



# Hospitals Capitalizing on Federal Government Program Shelter Billions Offshore

SMALL BUSINESSES AND PATIENTS  
ARE PAYING THE PRICE

## OVERVIEW

While taking advantage of a lucrative federal government initiative called the 340B Drug Pricing Program, some hospitals are sheltering money in offshore accounts. Using publicly available tax returns, researchers at the Job Creators Network (JCN) have discovered that dozens of hospital companies across six states are holding more than \$17 billion outside the country. The cash is stashed in places ranging from the Caribbean to Eastern Europe.

The findings of this report are particularly pertinent given renewed debate in Washington over the level of transparency around the 340B program. Some argue that participating hospitals are taking advantage of the government-sanctioned initiative at the expense of patients and small businesses, which are absorbing ever-increasing healthcare and prescription drug costs.

**“The program has morphed into a cash cow for large hospital networks...”**

**Alfredo Ortiz**, Job Creators Network CEO

## HOSPITALS PARK BILLIONS OF DOLLARS OUTSIDE THE UNITED STATES

Modern hospitals—and the doctors, nurses, and others who staff the facilities—are the backbone of the American healthcare system. But when the federal government is intimately involved and captures private business, operations can go off the rails because of misaligned incentives. Business practices, for example, likely change in order to best take advantage of government offerings.

In this case, many hospitals that are participating in the 340B program—a government initiative intended to help low-income patients—are concurrently parking huge amounts of money

outside the U.S. Why? Wealthy institutions often stash money beyond Uncle Sam’s reach to lower their tax liabilities. The financial maneuver is not illegal, however some argue that the 340B program helps to enable the practice because it acts as a major revenue stream for some hospitals.

After digging through publicly available tax returns, we examined roughly 50 hospitals across Michigan, Ohio, Massachusetts, Illinois, New York, and Washington that have a **combined \$17,345,335,678 sitting in offshore accounts**. See a state-by-state breakdown below:

### Money Held Outside the U.S.



Michigan  
**\$3,071,509,518**



Massachusetts  
**\$1,204,480,274**



New York  
**\$1,257,464,230**



Ohio  
**\$6,956,341,819**



Illinois  
**\$3,862,171,848**



Washington  
**\$993,367,989**

*This research was conducted by using text searches of public Form 990 tax returns. The most recent tax returns available were cited, typically covering calendar year 2023. The hospitals listed are part of the 340B program; hospitals with offshore money that are not eligible for 340B, such as Memorial Sloan Kettering, were excluded. A more detailed table can be found in the appendix.*

## WHAT IS THE 340B PROGRAM & HOW ARE HOSPITALS TAKING ADVANTAGE OF IT?

The 340B Drug Pricing Program was established in 1992 by Congress to help hospitals serve patients in low-income communities. Participating hospitals are allowed to purchase prescription drugs at steeply discounted rates in hopes that the savings are passed along to patients. *The Wall Street Journal* estimates that medicines are discounted on average by 45 percent.

**Fast Fact: The number of 340B eligible hospitals has increased **60-fold** since the program was created in 1992.**

Although well-intentioned at first, the program has since gone haywire. Following changes made as part of the Affordable Care Act, more hospitals became eligible for the 340B program. How many more? At the initiative's inception, 45 hospitals qualified to access discounted drugs. Now, roughly 2,700 hospitals are eligible, a 60-fold increase. That

includes many wealthy institutions, some of which are named in this report.

**“Congress needs to act to bring much-needed reform to the 340B Program.”**

**Sen. Bill Cassidy, (R-LA)**

As the program has ballooned, questions around transparency and questionable conduct have also spiked. The 340B program is allegedly being abused by hospitals to the point that the White House and key lawmakers in Congress are calling for reform. During his second term, President Trump has taken aim at the bloated government program with executive action.

Meanwhile, earlier this year, the Senate Health, Education, Labor, and Pension Committee released the findings of a years-long investigation into 340B. The findings suggest that 340B entities take advantage of the program's lack of transparency to generate revenue—an alarming conclusion that has sparked congressional policy proposals.

## INFLATIONARY EFFECT FOR SMALL BUSINESS

Hospitals that participate in the 340B program are incentivized to prescribe medications that have the steepest discounts but highest market price so they can pocket the biggest profit. In short, hospitals are buying low and selling high. This dynamic creates two counterproductive incentives. One, it motivates hospitals to push a larger quantity of prescription drugs, and, two, it encourages doctors to choose the most expensive option.

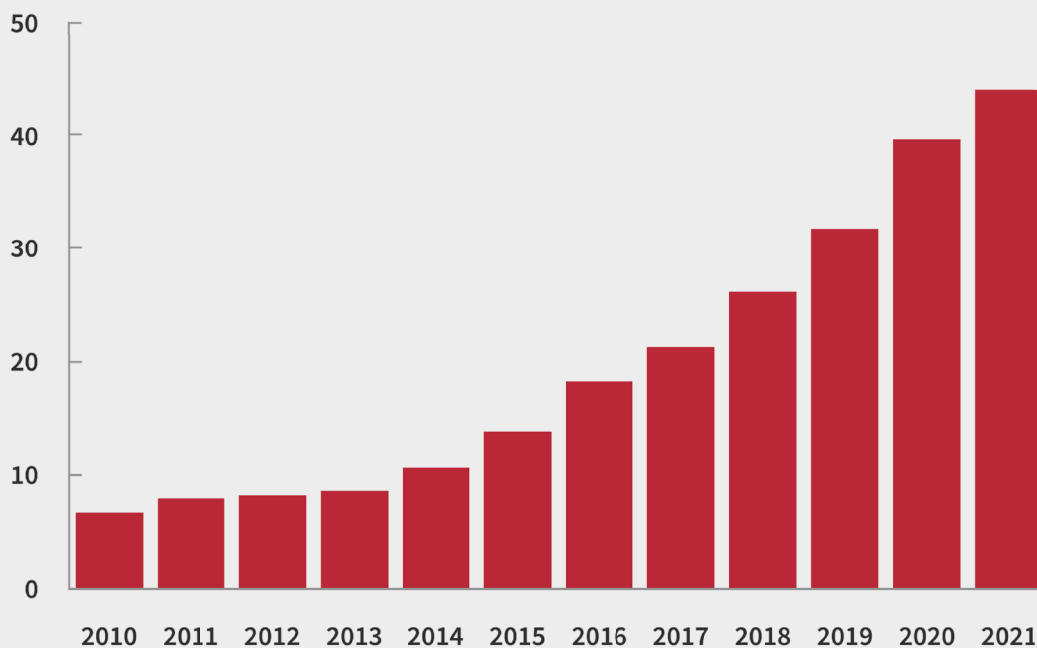
A recent analysis from the Congressional Budget Office (CBO) puts a fine point on how the program expenditures have ballooned as a result. Between 2010 and 2021, the CBO finds that the 340B program grew on an average annual basis of 19 percent—an increase of more than \$35 billion over 12 years.

**“Studies have found doctors employed by 340B hospitals are also more likely to prescribe higher-priced drugs.”**

***The Wall Street Journal***

### Spending on Drugs Purchased Through the 340B Program, 2010-2021

(in Billions of Dollars)



Source: Congressional Budget Office

These increasing healthcare expenditures inevitably roll downhill to Main Street. The government-sanctioned scheme props up high healthcare and prescription drug prices across the board, inflated costs that small businesses are in turn forced to absorb. The runaway 340B program also puts pressure on the federal budget, which small businesses and other taxpayers are on the hook to cover.

America's small business community is facing a growing healthcare crisis. As medical costs continue to rise, employers are increasingly struggling to sponsor coverage for staff members—a notably acute problem given U.S. small businesses employ 46 percent of the country's workforce. Addressing abuse and waste within the 340B Drug Pricing Program with policy reform in Congress will help to alleviate the extra burden being placed on Main Street.

**Fast Fact: 73 percent** of small businesses support efforts to improve transparency and rein-in runaway government healthcare programs, such as the 340B Drug Pricing Program.

(May Job Creators Network Foundation Polling)



## APPENDIX

| Institution                           | State         | Offshore Money         |
|---------------------------------------|---------------|------------------------|
| Henry Ford Health System              | Michigan      | \$168,064,684          |
| Bronson Methodist Hospital            | Michigan      | \$587,493              |
| Corewell Health                       | Michigan      | \$391,220,000          |
| Trinity Health Corporation            | Michigan      | \$2,511,637,341        |
| <b>Michigan Total</b>                 |               | <b>\$3,071,509,518</b> |
| University Hospitals of Cleveland     | Ohio          | \$54,368,311           |
| Cleveland Clinic                      | Ohio          | \$5,159,453,000        |
| UC Healthcare System                  | Ohio          | \$32,385,684           |
| Children's Hospital Medical Center    | Ohio          | \$1,050,585            |
| OhioHealth Corporation                | Ohio          | \$1,084,157,160        |
| Bon Secours Mercy Health              | Ohio          | \$506,776,215          |
| Promedica Health Systems              | Ohio          | \$2,109,269            |
| Dayton Children's Hospital Foundation | Ohio          | \$20,610,056           |
| Dayton Children's Hospital            | Ohio          | \$93,447,229           |
| Nationwide Children's Hospital        | Ohio          | \$1,984,310            |
| <b>Ohio Total</b>                     |               | <b>\$6,956,341,819</b> |
| UMass Memorial Health Care            | Massachusetts | \$43,529,579           |
| Baystate Health                       | Massachusetts | \$67,739,858           |
| Tufts Medical Center                  | Massachusetts | \$22,001,680           |
| Northeast Hospital Corporation        | Massachusetts | \$4,029,290            |
| Beth Israel Lahey Health              | Massachusetts | \$53,597,957           |
| Children's Medical Center Corporation | Massachusetts | \$975,107,763          |
| Southcoast Health System              | Massachusetts | \$9,610,887            |
| Joslin Diabetes Center                | Massachusetts | \$9,337,433            |
| Boston Medical Center Corporation     | Massachusetts | \$19,525,827           |
| <b>Massachusetts Total</b>            |               | <b>\$1,204,480,274</b> |
| Rush University Medical Center        | Illinois      | \$172,800,722          |
| Javon Bea Hospital                    | Illinois      | \$5,587,415            |
| Hospital Sisters Health System        | Illinois      | \$369,200,899          |
| Southern Illinois Hospital Services   | Illinois      | \$120,000              |
| UChicago Medicine Network             | Illinois      | \$11,049,687           |
| Northwestern Memorial Healthcare      | Illinois      | \$3,303,413,125        |
| <b>Illinois Total</b>                 |               | <b>\$3,862,171,848</b> |

| Institution                              | State      | Offshore Money          |
|------------------------------------------|------------|-------------------------|
| Montefiore Medical Center                | New York   | \$79,041,037            |
| New York Langone Hospital                | New York   | \$446,011,632           |
| Episcopal Health Services                | New York   | \$26,937,343            |
| New York Presbyterian Brooklyn Methodist | New York   | \$243,899,131           |
| Brooklyn Hospital Center                 | New York   | \$2,488,453             |
| Mount Sinai Hospital                     | New York   | \$28,809,364            |
| Maimonides Medical Center                | New York   | \$17,292,934            |
| Cayuga Health System                     | New York   | \$7,227,373             |
| Riverside Health Care System             | New York   | \$472,000               |
| Beth Israel Medical Center               | New York   | \$24,708,264            |
| St Barnabas Hospital                     | New York   | \$5,093,895             |
| Albany Medical Center Group Organization | New York   | \$16,114,287            |
| Kaleida Health                           | New York   | \$359,368,517           |
| <b>New York Total</b>                    |            | <b>\$1,257,464,230</b>  |
| Providence Health & Services Washington  | Washington | \$93,552,128            |
| Swedish Medical Center Foundation        | Washington | \$13,709,336            |
| Seattle Children's Healthcare System     | Washington | \$400,439,096           |
| Seattle Children's Hospital              | Washington | \$485,667,429           |
| <b>Washington Total</b>                  |            | <b>\$993,367,989</b>    |
| <b>Total</b>                             |            | <b>\$17,345,335,678</b> |