



340B AND CANCER HEALTH EQUITY

340B and Cancer Health Equity

Association of American
Cancer Institutes

Why Healthy Equity / Why Now?

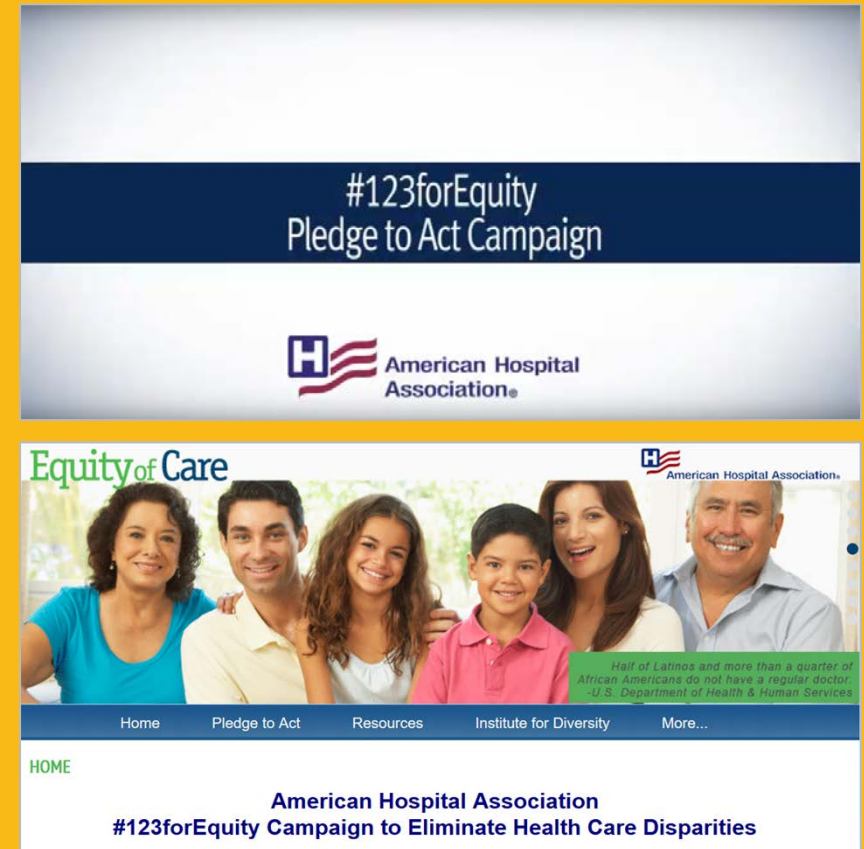
National health priorities

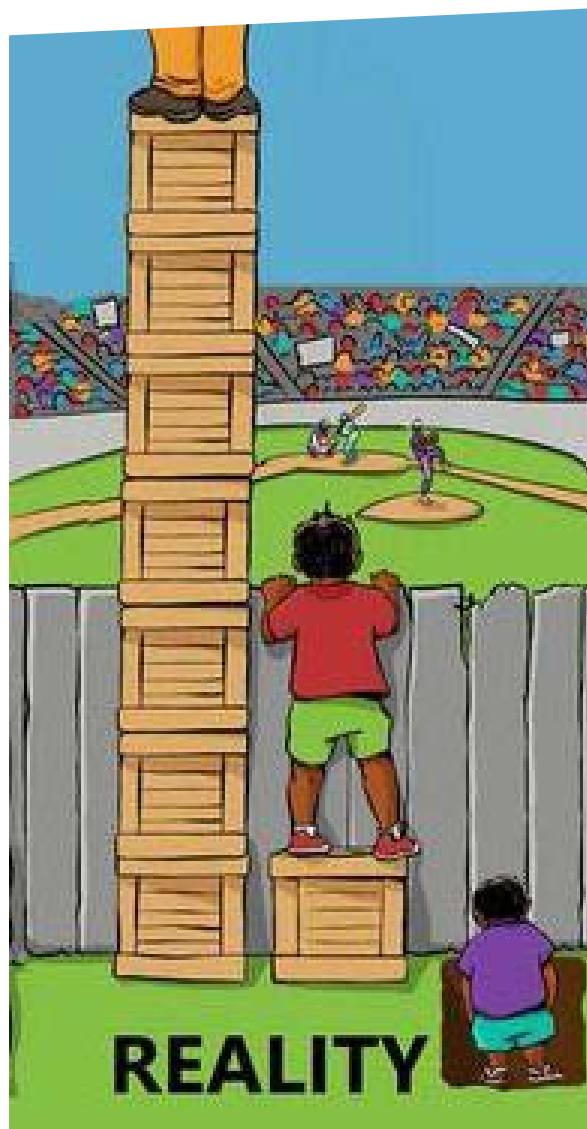
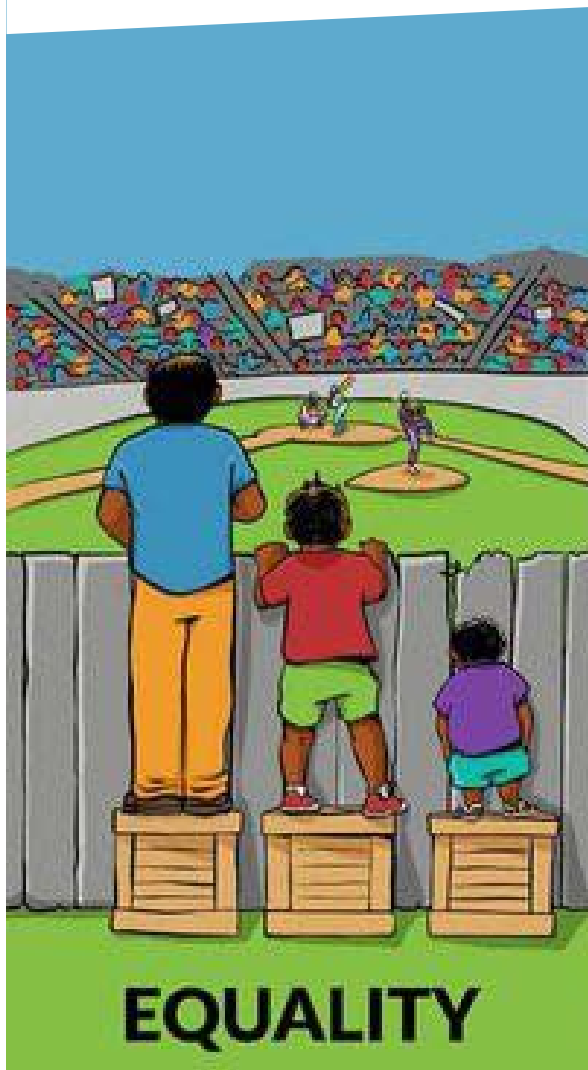
These priorities have expanded from “eliminate health disparities among different segments of the population” in Healthy People 2010 to “**achieve health equity**, eliminate disparities, and improve the health of all groups” in Healthy People 2020.

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.

[Read Full Executive Order](#)

AHA Pledge





Health Equity and 340B



By way of background, health equity is defined as **everyone having the opportunity to attain their highest level of health (APHA)**



Health equity means that everyone has a fair and just opportunity to be healthy (RWJF)



Together our understanding of health equity makes 340B even more important – as we seek policy and advocacy solutions that bridge the divide for communities with the greatest need

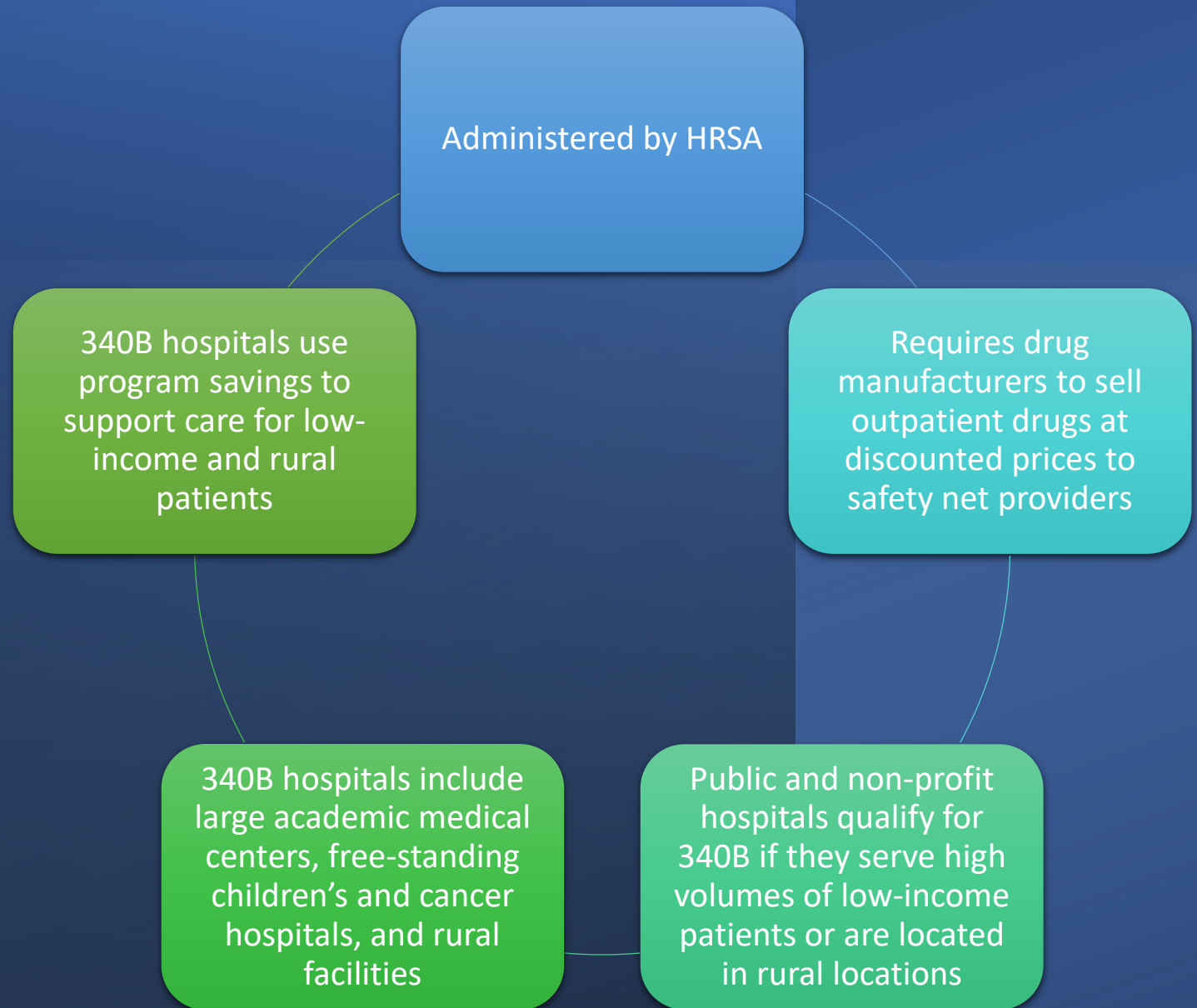
340B and Cancer Care Equity

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340B Program Background



340B and Cancer Centers

- Many of the nation's cancer centers are affiliated with or are a part of a 340B hospital
- Most of the National Cancer Institute (NCI)-designated cancer centers are affiliated with 340B hospitals
- 340B hospitals use 340B-discounted drugs in outpatient facilities that are “provider-based” and considered by Medicare to be part of the hospital
- **If a cancer center is part of a 340B hospital, it is likely that it is accessing chemotherapy products at significantly discounted rates**
- **Low-income cancer center patients are able to access affordable clinical and pharmacy services because of the 340B program**

The Role of 340B in the Safety Net

- Medicare patients of 340B DSH hospitals are:
 - 43% more likely to be low income,
 - 29% more likely to be disabled, and
 - 66% more likely to be Black or African American than patients of non-340B hospitals

https://www.340bhealth.org/files/340B_Patient_Characteristics_Report_FINAL_04-10-19.pdf

- 340B and Medicaid are intrinsically linked
 - Congress created 340B to offer safety net providers the same drug discounts that Congress previously extended to state Medicaid agencies
 - DSH hospitals qualify for 340B by treating high volumes of Medicaid and low-income Medicare patients
 - 340B hospitals provide 75% of all hospital care to Medicaid patients
 - **Protecting the safety net means not only protecting Medicaid, but also protecting the 340B program**

https://www.340bhealth.org/files/340B_and_Medicaid_and_Low_Income_Medicare_Patients_Report_7.10.2020_FINAL.pdf

- 340B savings finance care for low-income and rural patients and allow hospitals support and maintain uncompensated care

340B Hospitals: A Key Part of the Cancer Safety Net

- Medicare cancer patients of 340B DSH hospitals are:
 - 57% more likely to be low income,
 - 36% more likely to be disabled,
 - 78% more likely to be Black, and
 - 92 more likely to be Hispanic than those of non-340B hospitals

https://www.340bhealth.org/files/340B_Oncology_Demographics_Issue_Brief_Final.pdf

- 340B hospitals report using program savings to maintain and improve access to affordable infusion services and operate infusion clinics
- In rural areas, 340B allows patients to access infusion services close to home without driving hundreds of miles to access cancer care

340B and Cancer Center Advocacy

- Drug manufacturers are taking actions to limit access to 340B pricing
 - Providers are asking HHS to enforce the law and penalize manufacturers that violate the statute
 - Providers are asking Congress to urge HHS to enforce the statute
- Medicare continues to reimburse 340B hospitals at lower rates than non-340B providers
- **Cancer centers advocating before Congress and the new administration can:**
 - **Promote the role they play in the safety net and addressing disparities in access to cancer care**
 - **Highlight the importance of 340B in supporting care for underserved populations and improving health equity**
 - **Ask Congress and the administration to protect the 340B program**

Contact Information and 340B Resources

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340B Health

<https://www.340bhealth.org/>

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WAYNE STATE UNIVERSITY



340B and Cancer Health Equity

Keysha Brooks-Coley

Vice President, Federal Advocacy & Strategic Alliance

By 2035...



ACS CHALLENGE GOAL: 40% reduction in cancer deaths by 2035

We can't do this without addressing disparities in cancer outcomes. ACS must strengthen our commitment to health equity and increase our understanding of the social determinants that drive disparities in the cancer burden.

Cancer Facts and Figures



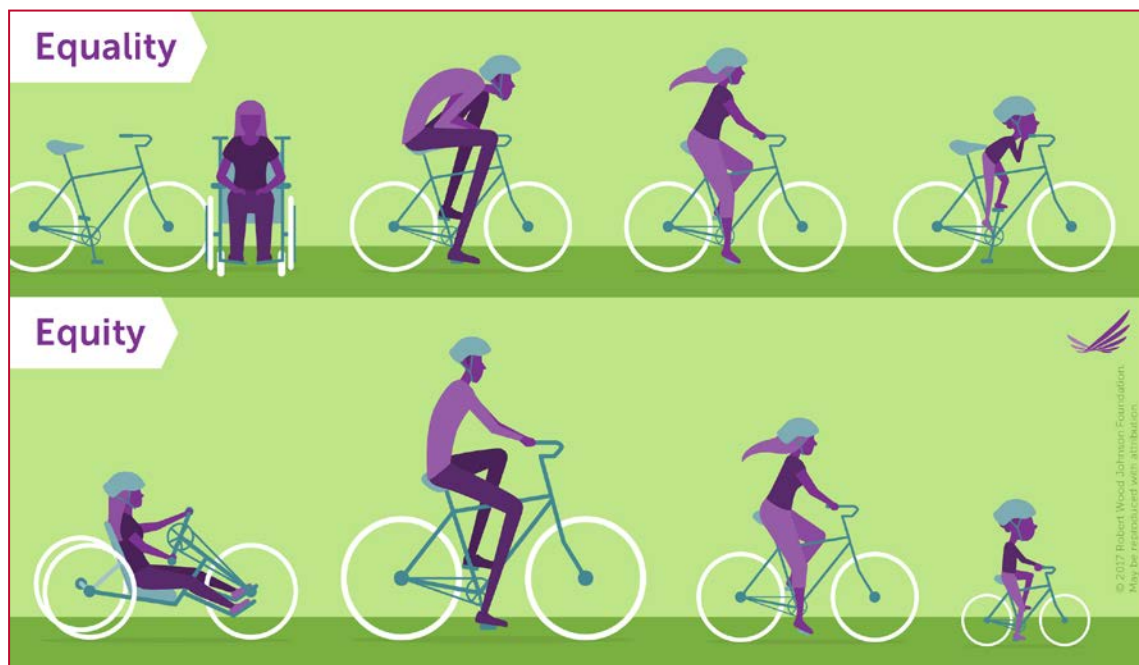
Cancer Facts & Figures for African Americans 2019-2021



- African Americans/Black individuals have highest death rates and lowest survival for most cancers
- Hispanic/Latina women have a 35% higher rate of cervical cancer than non-Hispanic whites

Definition of Health Equity Through A Cancer Lens

Everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.



Equity is not the same as equality.
Equality is providing everyone with the same tools and resources.

To achieve equity, individuals and populations with the greatest needs and least resources require different, not equal, effort and resources to improve their health.

Advancing Health Equity



Research

Accelerating new discovery and implementation through **data science, population science and extramural discovery science**



Cancer Control

Implementation of evidence-based strategies in **prevention, early detection, cancer treatment, & survivorship** to improve **population** outcomes



Advocacy (ACS CAN)

Advocating for public policies related to access to care, prevention, and research



Health Equity at ACS CAN

Health equity is woven throughout each of ACS CAN's priorities:



Prevention

Ex.) Increasing funding for the National Breast & Cervical Cancer Early Detection Program, providing screening services to low-income, uninsured & underinsured women; and expanding Medicaid coverage for tobacco cessation



Accelerating Cures & Treatments

Ex.) Pursuing policies that ensure clinical trials enroll diverse patient populations; and policies that provide clinical trial navigation services to medically underserved groups;



Access to Care

Ex.) Preserving provisions of the ACA that aid racial/ethnic minorities of low SES, including patient protections and transportation services

Access to Care

WHY IS THIS IMPORTANT?



Access to **coverage** means access to care



Racial/ethnic minorities are more likely to be **un- and underinsured**



Since 2016, un- and underinsured rates have **increased**

SUCCESSES



ACA protections for people with **pre-existing conditions**



Repeal/replace plans that did not adequately **protect** patients



Medicaid **expansion**



ACA patient **navigation services**

WORK TO BE DONE



Remaining states that need to **expand** Medicaid



Address affordability of coverage **to keep out of pocket costs down**



Stop junk plans that do not comply with ACA

Medicaid Covers US



- Public education project to elevate the positive impact Medicaid has on beneficiaries, communities, and our nation
- National multi-media public education campaign to inform, support, advance, and promote the value of Medicaid

340B Program



- 340B is a part of the health care safety net
- 340B savings supports and maintains uncompensated care
 - Care for **low-income** patients and those in **rural** communities
- Addressing racial health equity is critical to meet the needs of the disproportionate needs for these and ALL patients

ACS CAN will continue to:



- Engage on health equity and health disparities issues during the 117th Congress
- Advocate for access to coverage ~ including policy changes that address accessibility and affordability of care
- Advocate to expand Medicaid
- Advocate for equitable patient access to lifesaving treatments and access to clinical trials