

PATIENTS RISING

Fixing a Broken System: How to Make Charity Care Work for Low-Income Americans

Millions of Americans struggle to afford healthcare, with low-income and uninsured patients facing the biggest burden.

Charity care, where hospitals provide discounted or free services, is a crucial safety net, but it's failing.

Hospitals chase unpaid bills from patients who qualify for charity care, leaving them with crushing debt. The 340B Drug Pricing Program is a critical financial pillar designed to fund charity care.

The program is falling short of its promise.

- The program's savings aren't reinvested in low-income and vulnerable patients.
- Hospitals in wealthy areas benefit more than underserved communities.

Improve American Charity Care through 340B Reform:

• Transparency & Accountability

- Hospitals and affiliated clinics must clearly show that 340B savings are used to improve access to medications and health services for low-income and vulnerable patients.

• Targeted Patient Support

- Reduce out-of-pocket prescription drug costs for the 48 million uninsured and low-income Americans who need it most. Verification required.

• Focus on Safety Net Hospitals

- Only hospitals truly serving low-income communities should qualify for 340B benefits.
- All hospitals and clinics, along with their affiliates must meet eligibility criteria.

• Measurable Goals & Consequences

- 340B Hospitals and their affiliates must demonstrate measurable progress in reducing health disparities in their communities, with consequences for non-compliance.

• Call to Action

- Reform the 340B program to ensure it fulfills its original purpose: providing quality healthcare to low-income Americans.