Global Healthy Living Foundation
515 North Midland Avenue
Upper Nyack, New York 10960 USA
+1 845 348 0400
+1 845 340 0210 fax
www.ghlf.org

MEMORANDUM OF OPPOSITION

S.1913 / A.6222
Establishing the 340B Prescription Drug Anti-Discrimination Act

TO:

Senator Rivera (grivera@nysenate.gov)	Assemblymember Paulin (PaulinA@nyassembly.gov)
Senator Addabbo (addabbo@nysenate.gov)	Assemblymember Simone (simonet@nyassembly.gov)
Senator Baskin (Baskin@nysenate.gov)	Assemblymember Santabarbara (SantabarbaraA@nyassembly.gov)
Senator Comrie (comrie@nysenate.gov)	Assemblymember Rosenthal (RosentL@nyassembly.gov)
Senator Cooney (cooney@nysenate.gov)	Assemblymember Simpson (SimpsonM@nyassembly.gov)
Senator Fahy (Fahy@nysenate.gov)	Assemblymember Taylor (taylora@nyassembly.gov)
Senator Fernandez (fernandez@nysenate.gov)	Assemblymember Simon (simonj@nyassembly.gov)
Senator Harckham (harckham@nysenate.gov)	Assemblymember Gonzalez-Rojas (gonzalezrojasj@nyassembly.gov)
Senator Hinchey (hinchey@nysenate.gov)	Assemblymember Shimsky (shimskym@nyassembly.gov)
Senator Jackson (jackson@nysenate.gov)	Assemblymember Lunsford (lunsfordj@nyassembly.gov)
Senator Krueger (lkrueger@nysenate.gov)	Assemblymember Lemondes (lemondesj@nyassembly.gov)
Senator Ramos (ramos@nysenate.gov)	Assemblymember Zaccaro (zaccaroj@nyassembly.gov)
Senator Salazar (salazar@nysenate.gov)	Assemblymember Bronson (bronsonh@nyassembly.gov)
Senator Sanders (sanders@nysenate.gov)	Assemblymember Griffin (griffinj@nyassembly.gov)
	Assemblymember Meeks (meeksd@nyassembly.gov)
	Assemblymember Woerner (woernerc@nyassembly.gov)
	Assemblymember Sayegh (sayeghn@nyassembly.gov)
	Assemblymember Hevesi (HevesiA@nyassembly.gov)
	Assemblymember Weprin (WeprinD@nyassembly.gov)
	Assemblymember Lupardo (LupardoD@nyassembly.gov)
	Assemblymember Kelles (kellesa@nyassembly.gov)
	Assemblymember Burroughs (burroughsn@nyassembly.gov)

FROM: Global Healthy Living Foundation (GHLF)
RE: Opposition to S.1913 / A.6222

The Global Healthy Living Foundation (GHLF) opposes **S.1913 / A.6222**, which would establish the "340B Prescription Drug Anti-Discrimination Act." While framed as a way to protect access, this bill would

expand and entrench a federal discount program whose current structure lacks transparency and patient-benefit safeguards to ensure that vulnerable New Yorkers are the primary beneficiaries.

GHLF is a New York-based, 501(c)(3) nonprofit international organization whose mission is to improve the quality of life for people with chronic illnesses by advocating for improved access to health care through education, patient-centered research, support, advocacy, and economic and policy research. As the parent organization of CreakyJoints®, GHLF supports patients across arthritis and autoimmune disorders and multiple other therapeutic areas, including oncology, infectious diseases, rare diseases, and pulmonary conditions.

GHLF's concerns align with multiple organizations' position opposing the expansion of 340B in New York which has emphasized that the program's growth has outpaced oversight and that it increasingly serves as a revenue generator for hospitals and intermediaries, without clear evidence of consistent, direct benefit to low-income or uninsured patients.

Public discussion in New York has also highlighted these same risks. In a recent opinion editorial, GHLF Executive Director Louis Tharp cautioned that state-level expansion efforts risk amplifying existing flaws in the federal 340B framework rather than solving them, particularly because the program does not reliably require that discounted drug savings be passed through to patients at the point of care. He also underscored concerns about the geography and oversight of contract pharmacy networks, noting that only a minority of New York contract pharmacies appear to be located in medically underserved areas, raising questions about whether current arrangements align with the program's stated safety-net purpose.

Additionally, the op-ed highlighted national examples suggesting that 340B-related profits can be substantial and that a meaningful share of program-generated value may flow to third-party administrators rather than to direct patient support, reinforcing the need for transparency and accountability before any expansion.

For patients living with chronic disease, the stakes are immediate and concrete. A policy that expands 340B protections without requiring a measurable patient-facing benefit can inadvertently preserve or worsen misaligned incentives in drug distribution and reimbursement. This risk is particularly concerning for public payers, including Medicaid, and for patients who already face high out-of-pocket burdens and inconsistent access to specialty care.

GHLF supports reforms that restore the program's original intent. Before advancing a state-level anti-discrimination framework tied to 340B, New York should require:

1. public reporting on how 340B-related savings are used.
2. clear expectations for how uninsured and underinsured patients directly benefit; and
3. guardrails ensuring that contract pharmacy arrangements prioritize medically underserved communities.

For these reasons, GHLF urges the Legislature to **oppose S.1913 / A.6222** until meaningful transparency and patient-benefit standards are established to protect vulnerable New Yorkers and ensure that 340B functions as a true safety-net program.