340B
Party Pros / Cons & Concerns

The **340B program** requires drug manufacturers to sell outpatient drugs at discounted prices to eligible hospitals and clinics that serve large numbers of low-income or uninsured patients. The program does not specify how participating hospitals must use the savings.

Party	Pros (Arguments Supporting 340B Program)	Cons / Concerns (Arguments Against RDAC Creation)
Democrats	• 340B helps safety-net hospitals stretch resources to serve low-income and uninsured patients, including some with rare diseases. • Supports maintaining or strengthening 340B to improve access to care in underserved communities. • Emphasizes the program's role in supporting hospitals that provide complex, high-cost services.	• Concern that savings generated through 340B are not always directed toward rare disease services or patients. • Worries that lack of transparency may hide uneven benefits for patients needing expensive specialty drugs. • Some fear that expanding 340B without oversight may allow misuse that doesn't improve rare disease access.
Republicans	• Supports 340B when it helps rural hospitals, critical access facilities, and community clinics remain financially stable. • Emphasizes state flexibility and minimizing federal intervention in program operations. • Appreciates that 340B can help offset uncompensated care in small markets.	• Concerns that the program has grown beyond its original intent and may distort drug pricing, impacting innovation for rare disease treatments. • Skepticism about hospitals using 340B discounts without passing savings to patients, especially those facing high out-of-pocket costs for rare therapies. • Calls for stronger oversight and guardrails to prevent misuse or excessive program expansion