



My name is Isaac Boone. I am a pharmacist and like many employees located in rural areas, I wear many hats. I have worked in the 340B world for over 11 years. Today, along with Paul Schiferl, we oversee 340B programs for 42 Critical Access Hospitals (CAHs) across Kansas.

I've also worked in retail pharmacy for 13 years. This year I became the proud owner of Eureka Pharmacy. This gives me a unique perspective and I see firsthand how the 340B program profoundly impacts hospitals, pharmacies, communities and patients. I have numerous patients who can personally attest to how the 340B program has improved their health—or even saved their lives.

I want to share an example from my hometown, though I want to emphasize I am seeing similar situations happen across the state. Greenwood County Hospital located in Eureka, KS owns and operates a family practice clinic located 30 miles away in Howard, KS. Manufacturer restrictions to the 340B program essentially eliminated access to the 340B program for all patients seen in Howard. This has put immense strain on patients and the hospital. Julie Perkins, the owner of Batson Drugstore, located in Howard, also experienced the devastating effects of losing access to the 340B program. Without 340B, Julie has struggled to keep her doors open. The consequences continue to ripple through her community:

- Patients are less likely to get their medications due to cost. We can no longer pass the 340B savings to the patients living in Howard and this has eliminated our cash card program in this community.
- To access 340B savings, patients must drive 30 miles away to Eureka. This is creating a double burden for Julie's business. She no longer gets revenue from 340B and now she is LOSING her patients.
- Safety becomes a concern. Patients are now filling at multiple pharmacies and pharmacists can only see part of a patient's medication profile, increasing the risk of contraindications or duplicate therapies.

This defeats the very purpose of the 340B program. Patients who relied on it now face increased risks, must travel farther, or simply go without their medications. Losing 340B has led to business closures, decreased access to care, and worsening patient health outcomes.

If Eureka Pharmacy were to lose the 340B program, I am not sure we could keep our doors open. That may sound extreme, but it's a reality. In Kansas alone, 10 pharmacies closed last year for similar reasons. What happens to the 70,000 prescriptions we fill each year? Where will those

patients go? What happens to Julie's pharmacy and all the patients currently being served in Howard? The nearest pharmacy to us is 30 miles away. Imagine driving 60 miles round-trip just to pick up an antibiotic for your child. Now imagine an elderly patient needing a simple dosage adjustment or someone unable to drive or afford the trip. The burden is real and significant.

Of the 42 CAHs we manage, not a single one has seen net profits from 340B contract pharmacy arrangements that exceed their annual charity care (reduced payments) and bad debt (unpaid bills). This program is essential—not just for hospitals and pharmacies, but for the patients who depend on it. Please don't fall for the narrative that this program is being widely abused or creating immense profits for hospitals and pharmacies. The truth is it is a lifeline for underserved rural Kansas. Without it, access to healthcare will dwindle.