Congress of the United States
Washington, DC 20515

November 05, 2015

Mr. James Macrae
Acting Administrator
Health Resources and
Services Administration
5600 Fishers Lane
Rockville, MD 20857

Cmdr. Krista Pedley
Director, Office of Pharmacy Affairs
Health Resources and
Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Acting Administrator Macrae and Commander Pedley:

We write to ask that any revised guidelines to the 340B Program ensure access to Hemophilia treatment center services for the more than 1,400 Georgia patients currently relying on them. We are concerned that new requirements may unintentionally place medically vulnerable patients at risk by jeopardizing continued and meaningful participation in the 340B Program.

We have heard from Hemophilia of Georgia (HoG), one of the original hemophilia organizations to be designated as a covered entity under the 340B Program in 1992 with an innovative model of care that is nationally recognized for its excellence. HoG is a nonprofit organization based in Atlanta which provides services and support for Georgians who have hemophilia, von Willebrand disease, and other inherited bleeding disorders. Due to the high costs of treatment and complications associated with hemophilia and related inherited bleeding disorders, the bleeding disorders community is medically vulnerable.

HoG operates a nonprofit 340B accredited pharmacy that has provided discounted clotting medications to thousands of patients with bleeding disorders across our state. The 340B pharmacy revenue has allowed HoG to give significant, ongoing financial support to all Georgia Hemophilia Treatment Centers: Emory University in Atlanta, Emory/Children’s Healthcare of Atlanta, Georgia Regents University in Augusta, and Memorial Hospital in Savannah. Consistent with Congress’ intent regarding the establishment of the 340B Program, these funds make it possible to stretch scarce resources to expand access to comprehensive medical, clinical and supportive services.

In addition, HoG’s outreach nurses and social workers attend clinics and visit patients in their homes. This continuity of care from clinic to home has greatly enhanced patients’ ability to manage their bleeding disorders, keeping them healthy and out of the hospital. Many of these team-based services are not ordinarily covered by insurance, and HoG does not bill its patients or their families for these services. Without the resources from the 340B Program, many of these comprehensive services would not be available.
As you work to revise guidelines for the 340B Program, we ask you to ensure, consistent with applicable law, rules, and regulations, that any changes will allow continued access to comprehensive services for 340B patients with bleeding disorders across Georgia. More than 1,400 patients, their families, and the Georgia Hemophilia Treatment Centers rely on Hemophilia of Georgia. Restricting patient access to this organization’s services could place patients’ health at risk and potentially increase the overall costs of their care.

Yours truly,

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