Insulin and epinephrine are life-saving medicines, yet many report that their cost is prohibitively high. In response, the Trump Administration recently proposed a rule that would require health centers to provide these medications at heavily reduced prices. AAF’s Director of Human Welfare Policy Tara O’Neill Hayes has analyzed this rule and concludes that, while it could provide significant savings to some, its reach is very limited.

O’Neill Hayes writes:

This proposed rule could provide lower out-of-pocket costs for certain low-income patients in need of insulin or epinephrine. The majority of patients most likely to benefit, however, already receive significant discounts on their medications, thereby diminishing the potential impact of this change. Further, by decreasing the revenue to health centers generated by the 340B program, fewer resources will be available to spread cost savings to other patients.

Read the Analysis