

The Cost of 340B to District of Columbia

In 2025, workers and employers lost \$28 million in negotiated rebates to 340B

Despite advocates' claims that the 340B program is free, it raises costs for patients, employers, state and local governments, Medicare, and managed Medicaid. One way it increases costs is by displacing the negotiated rebates that are used to lower net drug prices. Research by IQVIA shows that workers and employers lost \$14.5 billion in rebates nationally in 2025 due to 340B.¹ The cost to DC workers and employers in 2025 was \$28 million.

Cost of 340B to DC workers and employers

PER BENEFICIARY	PLAN TYPE	TOTAL COST
\$73	Private sector employees ²	\$24M
	Government employees ³	\$4M
	Total	\$28M

Cost of 340B to DC managed medicaid

0.0325 IN	STATE'S TOTAL COST
\$7	\$1M

The cost of 340B to DC has grown substantially in recent years due to program growth. From 2023 to 2025, the number of healthcare providers prescribing 340B drugs, the number of 340B facilities, and the value of 340B drug purchases all increased.

340B growth in DC: 2023 to 2025

340B PRESCRIBERS		340B FACILITIES ⁴		340B DRUG PURCHASES ⁵	
#	GROWTH	#	GROWTH	#	GROWTH
5,318	+24%	119	+19%	\$432 million	+35%

340B utilization in DC is slightly higher than neighboring states but in line with national average.

DC vs. neighbors

STATE	340B UTILIZATION ⁶	COST PER BENEFICIARY
DC	13%	\$73
VA	12%	\$69
MD	8%	\$48
Total U.S.	14%	\$81

1. The cost of 340B to states. IQVIA. 2026 (to appear).
2. Includes employer-sponsored plans and ACA health plans.
3. Includes state and local government employees.
4. Based on 340B "parent" facilities, not satellite sites or contract pharmacies.
5. 340B drug purchases at Wholesaler Acquisition Cost (WAC).
6. Percentage of 340B business by state, averaged over drug purchases and claims.