

340B hospitals mark up prescription drug prices and pocket the revenue. To see if patients benefit, Community Action for Responsible Hospitals analyzed public data on **Michigan hospitals' revenue growth, financial investments, charity care,** and **workforce pay.**

Our findings expose a system rigged against Michigan families.

MONEY IN FROM PATIENTS



MONEY OUT TO WALL STREET



Hospitals use 340B as a profit engine.

- Michigan's 340B hospitals reported 49% (Table 1a) higher patient revenue than non-340B hospitals.
- These hospitals netted an average of \$647 million in revenue – nearly triple the \$229 million reported by non-340B hospitals.

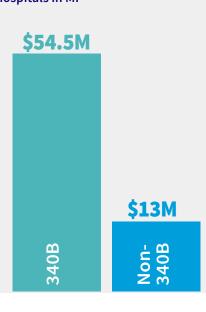
340B dollars are funneled into

Wall Street portfolios.

 Michigan's 340B hospitals invested 113% (*Table 1b*) more revenue into stocks and bonds on average, than non-340B hospitals.

• On average, these hospitals invested **\$54.5 million**, compared to just **\$13 million** by non-340B hospitals. (Figure 1).

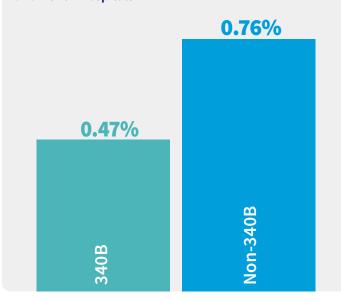
Figure 1: Average investments by 340B DSH v. non-340B hospitals in MI





BARELY THERE CHARITY CARE

Figure 2: Average charity care provided by 340B DSH v. non-340B hospitals in MI



REWARDING EXECUTIVES, IGNORING WORKERS

340B dollars are not reinvested in frontline caregivers or the hospital workforce.

Michigan's 340B hospitals' pay rates for employed, contracted, or total employees were no more than non-340B hospitals (*Table 3*).

340B dollars are not used to help low-income and uninsured patients access medicine.

- Despite higher revenues, Michigan's 340B hospitals delivered 34% (Table 2a) less charity care, on average, than non-340B hospitals.
- On average, 340B hospitals dedicated only 0.47% of net patient revenue to charity care compared to 0.76% at non-340B hospitals (Figure 2).



Michigan's 340B disproportionate share hospitals take in far more revenue than their peers, but deliver less charity care and no gains for workers. Instead of supporting patients, 340B dollars are steered into Wall Street investments – not community benefit.

Sources

- Grabert, L. Hospital Spending Analysis: Michigan, carh.info/mianalysis
- National Academy for State Health Policy (NASHP), carh.info/nashp
- · Health Resources & Services Administration (HRSA), Office of Pharmacy Affairs Information System, carh.info/hrsa
- Michigan Health Purchasers Coalition, Price Transparency in Hospital Services and Drugs, **carh.info/mihpc**
- The Heartland Institute, Report: Hospital Executives Are Getting Paid Millions of Dollars a Year, carh.info/miceo
- U.S. Bureau of Labor Statistics, carh.info/nursepay

