



Dear Kansas Legislator,

We are writing to express our concerns regarding SB 284, which seeks to expand the 340B Drug Pricing Program without first addressing its well-documented failures. While we share the goal of improving access to affordable healthcare, expanding a broken system without meaningful reforms will only increase costs, reduce oversight, and fail the vulnerable patients 340B was meant to serve.

The 340B Drug Pricing Program was created to help low-income and uninsured patients afford essential medications by requiring pharmaceutical manufacturers to offer discounts to eligible healthcare entities. However, instead of benefiting Kansas patients, large hospital systems and for-profit contract pharmacies have manipulated the program to generate billions in profits—without accountability or transparency.

[In Kansas](#), 91 hospitals participate in the 340B program, with 1,725 contract pharmacy agreement nationwide. Yet, only 26% of these contract chain pharmacies are located in medically underserved areas. Additionally, only 12% of Kansas 340B hospitals provide charity care above the national average, despite receiving deep drug discounts and taxpayer-funded incentives.

Instead of returning 340B to its original mission, SB 284 would expand an inefficient, profit-driven system that is already failing Kansas patients:

- **Higher Healthcare Costs for Kansas Businesses, Families & Taxpayers:** [Studies have found](#) that patients at 340B-covered hospitals pay significantly more for prescriptions than at non-340B providers. This inflated costs [drive up insurance premiums](#) for Kansas families, small businesses, and state Medicaid programs—while large hospital systems reap the financial benefits.
- **Threatening Kansas' Rural & Independent Healthcare Providers:** While 340B hospitals and contract pharmacies continue to consolidate in [wealthier, urban areas](#), Kansas' rural hospitals and independent providers are being left behind. Expansion would further [incentivize hospital consolidation](#), [forcing out smaller, community-based providers](#) that are critical to Kansas' rural healthcare network.
- **Lack of Transparency:** 340B hospitals face no requirement to demonstrate how program savings are used to help low-income and uninsured patients. Instead, large hospital systems and for-profit, chain pharmacies [pocket the difference](#), with [no obligation to reinvest in patient care or rural health services](#).

We urge you to prioritize transparency, accountability, and fiscal responsibility by ensuring that 340B savings directly benefit patients. We appreciate your leadership to improve healthcare access and affordability, and welcome the opportunity to work with you on solutions that uphold fiscal responsibility and ensure healthcare dollars are spent where they are needed most.

Sincerely,

Biomarker Collaborative
Community Liver Alliance
Exon 20 Group
H.E.A.L.S. of the South
Hispanic Business Alliance
International Cancer Advocacy Network (ICAN)

Mental Health America of the Heartland (MHAH)
MET Crusaders
NAMI Kansas
PD-L1 Amplifieds
SLC6A1 Connect