AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 248
(A-24)

Introduced by: Texas

Subject: Sustain Funding for HRSA (Health Resources Services and Administration) 340B Grant-Funded Programs

Referred to: Reference Committee B

Whereas, the successful model of care for immunodeficiency virus (HIV) treatment has used an integrated funding approach, leveraging both government and private-sector funding; and

Whereas, effective interventions have driven the number of new HIV infections in the United States to less than 35,000 per year; however, not everyone has benefited from these interventions; and

Whereas, community-based clinics that use Ryan White HIV/AIDS Program funds achieve higher viral suppression rates despite focusing on low-income, uninsured, and medically underserved communities; and

Whereas, novel HIV treatment strategies, including long-acting injectable treatments, have the potential to further drive lower infection rates and improve viral suppression in highly marginalized communities; and

Whereas, without continued diligence towards funding, progress made towards ending the HIV epidemic will stop and quickly reverse; and

Whereas, community health centers serve one in 11 people nationwide, which is more than 31 million patients; and

Whereas, Health Resources Services and Administration grantees are required to follow their grant regulations on how to use 340B Program savings, unlike hospitals; therefore be it

RESOLVED, that our American Medical Association amend Policy H-110.985 340B Drug Discount Program by addition as follows:

Our AMA: (1) will advocate for 340B Drug Discount Program (340B program) transparency, including an accounting of covered entities' 340B savings and the percentage of 340B savings used directly to care for underinsured patients and patients living on low-incomes; (2) will support recommendations to equip the Health Resources and Services Administration (HRSA) with more authority, resources and staff to conduct needed 340B program oversight; (3) recognizes the 340B program does not support the extent of care provided by ineligible physician practices to the medically indigent or underserved, and work with HRSA to establish 340B eligibility for all practices demonstrating a commitment to serving low-income and underserved patients; (4) will support a revised 340B drug discount program covered entity eligibility formula, which appropriately captures the level of outpatient charity care provided by hospitals, as well as standalone community practices; ~~and~~ (5) will confer with national medical specialty societies on providing policymakers with specific recommended covered entity criteria

for the 340B drug discount program.; and (6) supports 340B programs funded by HRSA grants in their utilization of the program as legislatively intended.
(Modify Current HOD Policy)

Fiscal Note: Minimal - less than $1,000

Received: 5/10/2024

REFERENCES

1. Sood N, Juday T, Vanderpuye-Orgle J, et al. HIV care providers emphasize the importance of Ryan 18 White Program for access and quality of care. *Health Affairs*. 2014; 33(3): 394-400.
2. The White House. 2023. National HIV/AIDS Strategy 2023 Interim Action Report. Washington, D.C.
3. Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level 24 Data Report 2020, December 2021. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/ 25 rwhap-annual-client-level-data-report-2020.pdf.
4. Hojilla JC, Gandhi M, Satre DD, Johnson MO, Saberi P. Equity in access to long-acting injectables in the USA. *Lancet HIV*. 2022 Mar;9(3): e145-e147.
5. Health Resources Services and Administration (HRSA). The 2022 Uniform Data System. 2021. Available: https://data.hrsa.gov/tools/data-reporting/program-data.

RELEVANT AMA POLICY

H-20.896 Support of National HIV/AIDS Strategy
1. Our AMA supports the creation of a National HIV/AIDS strategy and will work with relevant stakeholders to update and implement the National HIV/AIDS strategy. 2. Our AMA supports and will strongly advocate for the funding of plans to end the HIV epidemic that focus on: (a) diagnosing individuals with HIV infection as early as possible; (b) treating HIV infection to achieve sustained viral suppression; (c) preventing at-risk individuals from acquiring HIV infection, including through the use of pre-exposure prophylaxis; and (d) rapidly detecting and responding to emerging clusters of HIV infection to prevent transmission.(Citation: Sub Res. 425, A-09; Modified: CSAPH Rep. 01, A-19; Appended: Res. 413, A-19)

H-20.922 HIV/AIDS as a Global Public Health Priority
1. In view of the urgent need to curtail the transmission of HIV infection in every segment of the population, our American Medical Association strongly urges, as a public health priority, that federal agencies (in cooperation with medical and public health associations and state governments) develop and implement effective programs and strategies for the prevention and control of the HIV/AIDS epidemic.

1. Our AMA supports adequate public and private funding for all aspects of the HIV/AIDS epidemic, including research, education, and patient care, and access to stable housing for the full spectrum of the disease. Public and private sector prevention and care efforts should be proportionate to the best available statistics on HIV incidence and prevalence rates.
2. Our AMA will join national and international campaigns for the prevention of HIV disease and care of persons with this disease.
3. Our AMA encourages cooperative efforts between state and local health agencies, with involvement of state and local medical societies, in the planning and delivery of state and community efforts directed at HIV testing, counseling, prevention, and care.
4. Our AMA encourages community-centered HIV/AIDS prevention planning and programs as essential complements to less targeted media communication efforts.
5. Our AMA, in coordination with appropriate medical specialty societies, supports addressing the special issues of heterosexual HIV infection, the role of intravenous drugs and HIV infection in women, and initiatives to prevent the spread of HIV infection through the exchange of sex for money or goods.
6. Our AMA supports working with concerned groups to establish appropriate and uniform policies for neonates, school children, and pregnant adolescents with HIV/AIDS and AIDS-related conditions.

7. Our AMA supports increased availability of antiretroviral drugs and drugs to prevent active tuberculosis infection to countries where HIV/AIDS is pandemic; and be it further.
8. Our AMA supports programs raising physician awareness of the benefits of early treatment of HIV and of "treatment as prevention," and the need for linkage of newly HIV-positive persons to clinical care and partner services.
9. Our AMA supports policies that promote stable housing for and encourage retention of homeless patients in HIV/AIDS treatment programs.
10. Our AMA recognizes that stable housing promotes adherence to HIV treatment.340B Programs funded by HRSA grants in their utilization of the program as legislative intended. (Citation: CSA Rep. 4, A-03; Reaffirmed: Res. 725, I-03; Reaffirmed: Res. 907, I-08; Reaffirmation I-11; Appended: Res. 516, A-13; Reaffirmation I-13; Reaffirmed: Res. 916, I-16; Modified: Res. 003, I-17; Modified: Res. 414, A-23.)

H-110.985 340B Drug Discount Program Our AMA: (1) will advocate for 340B Drug Discount Program (340B program) transparency, including an accounting of covered entities' 340B savings and the percentage of 340B savings used directly to care for underinsured patients and patients living on low-incomes; (2) will support recommendations to equip the Health Resources and Services Administration (HRSA) with more authority, resources and staff to conduct needed 340B program oversight; (3) recognizes the 340B program does not support the extent of care provided by ineligible physician practices to the medically indigent or underserved, and work with HRSA to establish 340B eligibility for all practices demonstrating a commitment to serving low-income and underserved patients; (4) will support a revised 340B drug discount program covered entity eligibility formula, which appropriately captures the level of outpatient charity care provided by hospitals, as well as standalone community practices; and (5) will confer with national medical specialty societies on providing policymakers with specific recommended covered entity criteria for the 340B drug discount program.(Citation: Res. 255, A-18; Appended: BOT Rep. 08, I-18)