

340B Arrangements with Community and Specialty Pharmacies Provide Essential Services to Underserved Communities

Hospitals enrolled in the 340B Drug Pricing program deliver critical services to historically disadvantaged communities. Their partnerships with community and specialty pharmacies are crucial to providing high-quality, affordable care and medicine to populations that increasingly face barriers to access.

Who benefits from 340B arrangements with community and specialty pharmacies?

Patients unable to travel to the main hospital to get their prescribed drug treatments can access their drugs at their local pharmacy

Patients of hospitals that operate their own in-house pharmacies can access drugs that the hospital is unable to keep in stock and/or are in limited distribution

Hospitals that do not operate their own in-house pharmacies can now access 340B savings to reinvest in improving access to care for patients

340B hospitals expand access in counties with high numbers of underserved populations through arrangements with pharmacies



74%

340B hospitals have arrangements with pharmacies in 74% of counties with a disproportionately high **uninsured** population.



80%

340B hospitals have arrangements with pharmacies in 80% of counties with a greater than average proportion of households with **severe housing problems**.



82%

340B hospitals have arrangements with pharmacies in 82% of counties with a greater than average proportion of households with **food insecurity**.

340B arrangements with community and specialty pharmacies are particularly important for access to care in rural counties.

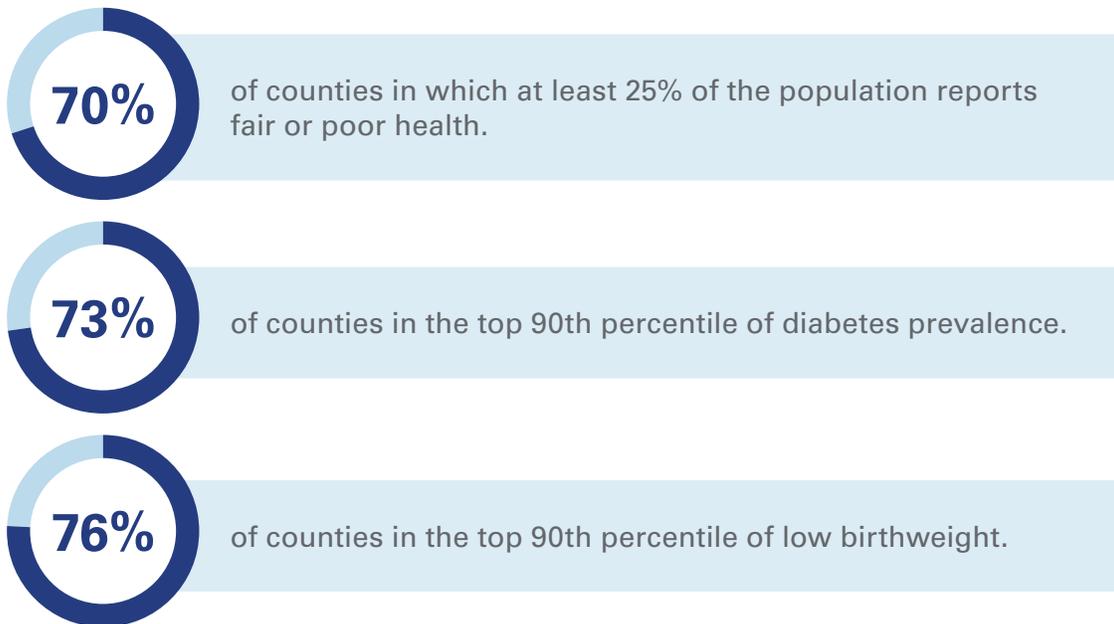
8 out of 10

rural counties in the United States have a 340B pharmacy



340B hospitals are more likely to have arrangements with pharmacies in counties with poor health status and poor health outcomes.

340B hospitals have arrangements with pharmacies in



Source: These statistics were generated using three data sources: calendar year (CY) 2020-2022 location data of 340B contract pharmacies from HRSA's Office of Pharmacy Affairs Information System (OPAIS) Contract Pharmacy database; data on the demographic and socioeconomic characteristics of counties from the Census; and the County Health Rankings and Roadmaps developed by the University of Wisconsin Population Health Institute.