to ensure that pharmacies contracted with 340B entities can continue to provide essential medications at reduced costs.
2. **Protecting Public Health:** When pharmacies are unable to access medications at the 340B discount, it disrupts the ability of healthcare providers to meet the needs of their patients. This restriction can lead to higher drug costs for patients and healthcare systems, ultimately undermining public health initiatives aimed at improving outcomes in underserved communities.
3. **Addressing Unfair Practices:** HB712 also takes a necessary step in imposing civil penalties for engaging in unfair or deceptive practices in the conduct of trade or commerce. Drug manufacturers and distributors should be held accountable if they engage in practices that unfairly limit or prevent pharmacies from accessing discounted 340B drugs.
4. **Supporting Healthcare Providers and Patients:** Pharmacies that are part of the 340B program play a critical role in delivering affordable care to communities in need. Ensuring that these pharmacies have unhindered access to discounted drugs helps maintain a strong safety net for vulnerable populations and supports the broader goals of equitable healthcare access.

In conclusion, I strongly support HB712 because it will reinforce the integrity of the 340B Drug Pricing Program, protect pharmacies and patients, and help ensure that underserved communities can continue to receive the medications they need at affordable prices.

Thank you for considering my testimony in support of this important legislation. I urge you to pass HB712 in order to protect both healthcare providers and patients who rely on the benefits of the 340B program.

Testimony on House Bill 712
Relating to Health
Submitted by Dr. Steven Pine, DDS.
January 29, 2025

Hawai'i State Legislature
Committee on Health & Human Services

Dear Chair, Vice Chair, and Members of the Committee,

I write today in strong support of HB 712, which seeks to preserve the integrity of the 340B Drug Pricing Program by prohibiting drug manufacturers from restricting access to 340B-priced medications through contract pharmacies.

The 340B Drug Discount Program, established by Congress in 1992, was designed to help safety-net providers—such as Federally Qualified Health Centers (FQHCs), critical access hospitals, and other nonprofit healthcare organizations—stretch their limited resources to provide vital services to the most underserved members of our communities. Under this program, the savings realized by covered entities are required to be reinvested in essential patient care programs, including adult dental services, behavioral health, medication assistance, chronic disease management, and other critical healthcare initiatives that would otherwise go unfunded.

Contract pharmacies play a critical role in ensuring that patients, especially those in rural and underserved areas, have access to life-saving medications. However, since 2020, drug manufacturers have increasingly placed arbitrary restrictions on contract pharmacies, jeopardizing the financial viability of safety-net providers and limiting patients' access to affordable prescription drugs. As of today, 39 manufacturers impose restrictions on 340B-priced medications, undermining the original intent of the program and resulting in millions of dollars in lost savings for healthcare providers that serve Hawai'i's most vulnerable populations.

The consequences of these restrictions are severe:

- Patients are forced to travel long distances or pay higher prices for essential medications.
- Health centers and hospitals lose critical funding that would otherwise support comprehensive patient care.
- Public health disparities widen, particularly in rural and Native Hawaiian communities.

HB 712 ensures that Hawai'i takes a stand against these unfair practices by prohibiting drug manufacturers from restricting access to 340B-priced medications through contract

pharmacies. Without these protections, many community health providers will struggle to maintain the programs that keep our most vulnerable patients healthy.

I urge you to pass HB 712 to safeguard healthcare access for Hawai'i's communities and uphold the original intent of the 340B Drug Pricing Program.

For these reasons I strongly support **HB 712**. Thank you for the opportunity to testify.

Mahalo for your time and consideration.

Steven Pine

Steven C. Pine D.D.S.

HB-712

Submitted on: 1/29/2025 6:50:40 PM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Raquel Curtis	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee

I support HB 712. The 340B Drug Discount Program was established in 1992 to help safety-net providers such as critical access hospitals and federally qualified health centers stretch their scarce resources to serve the most vulnerable populations. The savings realized by these covered entities through the 340B program are required, by statute, to be reinvested back into the communities they serve by expanding patient access to services that would normally be unfunded. These services include such things as adult dental care, enabling services, clinical pharmacy programs, and affordable medication programs. Contract pharmacies serve as extensions of the covered entities, increasing patient access by reducing geographic and financial access barriers. Four out of ten health centers rely solely on contract pharmacies and nine out of ten health centers use contract pharmacies to meet their community’s medication access needs. Since 2020, drug manufacturers have begun restricting access to 340B priced medications at contract pharmacies such that 39 manufacturers now restrict shipments of their medications with limitations varying by covered entity type. This has resulted in dramatic decreases in the financial resources needed to support these otherwise unfunded patient access programs. Patient access to care and clinical outcomes suffer as a result.

Thank you for your consideration,

Raquel Curtis

HB-712

Submitted on: 1/29/2025 7:52:10 PM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel Saltman	Individual	Support	Written Testimony Only

Comments:

Yes, please support and strengthen 340B pharmacies. They offer an excellent option to folks who do not have a lot of means. As a community health center physician in Hawai`i, I have first hand experience with 340B pricing that has provided a chance for patients to get medicines they would not otherwise be able to afford.

HB-712

Submitted on: 1/30/2025 12:06:28 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha HLT Chair, Vice Chair, and Members,

As a public health professional in Hawai'i, I write in **strong support for HB712**. This measure would reduce external interference from pharmaceutical companies on savings to healthcare providers in the state.

To ensure a healthy public and workforce, Hawai'i relies on safety-net providers such as critical access hospitals and federally qualified health centers to provide quality care for residents statewide, especially our rural and Neighbor Island communities. To do this, these organizations must stretch their scarce resources through programs such as 340B.

The savings realized by these covered entities through the 340B program are required, by statute, to be reinvested back into the communities they serve by expanding patient access to services that would normally be unfunded. These services include such things as adult dental care, enabling services, clinical pharmacy programs, and affordable medication programs.

Over 35 manufacturers now restrict shipments of their medications with varying limitations to local healthcare safety-net providers. This has resulted in dramatic decreases in the financial resources needed to support otherwise unfunded patient access programs. Patient access to care and clinical outcomes suffer as a result.

Please support this measure to ensure sustainable access to healthcare for all communities in Hawai'i.

Mahalo,

Thaddeus Pham

Makiki, HI