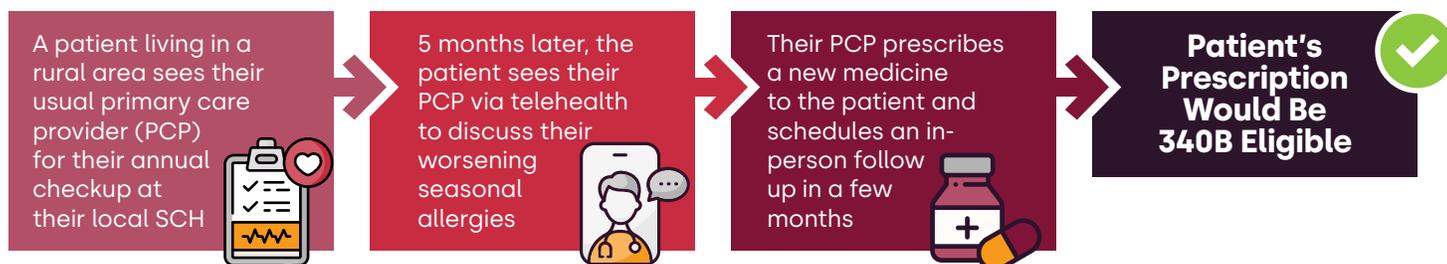


# Creating Long-Overdue Clarity Around Patient Definition in the 340B Program

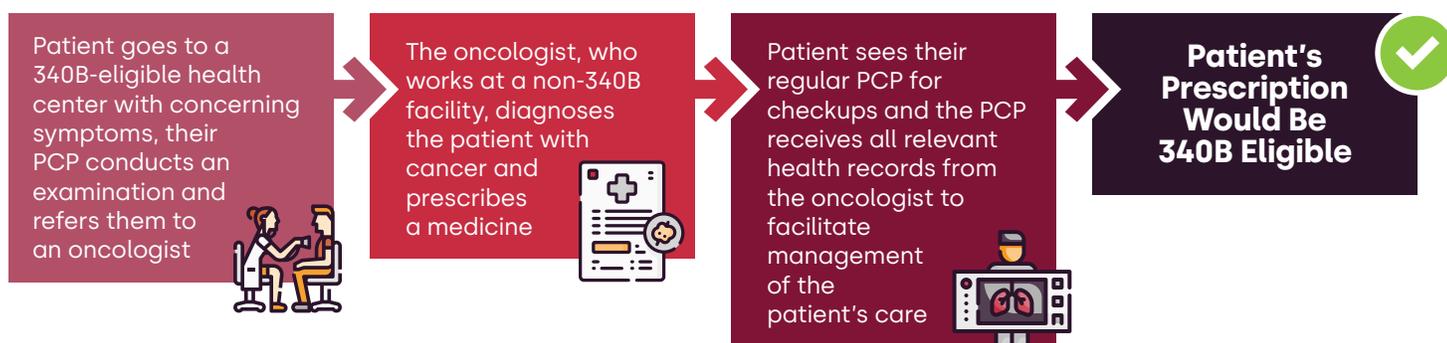


## HOW ASAP 340B'S POLICY PRINCIPLES WILL HELP

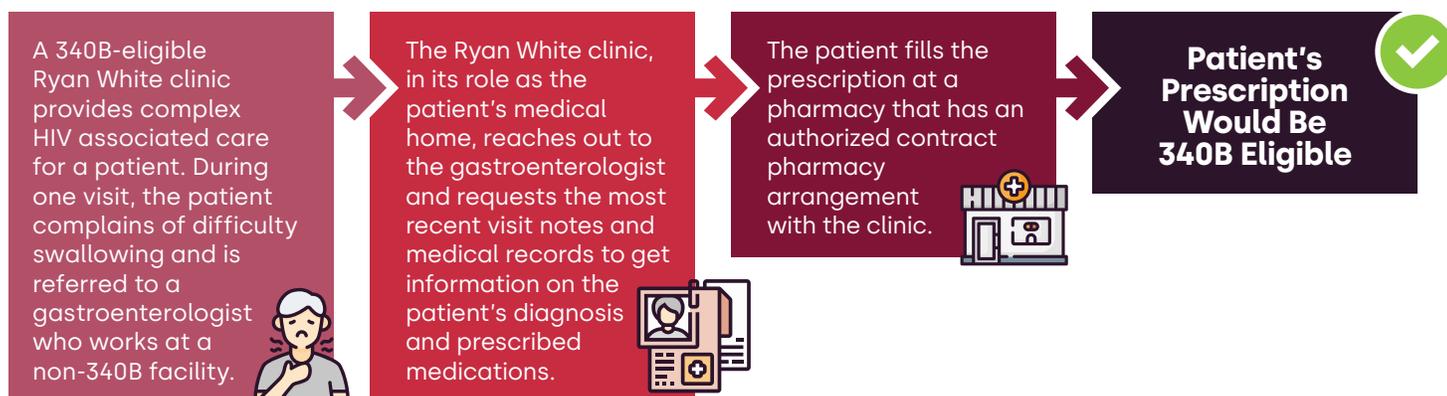
**SCENARIO 1:** Critical access hospitals (CAHs), sole community hospitals (SCHs), and grantees could claim a 340B discount on a prescription generated by a telehealth appointment for an individual they have seen in person, using standards similar to the Medicare mental health telehealth requirements.



**SCENARIO 2:** Grantees and rural hospitals may not be able to directly provide all health care services and instead may need to refer certain patients to other providers for care while maintaining overall responsibility for the patient's care. In these cases, grantees and other qualifying safety net providers could claim 340B discounts stemming from these types of referrals to help their patients access affordable medicines.



**SCENARIO 3:** Grantees such as Federally Qualified Health Centers and Ryan White Clinics provide and manage care for patients with complex conditions and chronic diseases. Like Scenario 2 above, these and other grantees could claim 340B discounts stemming from instances when they refer patients to outside providers for care within the scope of their grant while maintaining overall responsibility for the patient's care.



# Creating Long-Overdue Clarity Around Patient Definition in the 340B Program

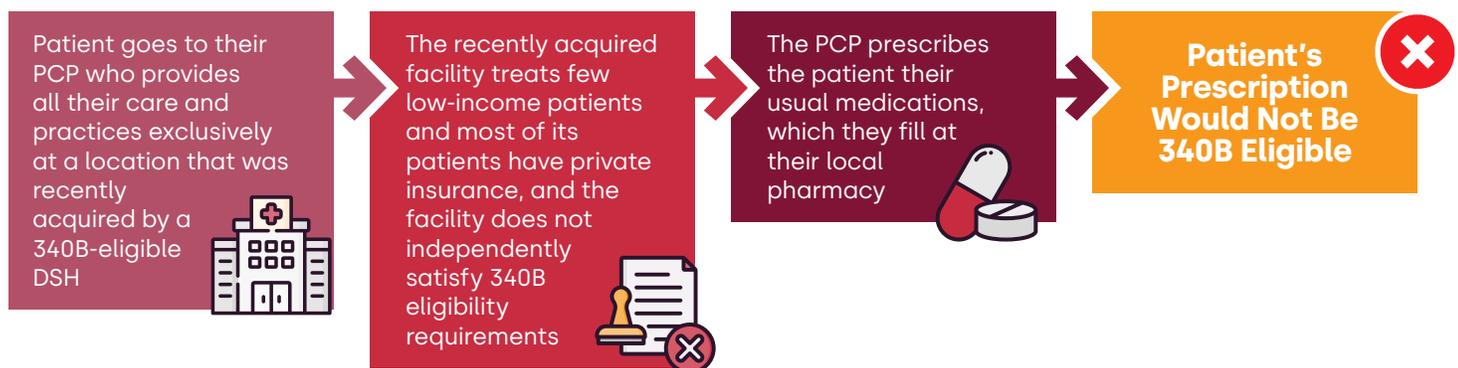


## HOW ASAP 340B'S POLICY PRINCIPLES WILL HELP

**SCENARIO 4:** Disproportionate Share Hospitals (DSHs) should not be able to qualify for a 340B discount for a prescription written by a provider at a non-340B covered entity even if the individual receiving the prescription previously had an interaction with that DSH hospital.



**SCENARIO 5:** Prescriptions would not be eligible for 340B discounts if the individual was treated at a location that is owned by a 340B hospital but does not qualify as a 340B covered entity or child site.



**SCENARIO 6:** A prescription written at a 340B hospital that is filled at a retail contract pharmacy would be eligible for a 340B discount if the hospital is in a medically underserved area.



**Note:** The scenarios described in this document are provided for illustrative purposes only and assume implementation of 340B program reforms consistent with ASAP340B's Policy Principles, available [here](#). This document is not intended to modify the Policy Principles. A determination of prescription eligibility for 340B pricing would necessarily depend on specific legislative and/or administrative actions taken with respect to the 340B program. This document does not constitute legal or business advice.