



H.266 Reporting Requirements: Support for Maine Legislation as Enacted

VAHHS appreciates this committee's support of the 340B protections in H.266. VAHHS consulted with hospitals on the feasibility of reporting the elements laid out in Section 3 of H.202, which was built off of reporting requirements from Minnesota and Maine legislation. We request adopting [Maine's legislation as enacted](#) for reporting requirement. These would be the least administratively burdensome option and would include the following:

- A. A description of how the hospital uses savings from participation in the 340B program to benefit its community through programs and services funded in whole or in part by savings from the 340B program, including services that support community access to care that the hospital could not continue without savings from the 340B program;
- B. The annual estimated savings from the 340B program to the hospital, comparing the acquisition price of drugs under the 340B program to group purchasing organization pricing. If group purchasing organization pricing is not available for a drug under the 340B program, the acquisition price for that drug must be compared to a price from another acceptable pricing source;
- C. A comparison of the hospital's estimated savings under the 340B program to the hospital's total drug expenditures, including examples of the hospital's top drugs purchased through the 340B program; and
- D. A description of the hospital's internal review and oversight of the 340B program, which must meet the federal Department of Health and Human Services, Health Resources and Services Administration's program rules and guidance for compliance. [PL 2023, c. 276, §1 (NEW).]

VAHHS responses to Section 3 for H.202:

Below are VAHHS responses to the administrative feasibility of Section 3 from H.202:

(1) the aggregated acquisition cost for all prescription drugs that the hospital obtained through the 340B program during the previous calendar year;

There would be less administrative burden for hospitals if this were collected through the prescription drug wholesaler.

(2) the aggregated payment amount that the hospital received for all prescription drugs obtained under the 340B program and dispensed to patients during the previous calendar year;

While this can be done with the contract pharmacies, not all drugs are separately billable and are part of the bundled payment.

(3) the aggregated payment amount that the hospital made to pharmacies with which the hospital contracted to dispense drugs to its patients under the 340B program during the previous calendar year;

Hospitals can provide this information.

(4) the aggregated payment amount that the hospital made to any other outside vendor for managing, administering, or facilitating any aspect of the hospital's 340B drug program during the previous calendar year;



Hospitals can provide this information.

(5) all other expenses related to administering the 340B program, including staffing, operational, and administrative expenses, during the previous calendar year;

This is administratively burdensome with staff performing multiple functions.

(6) the names of all vendors, including split billing vendors, contract pharmacies, and pharmacy benefit managers with which the hospital contracted to provide services associated with the hospital's 340B program participation during the previous calendar year;

Unclear what disclosing the names of the vendors is trying to accomplish and may create a chilling effect when bidding on contracts.

(7) the number of claims for all prescription drugs the hospital obtained through the 340B program during the previous calendar year, including the total number of claims and the number of claims reported separately by payer type, including Medicare, private insurance, and uninsured;

Hospitals care report claims, but reporting claims by payer type combined with aggregated data will allow pharmaceutical manufacturers to reverse engineer data and undermine program.

(8) a description of the ways in which the hospital uses savings from its participation in the 340B program to benefit its community through programs and services funded in whole or in part by savings from the 340B program, including services that support community access to care that the hospital could not continue without these savings;

Hospitals can provide this information.

(9) a description of the hospital's internal review and oversight of its participation in the 340B program in compliance with the U.S. Department of Health and Human Services, Health Resources and Services Administration's 340B program rules and guidance; and

Hospitals can provide this information.

(10) such additional information as the Board may request.

VAHHS requests striking this section. As mentioned above, pharmaceutical manufacturers have used data reporting to undermine the 340B program. VAHHS requests limiting the parameters to avoid further erosion of the program. The Green Mountain Care Board can always come to the legislature to request further data.