The 340B Program

In a blog post titled “Ending the Epidemic Requires a Comprehensive Approach to Health Care,” AIDS United’s working group of safety net providers weighs in. Below is an edited excerpt.

January 3, 2022 By AIDS United

As members of AIDS United’s 340B Working Group, we’re working to end the HIV epidemic by the end of the decade. That isn’t fantastical thinking—it is more than possible with today’s medical science.

For those of us living with HIV, there are medicines that can make the virus undetectable in our bodies. In addition to the many personal health benefits of reaching this undetectable level, it also means it’s impossible for us to pass the virus along to others. That’s what’s meant by Undetectable Equals Untransmittable, or U=U.

And for those of us who are vulnerable to HIV, there is pre-exposure prophylaxis, or PrEP, a highly effective drug that prevents us from contracting the virus.

However, it isn’t science holding us back from ending the HIV epidemic.

The issue is the same problem that leads to so many terrible health outcomes in our society—systemic barriers to health care that disproportionately harm people of color, people with low incomes, LGBTQ people and people living at the intersections of these identities. These groups have always been the most harmed by the HIV epidemic; 40 years later, that has not changed. But it can.

The AIDS United 340B Working Group is composed of 13 safety net providers working to advance health equity across the country by getting HIV services to the people in communities harmed by these systemic barriers. Collectively, we provide care and services to over 100,000 people across 11 states and the District of Columbia.

We’re working to make a difference. And one federal program in particular is helping us do it: the 340B Drug Pricing Program.

The 340B Drug Pricing Program is an essential program that allows eligible HIV service organizations like ours to give our patients living with HIV access to the medicines they need to live long, healthy lives. It allows us to get patients vulnerable to HIV access to PrEP and the testing they need to know their status.

But the funding we get from the 340B discount program allows us to do so much more than that.

What good is a prescription if you don’t have the transportation you need to make it to your doctor appointments? How can people experiencing homelessness follow a consistent prescription schedule when every day they have to wonder where to get their next meal?

We cannot end the HIV epidemic without services like these that allow those of us living with HIV to access care. We need transportation. We need nutrition programs. We need assistance finding health insurance. People facing systemic barriers need holistic care and support. We cannot provide these programs without the critical funding the 340B program provides.

Our organizations stretch every last dollar to get people the care they need. And, with federal resources scarce, a huge percentage of those dollars come from our participation in the 340B program. It is no exaggeration to say that without the 340B Drug Pricing Program, we would be forced to substantially decrease the types of services we provide and the number of people we’re able to welcome through our doors.

Pharmaceutical companies are doing everything in their power to sidestep or outright destroy this program. 340B cuts into their bottom line. [Clinics obtain steep discounts on meds, leaving them with extra cash.]

But Big Pharma—and the HIV community too—needs to remember how critical the 340B program is to our work and to the efforts to end the HIV epidemic in this country. AIDS United, and its 340B Working Group, will be doing everything we can to preserve this indispensable government program.

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