The Minnesota Star Tribune

READERS WRITE

Readers Write: 340B Programs

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Ask us individuals about this

Every 12 weeks, I receive an infusion treatment for my migraines. The bill for these treatments is nearly $9,000.

The medication itself is the biggest cost, $8,200. However, the manufacturer's price for this drug is only about $2,000. My hospital billed $6,200 above the list price.

What's even worse is that my hospital participates in a program known as 340B. This program allows certain hospitals to purchase prescription drugs at deeply discounted prices, often 50-80% below the list price. That means my hospital could have paid just a few hundred dollars for my medication, while charging me $8,200. That's a 310% markup.

My out-of-pocket cost was $2,600 — more than the list price and likely more than my hospital paid for the medication. Fortunately, my insurance paid $6,000 for my infusion, but even that is $4,000 more than the list price.

If 340B sounds familiar, that's because the Minnesota Legislature is considering a bill that would remove an important guardrail. I'd like to see our elected officials asking questions about how 340B affects not just patients like me, but our overall health care costs. After all, the hospital charged my insurance $4,000 over the list price for my migraine medication. That can't be good for my premiums.

I can't be the only patient this is happening to. Hospitals and clinics participating in 340B receive these deeply discounted drugs and are allowed to mark them up for significant profits. Legislators should be asking how much patients and insurance plans are being overcharged for medicines before they advance any 340B legislation.

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