Testimony of Jess Maurer on Behalf of
The Maine Council on Aging
To the Joint Standing Committees on
Appropriations & Health & Human Services

In Favor of LD 1001 – 2020-2021 Biennial Budget

Submitted in Person on March 6, 2019

Greetings Senators Breen and Gratwick, Representatives Gattine and Hymanson and members of the Joint Standing Committees on Appropriations and Health and Human Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of nearly 80 organizations, businesses, municipalities and older community members working to ensure we can all live healthy, engaged and secure lives with choices and opportunities as we age at home and in community settings. I am testifying in favor of LD 1001, although we are urging amendments to this bill to include necessary investments in the infrastructure that supports healthy aging.

Every new era comes with opportunities and challenges. Mainers have been able to overcome these challenges in favor of the opportunities every time, and will, no doubt, do it again as we enter what's been dubbed "the Longevity Era". The opportunities that come with healthy, long life are exciting. Conversely, the challenges that come with evolving systems to the meet the changing needs of an older population can seem daunting. However, if we engage these challenges with careful planning and investments with an eye on capitalizing the opportunities, we will build a stronger Maine, full of people who are contributing fully long into old age.

We had hoped the Governor's Biennial Budget would contain significant investments in home-based supports and services, or, at the very least, address significant waitlists for two of the lowest cost/highest value supports we have – Meals on Wheels (MOW) and the Homemaker Program. We believe expanded investments in these kinds of programs, coupled with innovative housing, transportation, health care and workforce strategies will move us toward building healthy, vibrant communities that support healthy aging and attract workers and businesses.

Instead, with the exception of one important proposed increase in eligibility for the Drugs for the Elderly (DEL) program and flat funding for direct care workers, this budget does little to improve the lives of older Mainers who are struggling every day to meet their basic needs and access the care and supports they need. We urge you, therefore, to consider amendments to this budget that would, at a minimum, eliminate the asset test for DEL, address the waitlists for existing programs, and include funding for a study of Maine's Long Term Supports and Services (LTSS) system.

We strongly support the proposed changes in eligibility for DEL, but don't think this provisions in the budget go far enough. In addition to cuts to eligibility several years ago, the legislature imposed an asset test for the program. The budget fails to remove this asset test. About a third

of the 250,000 Mainers who are 65 or older live on social security alone, with an average income of about $14,000. But for their life-time savings, they would otherwise qualify for this program. The asset test is wrong-headed and needs to be eliminated so that low-income Mainers can spend their money on other necessities, not on Medicare policies. LD 1106 proposes the elimination of the asset test for this program and may find its way to the Appropriation's table. We encourage you to include funding in the budget to eliminate this asset test that has stopped thousands of older people from accessing the life-saving health benefits it offers.

MOW is a targeted intervention that is available to people 60 and older, who are homebound and unable to leave their house without assistance, unable to prepare a meal and have no one available to prepare a meal. The annual per-person cost for this program is stunningly low, about $1,850, and yields a correspondingly impressive return on investment. This single intervention of home delivered meals has been demonstrated to aid in wound healing, decrease loneliness, reduce avoidable hospital readmissions and delay entry into facility-based care for two years.

The waitlist for MOW is 400. LD 472 eliminates this waitlist and will come to the Appropriation's table with a fiscal note of $1,500,000. Two years ago, a bill sought $500,000 to meet the waitlist of 200 that was expected to grow to 300 by the end of 2017. The bill died on the table. From October 2017 until September 2018, the wait list for this program skyrocketed, with 1,500 people waiting for the service at some point during that period. The cost to eliminate the current waitlist is $740,000. The cost to meet a waitlist of 1,500 would be over $3,000,000. We urge this Committee to include funding to eliminate this waitlist in the budget.

Finally, about 24,000 people are turning 65 each year in Maine and 25% of them are projected to need more than one year of paid support over the remainder of their lifetime. That's one in four of us in this room! There are 75,000 Mainers age 65+ are living in "the gap" – meaning they do not have enough income to meet their basic expenses but don't qualify for any means-tested benefits. Unlike people who have savings that disqualify them from accessing benefits, people with too much income cannot "spend down" their income to qualify for services. They simply won't qualify for help. A quarter of them will need help for a year, but not be able to afford it.

As Maine ranks in the bottom quarter of all states nationally for affordability and access for LTSS and the costs of LTSS exceeds the budgets of most Maine households, we must study our LTSS system and reform it to provide assistance to people who cannot afford help. LD 583 directs the department to do just that and will contain a fiscal note to pay for the demographic predictions and program modeling that are needed to identify the appropriate reforms. We encourage the Committee to include this one-time funding for this study in the budget.

It closing, it will cost money to reform our LTSS system and meet the growing waitlists for low cost/high value interventions that promote healthy aging at home. Funding for these programs should be included in the biennial budget, not left to the end-of-session battle for the last few remaining dollars. The current situation calls for thoughtful and intentional action and we urge you to include additional funding in the biennial budget for these critical issues. With these requests for amendments, I urge the Committee to vote in favor of LD 1001.

Thank you.
Jess Maurer, Esq.
207-592-9972

MHCA

Maine Health Care Association

TESTIMONY OF Richard A. Erb
President and CEO
Maine Health Care Association

March 6, 2019, 1 pm

To the Joint Standing Committees on Appropriations and Financial Affairs
and Health & Human Services

Neither For, Nor Against L.D. 1001

An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021

Good afternoon, Senator Breen, Senator Gratwick, Representative Gattine, Representative Hymanson and members of the Committees. My name is Rick Erb and I am the President and CEO of the Maine Health Care Association. Our organization represents the majority of the state's nursing homes and 135 assisted living facilities. I am here to testify Neither For nor Against the budget for the simple reason that we cannot specifically determine the allocation of funds for nursing homes or PNMIs, which is Maine's term for Medicaid assisted living. I look forward to further clarification on the appropriations from DHHS.

In the meantime, I want to provide some perspective and background about what's happening in our state's long term care facilities. As many of you know, six Maine nursing homes closed in 2018. Already in 2019, we have another one – Sonogee Rehab and Living Center in Bar Harbor just announced its closure last week. These events are devastating to all involved. Residents lose their homes. Employees lose their jobs. Towns and cities lose tax revenues. Communities lose their elders. Maine can't afford to keep losing. Demographics are turning, and the oldest of the old, those above age

85, are the fasted growing segment of our population. But the challenge to sustain these homes will continue into 2019-20 and beyond. We are witnessing unprecedented issues:

- Staffing shortages unmatched in my 18 year tenure;
- Competition for labor - there are far less demanding jobs that pay more;
- Minimum wage increases that have not been accompanied by sufficient MaineCare reimbursement increases; and
- Negative margins and dwindled cash on hand with providers struggling to meet payroll some weeks and are one crisis away from closure.

It is important to acknowledge that LD 925, legislation that passed last session, undoubtedly prevented more closures. But unfortunately, it was one-time funding. It also turned out to be inadequate to fund everything that had been included in the legislation. And perhaps most distressing is the fact that DHHS Rate Setting's interpretation differed from what we believe was the bill's intent.

We believe that with the amount of funding that was already allocated for nursing homes in the base budget and the funding proposed in the Biennial Budget before you today, there is enough to support all of LD 925 and provide the additional funding that nursing homes will need in the next two years. Our analysis indicates that there will be $371 million in state and federal funds dedicated to nursing facilities in FY 2020 and $395 million in FY 20121. This is in addition to an estimated $45 million in annual "cost of care" payments, which is the amount residents contribute from their own resources. Again, we will appreciate confirmation from DHHS that these are the correct numbers.

There are more questions about funds allocated for PNMI Appendix C facilities in this budget proposal. These MaineCare assisted living programs are funded from a larger pot of money referred to as payments to providers. Like the nursing homes, they received one-time money in the last session and I can't be certain if that funding was continued into the biennium. I am looking forward to addressing this at a meeting we have scheduled with DHHS next week.

PNMIs care for an elderly population that is similar to nursing homes in other states and save the state millions of dollars because they are able to successfully age in place, without moving to a nursing home. They face many of the same challenges as nursing homes and it would be short sighted to not provide them with the resources they need. Maine relies on assisted living as a cost effective and desired segment of our continuum of care.

Over the past twenty-five years, the number of nursing homes in Maine has been reduced from 132 to 93 and the number of nursing home beds is 35% lower. I would remind you that over this entire time, no nursing home that has closed ever came back. The loss of access to nursing home and assisted living services is alarming for Maine's elderly and their families.

My members look forward to a cooperative review of long term care facility funding with DHHS and legislators from both of your committees. Thank you for the opportunity to speak today.

Maine nursing home closures create unprecedented loss

Record number of homes close in 2018

6

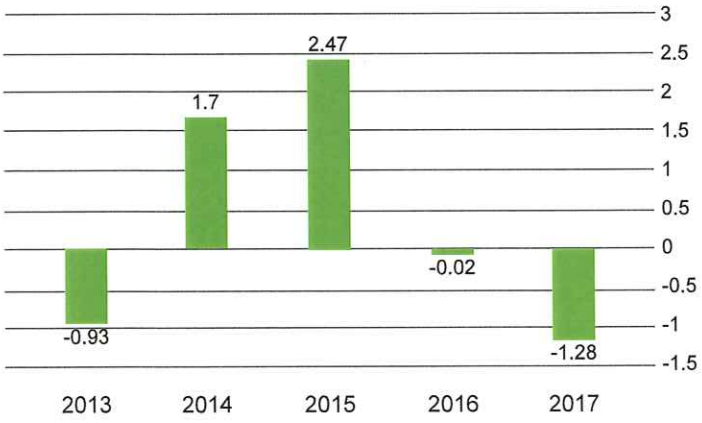
Maine lost six nursing homes in 2018 in four counties, displacing approximately 250 residents and leaving more than 400 people without jobs. All the homes that closed were relatively small and relied heavily on the MaineCare program for their livelihood. For years, nursing home reimbursement rates have not keep pace with actual costs.

A nursing home closure in Calais in 2012 prompted a comprehensive look at the challenges facing Maine nursing homes and in recent years, the State has made strides in rate relief and reform, but problems persist.

Facility	City/Town	County
Mountain Heights Health Care Facility	Patten	Penobscot
Sunrise Care Facility	Jonesport	Washington
Ledgeview Living Center	West Paris	Oxford
Freeport Nursing & Rehabilitation Center	Freeport	Cumberland
Bridgton Health & Residential Care Center	Bridgton	Cumberland
Fryeburg Health Care Center	Fryeburg	Oxford

Homes are in financial distress

Financial indicators show that Maine's nursing homes are still in economic distress. The average home had 22 days of cash on hand in 2017, down from 28 days in 2016. Experts believe with Medicaid's monthly billing cycle, 30 days should be the very minimum and 90 days signifies a healthy organization. The median operating margin for Maine nursing homes is actually negative 1.3%.



Source: BerryDunn

Medicaid losses continue to grow

Despite recent improvements to Medicaid reimbursement rates, losses continue to mount, mostly due to unforeseen and dramatic increases in labor costs. In 2017, Medicaid losses were $33.3 million, or $22.47 per resident day. This represents an increase of $7.5 million, or 29% over 2016.

Looking ahead: will Maine be ready?

Demographics point to an increased demand for long term care services in the future. By 2030, Maine's population over age 65 will increase by 47%. In 1995, Maine had 132 nursing homes. Today we only have 94 homes. Maine currently has 24 nursing home beds for every 1,000 people over age 65. According to the Centers for Medicaid and Medicare Services, this compares to 36 beds per 1,000 people nationwide.

Legislation to address challenges

The 129th Legislative Session will provide an opportunity to address the reimbursement system and support Maine's nursing homes.

Contact MHCA at 207.623.1146 for more information.

MHCA
Maine Health Care Association

Winter 2019

Mountain Heights Closure

Patten, Maine

The difficult decision to close Mountain Heights nursing facility was not made lightly. In fact, the owner made every effort to keep it open despite significant financial losses year after year. By industry standards, it was a small home, caring for 25 residents and employing 53 people. It enjoyed a 5-Star Quality Rating by the Federal government and enabled the citizens of the small, rural town of Patten to receive care in their community. But factors beyond the home's control eventually led to its demise:

- A steady and sharp increase in costs, including staff wages and benefits;
- A reliance on MaineCare (Medicaid) for 90% of its funding; and
- A growing gap between rising costs and MaineCare reimbursement.

When announcing the closure, owner Dr. Stephen Weisberger said, "Today is a sad day for the Mt. Heights family, for the Patten community, for the residents of our care center and for the employees who have cared for so many community members throughout the years. Unfortunately, increasing costs have not been matched by similar increases in our MaineCare rates."

This is not a sustainable business model and Mt. Heights became another in a string of closures across the state in 2018.

When a facility closes, it is devastating to residents, their families, employees and the community at large. In addition to losing $19,000 in annual property taxes, Town Manager Raymond Foss commented, "It's devastating to our community. This closure will leave a hole so big in our town, I am not sure how that gets filled. They (Mountain Heights) are a vital part of our community."

"These smaller facilities allow people to stay close to home," Foss said. "I know of several husbands and wives who visit their spouses multiple times a day at that facility."

In the case of Mt. Heights, the nearest nursing home is more than 40 miles away.

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March 6, 2019

LD 1001, An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021

Support for: Part BBB-2 (with suggested amendment) and accompanying appropriation at Page A-286

Good morning Senator Breen, Representative Gattine, Senator Gratwick, Representative Hymanson and distinguished members of the Appropriations and Financial Affairs and Health and Human Services Committees. My name is Christine Hastedt, I work for Maine Equal Justice, and I am speaking today in support of the proposed increase in the income eligibility levels for older Mainers and people with disabilities in the Medicare Savings Programs. Maine Equal Justice is a civil legal services organization working with and for people with low incomes to reduce poverty and achieve equal access to opportunities that improve lives.

We are pleased to see this proposal restoring income eligibility levels in the Medicare Savings Program to those previously in effect before reductions imposed in 2013. We want to express our appreciation to Governor Mills for including this important item in her biennial Budget. The Medicare Savings Programs (MSP) are federal programs designed to help low-income Medicare recipients pay for their Part B premiums which this year take a $135.50 bite out of their monthly social security check; and, based on their income, may also help with other Medicare cost sharing including deductibles, coinsurance, and copayments. MSP recipients also receive "extra help" with their Medicare Part D prescription drug premiums.

Based on a review of caseload data it appears that approximately 5,000 older Mainers and people with disability lost MSP assistance as the result of an eligibility cut in 2013 along with the imposition of an asset test which I will discuss shortly. Based on more recent caseload data

it appears that over 8,000 *fewer* persons are enrolled in the Medicare Savings Program than were just before the 2013 cut went into effect. In addition to the 5,000 people that lost all help, another large group fell from one category of MSP coverage to a lesser one, maintaining help with their part B premium, but losing help with all other cost sharing.

Every one of these individuals has a story. We hear them, and I know you do as well. I recently spoke with a 67-year-old woman with income just over the current income level, but would become eligible for MSP should this budget provision be enacted. She has COPD and is still working four nights a week at a group home caring for people with intellectual disabilities to help pay her health care costs. She is sleeping now, getting ready go to work tonight. But on her behalf, and behalf of hundreds like her, I ask you to adopt this provision giving them the help that they so badly need.

Finally, I ask that you consider eliminating the MSP liquid asset test also imposed in 2013 and codified at Part BBB-1 of this budget. As you know, for older people especially, having some savings as a hedge against emergencies or hard times, provides them with a tremendous sense of security and independence. Along with savings, certain retirement accounts are also considered liquid assets and count toward the MSP asset limit. We talked to many individuals that lost eligibility as a result of this cut when it was made. I can assure you that none of them had a vast amount of assets, but for all of them—with their working years behind them—what they had mattered greatly for the sense of security it provided. I'll note that among our New England neighbors both Vermont and Connecticut have no asset test in their MSP Programs. Neither do Mississippi and Alabama, not states known for providing generous assistance to those in need. So far in this session at least two bills have already been printed calling for the elimination of the asset test in the MSP. (LD 765; 1106)

Thank you for the opportunity to support this provision restoring eligibility to many who need it in the Medicare Savings Program. I would be glad to answer any questions that you may have.

Senator Breen, Representative Gattine, Senator Gratwick, Representative Hymanson and members of the Appropriations and Human Services Committee:

Good afternoon. My name is Lawrence Reichard, and I live in Belfast. I wish to speak with you today about eliminating asset tests for Medicare Savings Programs.

As you may know, until shortly after the LePage administration took office in 2011, there was no asset test for eligibility for Medicare Savings Programs. That is to say that an applicant's assets were not a factor in determining eligibility for the programs – eligibility was determined solely on the basis of income.

But then all that changed. A so-called asset test was implemented, and suddenly one's assets were a factor in determining eligibility for these programs. If one had assets greater than $50,000, one was suddenly no longer eligible for these important programs. This change affected a total of about 800 people here in Maine. And one of those people was my mother.

Fifty ~~Sixty~~ thousand dollars may sound like a lot of money, and this threshold may sound reasonable, but my mother's assets, which are greater than $50,000, are held entirely in annuities, which provide her with a modest income of about $500 a month. Add that to her Social Security, which is about $775 a month, and this provides a total income of about $15,000 a year.

As I'm sure you can appreciate, this level of income isn't exactly lavish. It is only about 65% of what a minimum-wage worker makes, and it is only 20% more than the very modest federal poverty level of $12,490 per year. I assure you that on this very modest income my mother does not live a lavish lifestyle. On the contrary, she struggles to pay for her rent, utilities, food, transportation, clothing, medical expenses and prescription drugs, among other things.

As stated, my mother does not live a lavish lifestyle, nor would she do so if this asset test were eliminated. What would happen is that my mother would be better able, on her modest income, to cope with the ever-increasing cost of living, especially in the areas of medical care and prescription drugs.

Thank you very much for your time and attention. I am happy to answer your questions.

AARP Real Possibilities in Maine

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March 6, 2019

Good afternoon Senator Breen, Representative Gattine, and members of the Joint Standing Committee on Appropriations and Financial Affairs.

My name is Amy Gallant and I am the Advocacy Director for AARP Maine. On behalf our 230,000 members across Maine, **I urge you to support the proposed increases in eligibility for the Medicare Savings Program (MSP)**.

MSP is a Medicaid initiative intended to give certain low-income Medicare beneficiaries full access to their Medicare benefits by paying their premiums, deductibles, and copayments. Even with Medicare, many older Mainers struggle to cover the costs of what isn't covered. Every year many Medicare beneficiaries are surprised to learn that they can face thousands of dollars in costs above what the federal government pays for their health care under the program. There are premiums, deductibles, copays and coinsurance — costs that vary depending on where you live, how healthy you are and how much medicine you take. For individuals on a fixed income, those costs add up quickly.

We hope you will restore the funding for MSP to the levels in 2013. **We also respectfully ask that you consider eliminating the asset test for the program or at least consider amending current limits to ensure those who need the program can access it**. Investing in the Medicare Savings Program can help save the state dollars down the road by keeping people out of costly nursing home care.

While many states simply rely on federal standards for their MSP programs, all states have the option to develop their own and increasing states are looking at those options. Assets are resources such as savings and checking accounts, stocks, bonds, mutual funds, retirement accounts, and real estate. In all states, there are certain resources that will never be counted as assets. These include primary residence, one car, burial spaces, burial funds up to $1,500 per person, and life insurance with a cash value of less than $1,500.

There are no viable alternatives to MSP (see attachment), which means that Mainers who were enrolled in MSP and were cut due to changes to eligibility requirements have often had to choose between food, fuel, health care, and prescription drugs.

In summary, we urge you to support the proposed increases in eligibility for the Medicare Savings Program and consider eliminating the asset test for the program or at least consider

amending current limits so that older Mainers on fixed incomes have some relief from rising health care costs.

Thank you.

On behalf of AARP Maine,

Amy Gallant
AARP Maine Advocacy Director

Testimony of AARP Maine in support of the proposed increases in eligibility for the Medicare Savings Program (MSP) for Qualified Medicare Beneficiaries (QMB). There are no viable alternatives to MSP, as demonstrated by the following comparisons to other prescription and health care programs.

Discount Cards:

These do not bring costs lower than the usual Medicare Part D copays so they do not save anyone with Part D any money. Also, Drug Discount Cards cannot be combined with LIS – you would have to choose either using the card or getting the LIS copays. For example, a Spriva inhaler for 1 month using the Familywiz drug card would cost $513 at RiteAid and at least $500 at other pharmacies. With Medicare Part D, without LIS, the same inhaler would cost $306.77 in deductible, $46.20 after deductible and $138 for someone who falls into the "donut hole.

Scrips4Less
http://www.scrips4less.com/Scrips4Less/index.cfm?page=education
Only available if you do not have prescription drug coverage.
This company charges a monthly fee to get drugs through patient assistance programs. For 3 drugs or fewer, they charge $69.95 a month, 4 or more they charge $99.95 a month.

Familywize
http://familywize.org/about-the-card/how-it-works/
This program helps with prescription drugs that are excluded by insurance plans or not covered because you exceed your insurance plan's maximum limits. Prices are similar to what large insurance companies and employers would pay. You cannot combine use of the card with Medicare Part D, the LIS program or any other public program unless you choose not to use the public program ((confirmed by telephone call to the program).

Community Assistance Program Discount Prescription Card
http://www.caprxprogram.org/about.aspx
You cannot combine use of the card with Medicare Part D, the LIS program or any other public program unless you choose not to use the public program.

CVS Pharmacy Discount Card
http://www.cvs.com/content/health-savings-pass#3
Prescriptions paid for in whole or in part by publicly funded health care programs, such as Medicare and Medicaid, are ineligible.

Maine Rx Plus
http://www.maine.gov/sos/cec/rules/10/chapssection 10.htm
Chapter 104 Section 3.10 Reimbursement
"Maine Rx Plus provides benefits for discounted drugs only when participants do not have coverage under a comparable or superior prescription drug plan. Participating pharmacies must always determine the existence of and seek
reimbursement from an individual's comparable or superior prescription drug benefit prior to submitting claims to the Maine Rx Plus Benefit."

Pharmacy Assistance Programs:

Walgreens Prescription Savings Club
http://www.walgreens.com/pharmacy/psc/psc_overview_page.jsp?ban=rxh_psc_2
Membership fee required ($20 individual or $35 family per year). Persons receiving benefits from Medicare, Medicaid or other government-funded programs are ineligible.

Rite Aid Rx Savings Program
https://www.riteaid.com/pharmacy/prescription-savings/rite-aid-prescription-savings-program/terms-and-conditions
Prescriptions paid for in whole or in part by publicly funded health care programs are ineligible. If a person with Medicare Part D coverage elects to use the RX Savings Program after their total drug cost have exceeded $2960 and they have fallen into the donut hole (where there is now limited Plan coverage which the person must decline in order to use this program), any payments made for the Rx Savings Program claims will not count toward the person's TrOOP (True Out of Pocket Cost) unless the person him or herself transmits the payment receipt to their Medicare drug plan. TrOOP costs are used to calculate when you exit the coverage gap (donut hole), so failure to submit the receipts means a person will stay in the donut hole unnecessarily longer.

CVS CareMark Health Savings Pass
http://www.cvs.com/content/health-savings-pass#3
Program discounts cannot be combined with any insurance. The Health Savings Pass provides savings on prescriptions that are not covered by insurance. Prescriptions processed using the Health Savings Pass will not count towards your insurance deductible and cannot be used to discount your copay. Program discounts cannot be applied in addition to any other discount offer. Prescriptions paid for in whole or in part by publicly funded health care programs, such as Medicare and Medicaid, are ineligible.

Walmart $4.00 Prescriptions
http://i.walmartimages.com/i/if/hmp/fusion/customer_list.pdf
The Program applies only to certain generic drugs at commonly prescribed dosages. Higher dosages cost more. Not all formulations of a drug are covered under the Program.

Hospital Related Prescription Assistance Programs and Consumers for Affordable Health Care:

These organizations do not supply prescription drugs. They help qualifying patients who are uninsured or underinsured to complete and file paperwork for submission to a drug manufacturer's patient assistance programs. Each manufacturer has its own application form. They also maintain lists of programs of pharmaceutical companies or pharmacies that make brand name or generic prescription drugs available to patients. Some help patients find out which pharmacies have the best prices for their medicine. Some also teach patients other ways to get medications through federal, state and local programs. These are the listed programs.

Maine Hospital-Affiliated Prescription Assistance
https://211maineportal.communityos.org/zf/taxonomy/detail/id/99192

MaineHealth MedAccess Program
http://www.mmc.org/mh_body.cfm?id=7171#eligible

Consumers for Affordable Health Care
http://mainecahc.org/guide-to-maine-health-care/other-helpful-programs/help-paying-for-prescriptions/

Hospital Affiliated Program Providing Prescription Drugs
MaineHealth CarePartners Program
http://www.mainehealth.org/mh_body.cfm?id=3998
"If you become a member of CarePartners you'll pay no more than $10 for each office visit. Prescription co-payment varies from $10 to $25. Lab, X-ray and other hospital services are provided at no charge. Applicants cannot be eligible for healthcare insurance through government-sponsored programs, which include, but are not limited to, MaineCare, Cub Care, Medicare and Veterans Benefits."

Federally Qualified Health Centers' 340B Drug Pricing Program
http://www.hrsa.gov/opa/eligibilityandregistration/
To be eligible to receive 340B-purchased drugs, patients must receive health care services other than drugs from the 340B covered entity. "An individual will not be considered a patient of the covered entity if the only health care service received by the individual from the covered entity is the dispensing of a drug or drugs for subsequent self-administration or administration in the home setting."