

REGULATIONS TO BE ISSUED DURING THE MORATORIUM PERIOD TO IMPLEMENT STATUTORY REQUIREMENTS ENHANCING HOSPITAL TRANSPARENCY

On an annual basis, and in a manner and form established by the Secretary issued within 90 days of passage, covered entity hospitals described in subparagraphs (L) and (M), unless otherwise indicated, must report the following:

(A) For the covered entity hospital, and separately for each 340B hospital outpatient facility or “child site” of the covered entity hospital, the number and percentage of individuals who are dispensed or administered 340B drugs, disaggregated by insurance status (including at least by Medicare, Medicaid, CHIP, TRICARE, health insurance coverage or a group health plan, and uninsured); for each child site of the hospital listed in the covered entity information system established under subsection (d)(2)(B)(iv), the costs incurred at each site for charity care as reported in Line 23 of worksheet S-10 to the Medicare cost report or in any successor form.

(B) The aggregate amount of gross reimbursement received by the covered entity for all drugs purchased under the authority of the 340B program and the covered entity’s aggregate acquisition cost for such drugs; and

(C) A DSH hospital that is eligible to participate in 340B under subparagraph (a)(4)(L)(i) must submit its contract that is the basis for such eligibility and any modifications to HRSA for review and to be included as part of the covered entity information available on the public database (currently called the 340B Office of Pharmacy Affairs Information System). Proprietary information may be redacted from the contract.

(XX) OVERSIGHT AND REPORTS TO CONGRESS

Within one year of enactment the Comptroller General of the United States [and the Office of the Inspector General] shall issue a final report on the use of the disproportionate share adjustment percentage in (a)(4)(L) and the level of charity care provided by covered entity hospitals as reported in (X)(A). Such report shall include recommendations for legislative reforms to 340B eligibility to better align 340B eligibility with the level of charity care provided to low income individuals at hospitals and individual child sites and shall make recommendations to HRSA to improve program oversight.

Within one year of enactment the Comptroller General of the United States [and the Office of the Inspector General] shall issue a final report analyzing the state and local government contracts that make 340B hospitals eligible for the program under (a)(4)(L)(i) and which shall include recommendations to HRSA and Congress regarding standards for those contracts.