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OPINION Guest writer

Care at risk

Drugmakers threaten drug program

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Arkansas continues to be hammered by covid-19, but it seems the big drug manufacturers, for some ill-conceived reason, have chosen this time to attack a prescription drug program that benefits thousands of low-income Arkansans.

Our society demands quality, dependable health care now more than ever. People shouldn’t stress over affording their prescriptions.

Multiple pharmaceutical manufacturers are threatening to charge much more for drugs that our patients count on for treating and stabilizing diabetes, heart conditions, and many other ailments. Other drugmakers want to stop offering drugs to certain pharmacies connected to nonprofit Community Health Centers (CHCs).

These prescriptions may be just little pills, but they mean so much more to our patients; they are lifelines that can literally mean the difference between life and death. Other patients risk exhausting their savings to maintain their prescriptions.

The program at risk is known as 340B, named after a corresponding section in the federal Public Health Service Act of 1992. To summarize, it requires drug companies as a condition of participating in the Medicaid market to provide discounts to certain hospitals and other health-care providers, such as CHCs. Those savings help low-income patients get medical care and help CHCs provide healthcare access to those hardest to reach.

The program has produced some amazing results since its inception. Victoria Hennessey, owner of a pharmacy contracted with Community Clinic, a CHC in Springdale, said: “Especially with covid-19, we’ve had a lot of patients who have lost insurance and need help. We work closely with patients and their medical providers to ensure they continue to receive the medicine they need to survive at affordable prices. A lot of these patients would not have access to critical medication without 340B.”

For example, Hennessey cites one coupleshe was proud to help. They had health-insurance coverage through the wife’s job until she was laid off due to covid-19. Courtesy of the 340B program, diabetes and blood pressure medications were obtained for a $13-a-month co-pay. Without 340B, they would have cost the couple more than $1,200.

The program is a must at Community Clinic, which works hard to serve the Latino and Marshallese populations in northwest Arkansas; many are uninsured and have been hit especially hard during the
pandemic.

In Arkansas last year, thanks to 340B, more than 110,000 prescriptions were distributed at significant discounts to under-insured and uninsured patients by the 10 CHCs that are members of the Community Health Centers of Arkansas. We are in all corners of the state, including Mainline Health Systems in the Delta, 1st Choice Healthcare in northeast Arkansas, and River Valley Primary Care Services in western Arkansas, just to name a few. Each year we serve more than 220,000 Arkansans.

But the drug industry doesn’t seem concerned about that. In a recent news release, the Pharmaceutical Research and Manufacturers of America (PhRMA) alleged that “contract pharmacies … siphon money out of the program and away from vulnerable patients.”

CHCs take offense at this statement. Who are these supposedly greedy contract pharmacists? They include good and decent local Arkansans, including Hennessey. She’s not trying to bilk a federal program. All she wants to do is help her patients get the medication they need.

It is the mission of CHCs to provide access to quality health care to those most in need, especially vulnerable and income populations. Rural areas most benefit from 340B, and elected officials in Arkansas are smart enough to see its value.

U.S. Sen. John Boozman, R-Ark., recently signed on to a bipartisan letter with 27 other senators, urging the Department of Health and Human Services to address concerns raised by CHCs and hospitals because “we fear potential exacerbation of … shortfalls in resources at a time when they are needed most.”

We also thank each of the four members of the state’s congressional delegation, Republican Reps. Steve Womack, Rick Crawford, French Hill, and Bruce Westerman. They sent a letter to drug manufacturers Eli Lilly, Merck, Sanofi, Novartis, and Astra-Zeneca warning that changes to 340B would “limit patient access to affordable medications and likely result in the closure of existing community pharmacies in underserved areas.”

Hey, we couldn’t have said it better ourselves.

The timing of the 340B debate is made even more troubling because Congress still has not approved an extender for a significant funding stream for Community Health Centers which expires Dec. 11. A House-passed covid-relief bill includes a $77 billion request from the National Association of Community Health Centers, which, unfortunately, hasn’t been included in proposed Senate legislation.

All this is to say that we need help if CHCs are to continue to be a viable source for good in Arkansas communities, improving health care in hard-to-reach areas of the state, especially during covid-19. We are pleading with the administration in Washington to help protect 340B. Please remind your elected representatives how important CHCs are to your communities.

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