

The 340B program was intended to help hospitals serve low-income patients with affordable medicines. But many hospitals now exploit it to boost profits – leaving patients stuck with higher healthcare costs and fewer options for care in their community.

- Big hospitals enroll in 340B, often exploiting loose rules to claim eligibility.
- They prescribe 340B drugs to all patients even those with insurance.
- Despite purchasing drugs at 340B discounted prices, hospitals charge patients full price.





- They purchase drugs at deeply discounted 340B prices.
- They administer 340B drugs in-house or through external for-profit pharmacies.
- Big hospitals, PBMs, and for-profit pharmacies pocket the profits.

Who Pays the Price?

Patients Pay More Without Seeing Any Benefits

Patients often pay based on the undiscounted price, not the lower 340B price, while hospitals pocket the difference, leading to higher out-of-pocket costs.

Hospitals Shift Focus Away from Vulnerable Communities

Hospitals prioritize expanding services to wealthier areas – sometimes closing clinics or eliminating critical services in low-income areas – leaving underserved communities with reduced access to care.

Independent Providers and Pharmacies Get Squeezed Out

Hospitals steer prescriptions to large, retail contract pharmacies, forcing independent providers out and limiting patient access to personalized care.



Learn more at betterhospitalsnow.org