



# 340B Drug Pricing Program: *The Urgency of Reform*

Survey Results

 JULY 2025

# Methodology

**This poll was conducted between July 17 and July 23, 2025 among a sample of 3,307 registered voters in the United States, distributed as follows:**

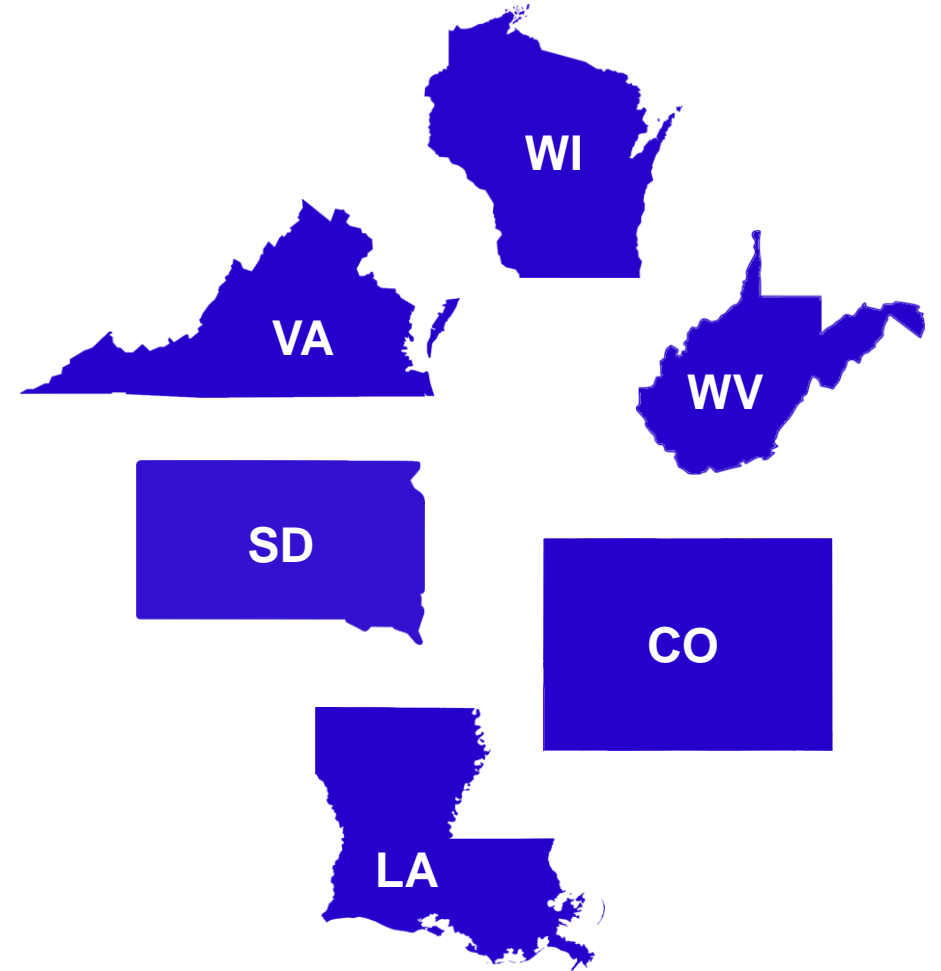
- 544 registered voters in the state of Colorado
- 164 registered voters in the state of South Dakota
- 866 registered voters in the state of Virginia
- 540 registered voters in the state of Louisiana
- 868 registered voters in the state of Wisconsin
- 325 registered voters in the state of West Virginia

**The interviews were conducted online, and the data were weighted state-by-state to approximate a target sample of registered voters in that state, based on gender by age, educational attainment, race, marital status, home ownership, race by educational attainment, and 2024 presidential vote.**

Results from the full survey have a margin of error in each state as follows:

- $\pm 4$  percentage points in the state of Colorado
- $\pm 8$  percentage points in the state of South Dakota
- $\pm 3$  percentage points in the state of Virginia
- $\pm 4$  percentage points in the state of Louisiana
- $\pm 3$  percentage points in the state of Wisconsin
- $\pm 5$  percentage points in the state of West Virginia

*Note: Averaging these six statewide results together, even on a population-weighted basis, will not produce nationally-representative results.*



# Key Takeaways

1

## Healthcare costs are a top concern across all six states.

More than four-in-five voters across all six survey states (81% and above) **report being concerned about the cost of healthcare** for themselves and their loved ones. Most voters also say that **healthcare costs have increased in recent years**, with about two-in-three saying costs have increased in the past few years, and approximately half saying they **worry about affording basic living expenses** because of healthcare costs. Around one-in-three voters (from 30% in Louisiana to 40% in West Virginia) have **gone into debt** as a result.

2

## Voters think addressing healthcare costs should be an urgent priority for lawmakers.

A majority of voters across all six states say it is very urgent for lawmakers to **address rising healthcare costs** (ranging from 56% in Louisiana to 63% in West Virginia) **and high prescription drug costs** (53% and above). Other issues seen as urgent include the **high cost for urgent and emergency care**, and **gaps in health insurance coverage / frequent claim denials**.

3

## Support for reforming 340B is broad, though awareness is limited.

Awareness of the 340B Drug Pricing Program is **relatively low**, with only about one-in-ten to one-in-five voters in each state saying they have seen, read, or heard anything about 340B. After being provided with a neutral definition, a **majority of voters in all six states** say they support the program, but **more than two-in-three voters in all six states** think reforming 340B should be an **urgent priority** for lawmakers. Pro-reform voters cite the need for **greater transparency, access to affordable medicine, and aid for the vulnerable**.

4

## Messaging increases the perceived urgency for 340B reform across the board.

Roughly three-in-four voters **in all six states found every tested statement about 340B to be convincing**. When asked to choose, voters gravitated towards messages about **PBM involvement, inadequate oversight standards, and 340B-driven price increases**. After messaging, **the share of voters who said it was urgent to reform 340B increased by double digits in all six states**. More than three-in-four voters in all six states said they would be **more likely** to vote for a pro-reform lawmaker after messaging.

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## State of Play

340B: Initial Perceptions

340B: Messaging

340B: Shifts

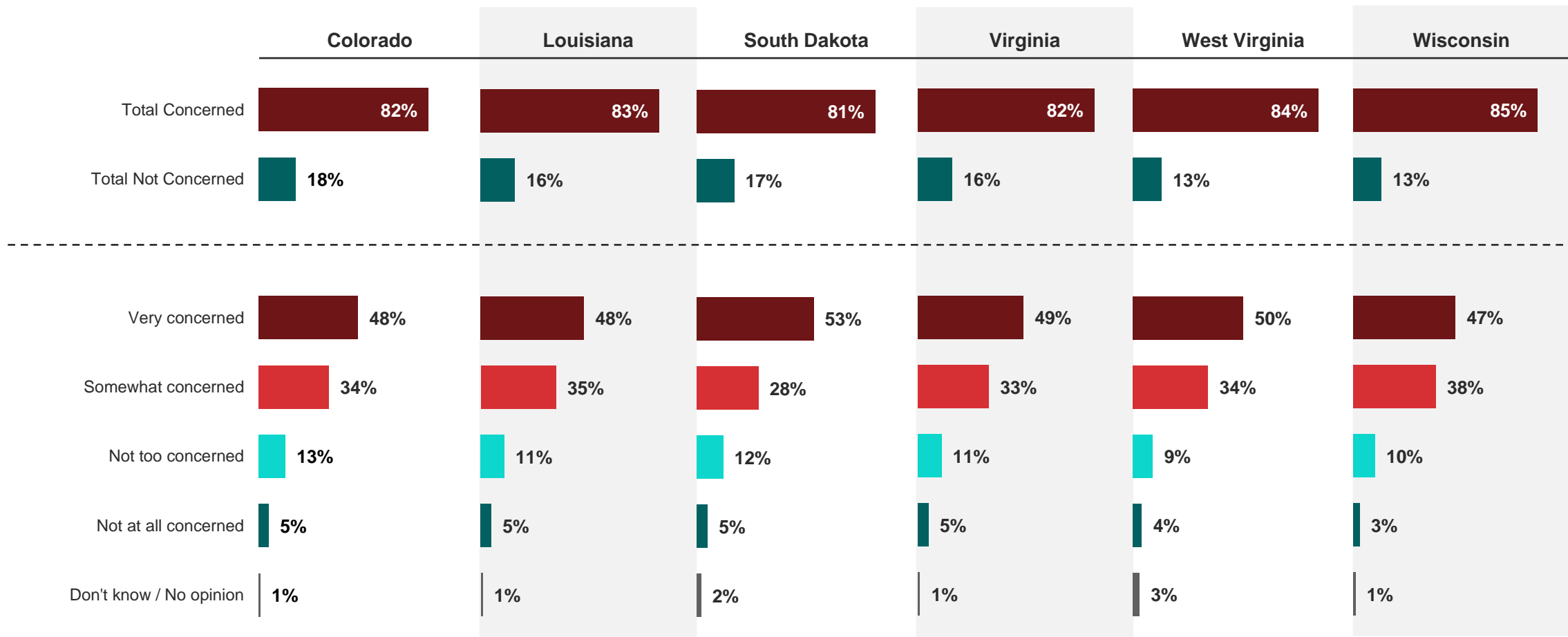
State Snapshots



STATE OF PLAY

More than four-in-five voters in all six states say they are concerned about the cost of healthcare for themselves and their loved ones.

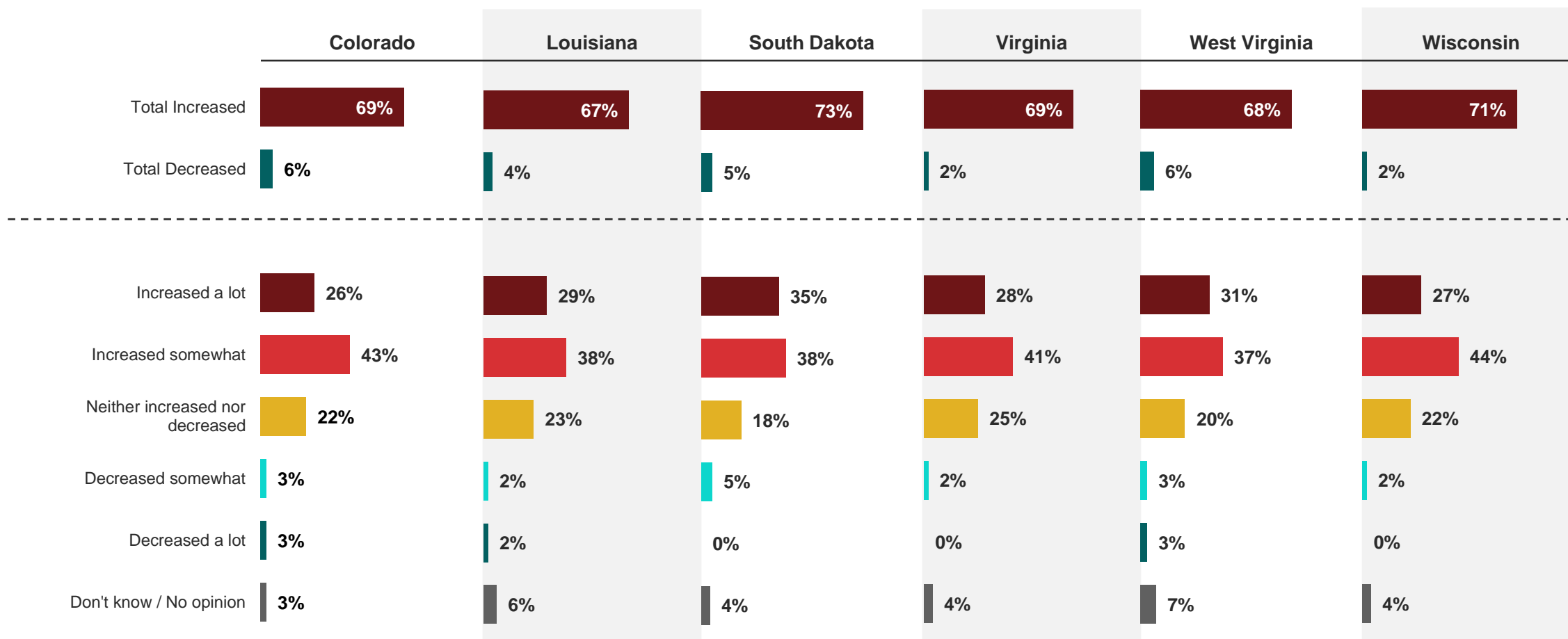
How concerned are you about the cost of healthcare for you and your loved ones?



## STATE OF PLAY

**Similarly, more than two-in-three voters in all six states say that the cost of healthcare has increased over the past few years for themselves and the people they care about.**

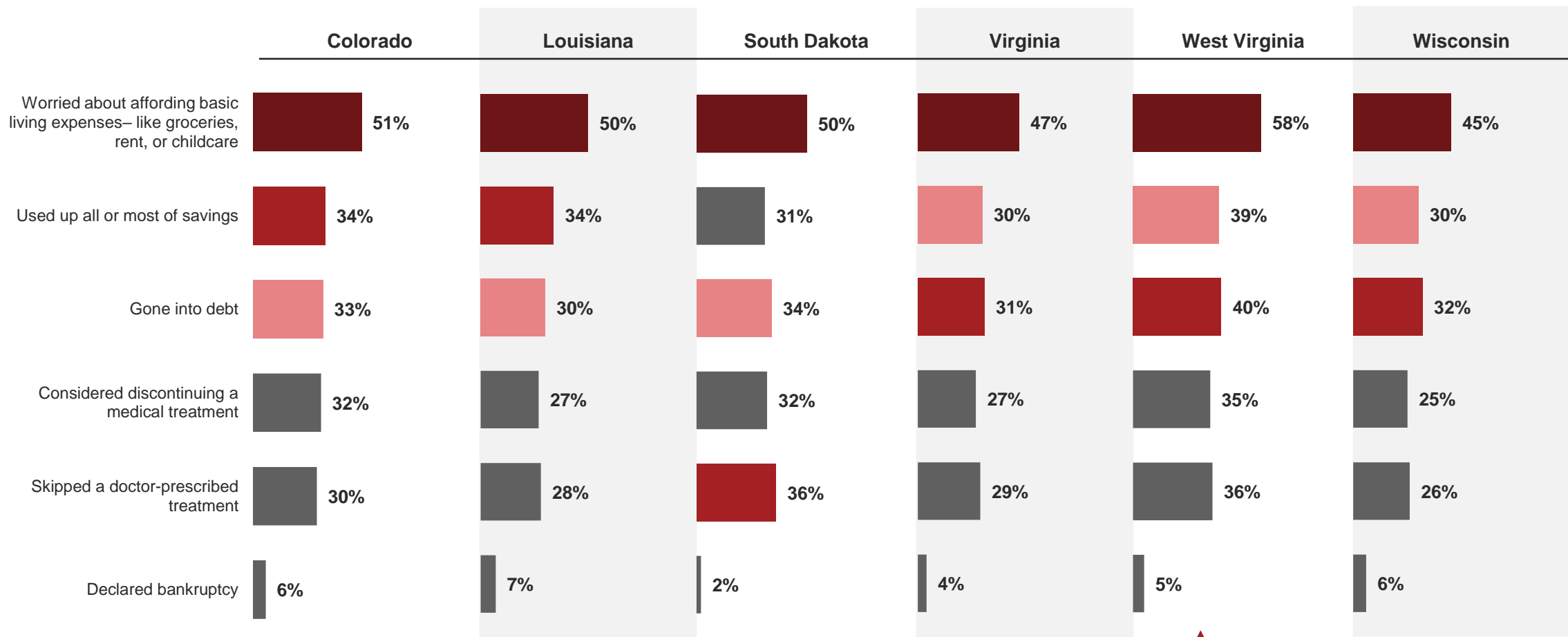
Over the past few years, how has the cost of healthcare changed for you or the people you care about – like friends, family, or colleagues?



STATE OF PLAY

Nearly half of voters in all six states have worried about meeting basic living expenses as a result of healthcare costs – and around one-in-three have used up their savings and/or gone into debt.

Have you, or a loved one, experienced any of the following situations as a result of medical expenses?



## STATE OF PLAY

**Prescription drug pricing– and high emergency/urgent care costs– are ranked as one of the top three most urgent issues for lawmakers to fix in every state, along with healthcare costs overall.**

Below is a list of problems some people experience with the healthcare system. For each, please indicate how urgent it is for lawmakers to fix that problem.

Showing Total Urgent %	Colorado	Louisiana	South Dakota	Virginia	West Virginia	Wisconsin
Rising healthcare costs	81%	85%	90%	84%	83%	83%
High cost for urgent or emergency care	78%	81%	86%	82%	78%	76%
High prescription drug costs	77%	85%	89%	84%	81%	80%
Confusing or unclear healthcare billing practices	74%	67%	77%	68%	70%	66%
Gaps in health insurance coverage and frequent claim...	73%	68%	73%	69%	71%	65%
Long wait times to see a physician	66%	63%	66%	68%	65%	63%
Inability to get provider-administered therapies	65%	61%	54%	64%	60%	55%
Inability to get certain prescriptions filled	63%	72%	62%	68%	68%	61%
Lack of services or providers at my local hospital or clinic	58%	64%	60%	62%	61%	56%
Difficulty finding a specialist in my area	55%	60%	53%	59%	61%	54%



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State of Play

**340B: Initial Perceptions**

340B: Messaging

340B: Shifts

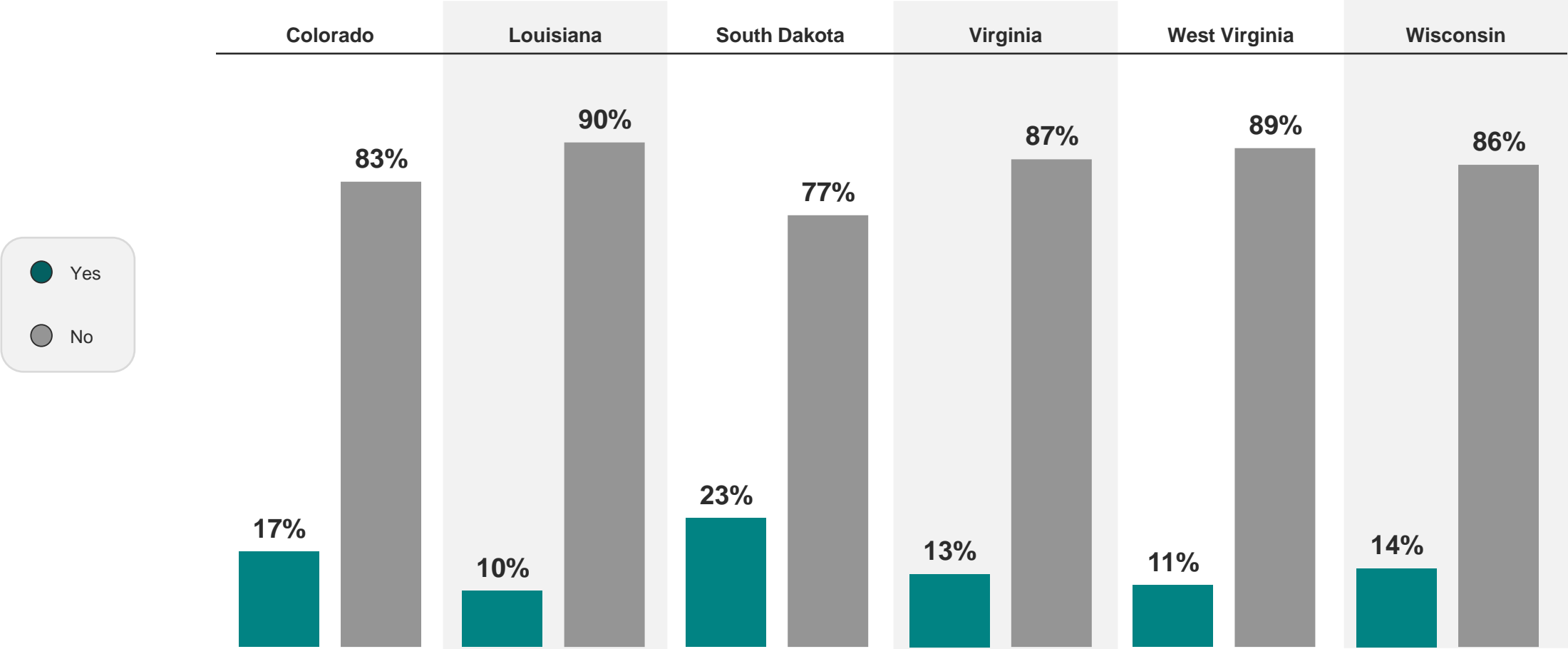
State Snapshots



340B – INITIAL PERCEPTIONS

In all of the states surveyed, a little over one-in-ten voters had seen, read, or heard anything about the 340B Drug Pricing Program.

Have you seen, read, or heard anything about the 340B Drug Pricing Program?



## DEFINITION SHOWN TO RESPONDENTS

In 1992, Congress created the 340B Drug Pricing Program to help certain safety net hospitals and clinics treat low-income and vulnerable patients. Under the program, pharmaceutical manufacturers provide discounted pricing on medicines to participating hospitals and clinics. Since participating hospitals and clinics buy medicines at this discounted price, they can use the money they save on 340B medicines to help low-income and vulnerable patients.

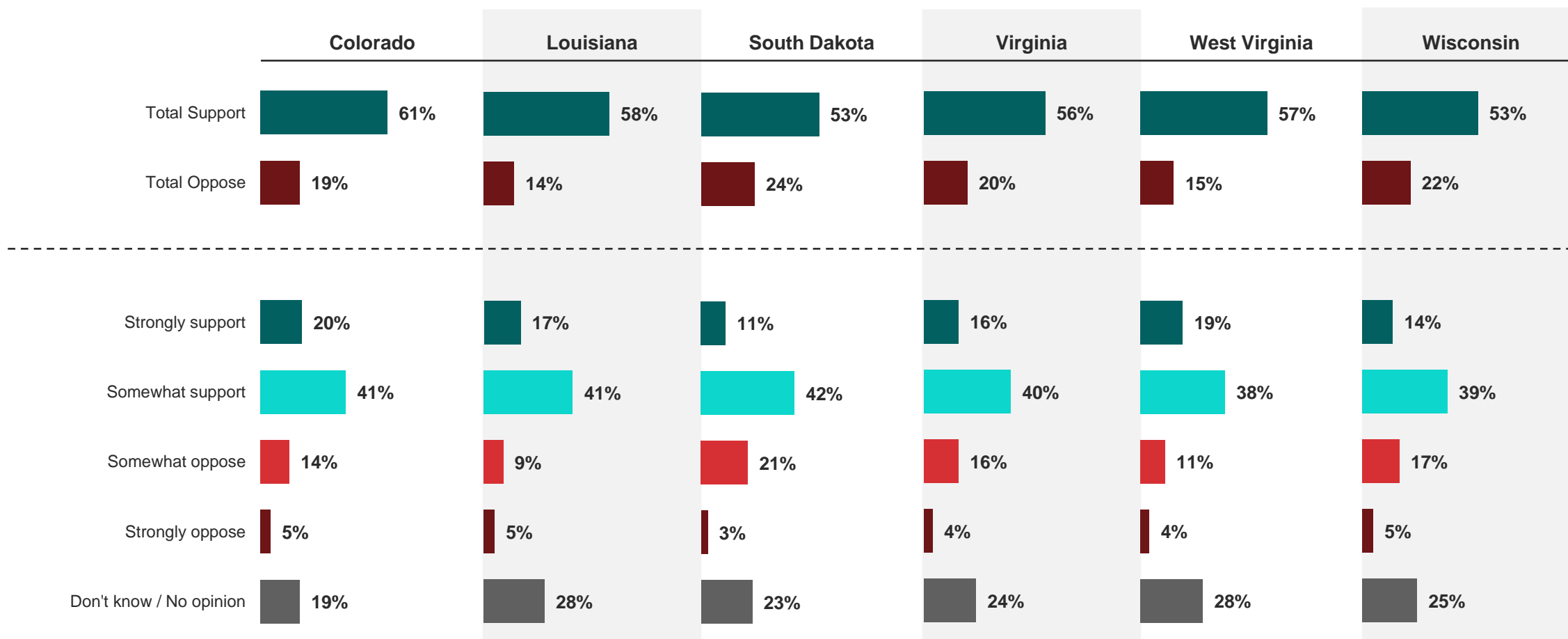
However, the law does not explicitly require hospitals to use their savings in specific ways or report how the funds are used. Contract pharmacies— third-party facilities that make deals with the hospital to receive the discount and supply the medicine— have become more and more common.



## 340B – INITIAL PERCEPTIONS

After receiving the definition, a majority of voters supported 340B in all six states. However, this support is concentrated in the softer ‘somewhat’ category– and one-in-four have no opinion.

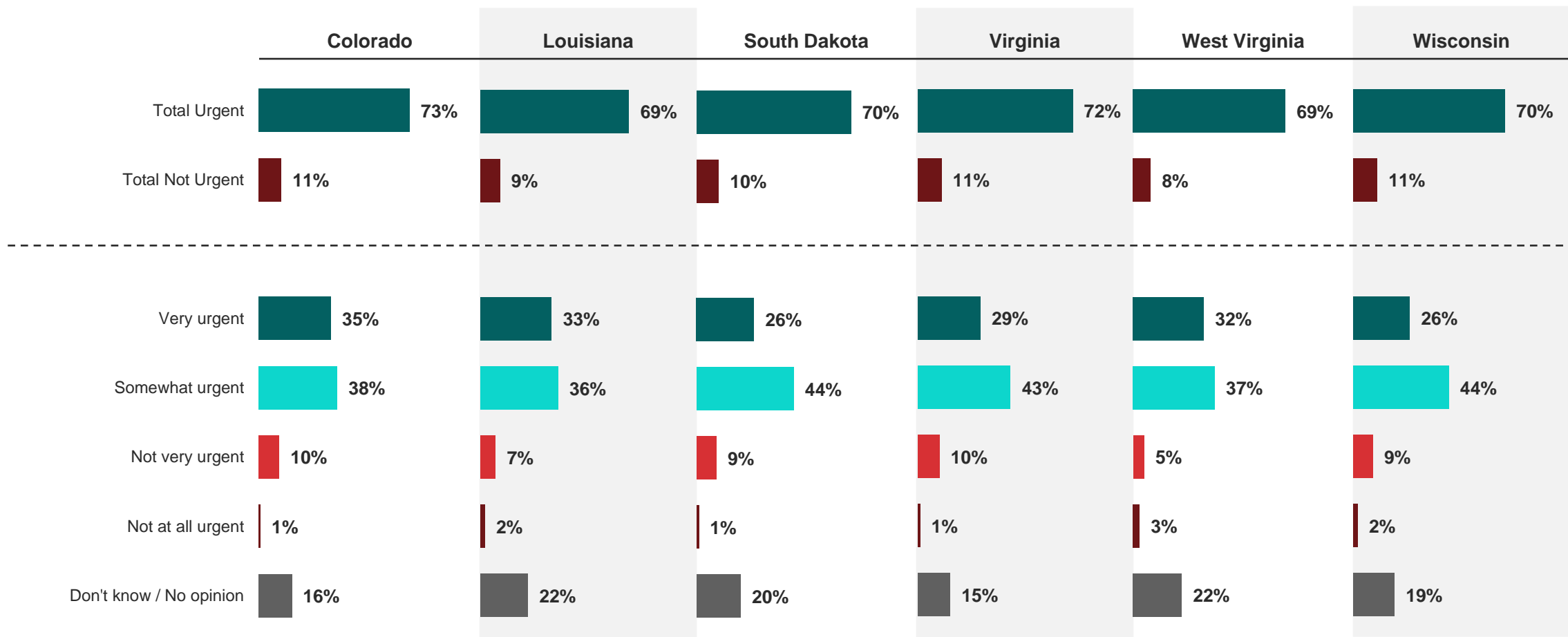
Based on what you know, do you support or oppose the 340B Drug Pricing Program?



340B – INITIAL PERCEPTIONS

More than two-in-three voters across all six states think 340B reform should be an urgent priority—and roughly one third consider it a very urgent priority for lawmakers.

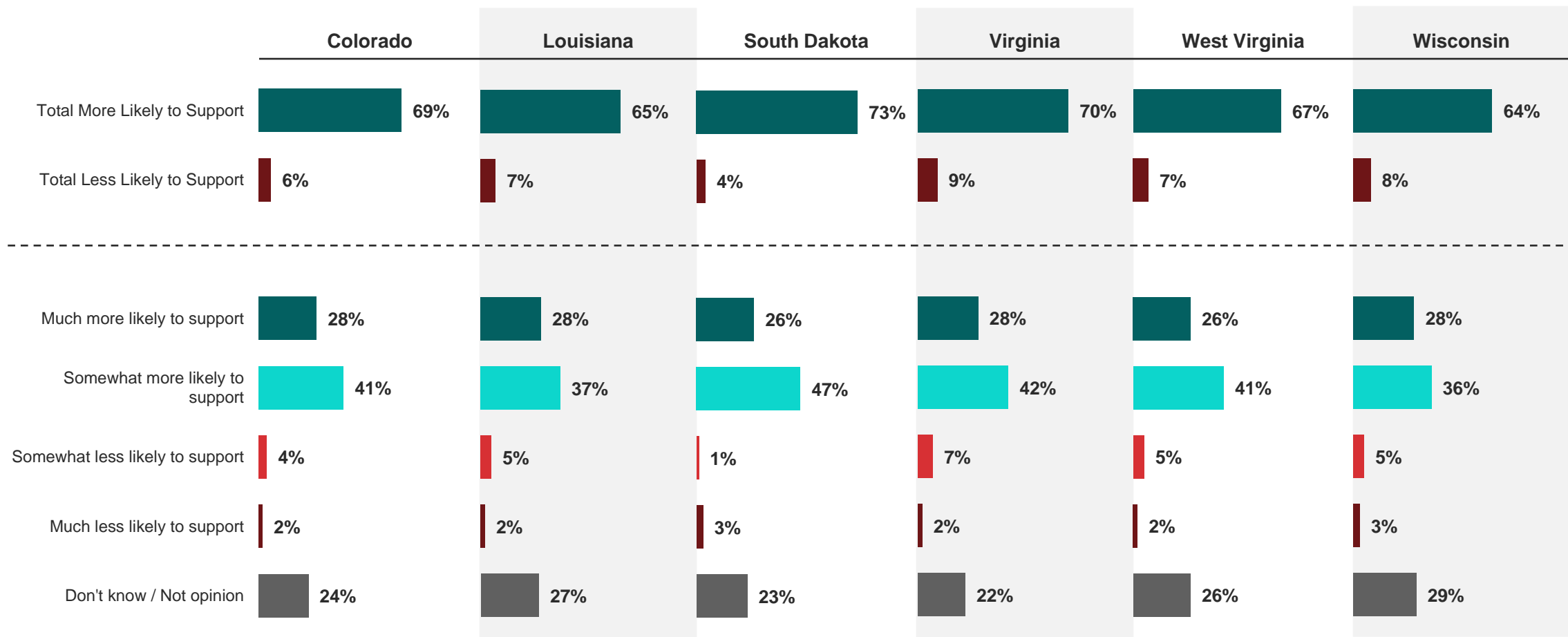
Based on what you know, how urgent do you think it is for lawmakers to reform the 340B Drug Pricing Program?



340B – INITIAL PERCEPTIONS

Approximately two-in-three voters across all six states say they'd be more likely to support a member of Congress who helped reform the 340B Drug Pricing Program.

Would you be more or less likely to support your member of Congress if they helped reform the 340B Drug Pricing Program?



## 340B – INITIAL PERCEPTIONS

**Two policies– establishing transparency requirements, and mandating that hospitals spend 340B savings on reducing patients’ out-of-pocket costs– tested in the top 2 across all 6 states.**

Here are some specific ways that people have said lawmakers could reform the 340B Drug Pricing Program. How important do you think each is for lawmakers to implement?

Showing Total Important %	Colorado	Louisiana	South Dakota	Virginia	West Virginia	Wisconsin
<b>Establish transparency requirements</b> so that hospitals and other healthcare entities that benefit from 340B must disclose how they are using the savings from the program	83%	82%	89%	82%	83%	82%
<b>Require hospitals to use 340B savings to directly benefit patients</b> through reduced out-of-pocket costs	83%	80%	83%	83%	81%	83%
<b>Prevent hospitals from diverting 340B savings</b> to other programs/areas and generating excessive profits	80%	80%	83%	81%	78%	80%
<b>Define in law who qualifies as a 340B patient</b> to ensure that the patients who need the program the most are the ones who benefit	78%	79%	83%	80%	80%	80%
<b>Limit the number of contract pharmacies that can receive 340B discounts</b> to those that specifically operate in vulnerable or underserved communities	63%	66%	63%	67%	66%	63%
<b>Limit the number of healthcare centers (or entities) that are eligible for 340B</b> to facilities that specifically serve vulnerable or underserved populations	56%	62%	54%	60%	62%	59%

## 340B – INITIAL PERCEPTIONS

Voters who think 340B reform should be prioritized place special importance on addressing high healthcare costs, helping the vulnerable, and transparency in spending tax dollars.

*In a few short words, why do you think reforming 340B should be a priority for lawmakers?*

### Transparency

~25% of responses

- “Hospitals and others should have to report how they use the money saved.”
- “I think the money they are saving and using should be explained to taxpayers.”
- **“We should know exactly where the money is going”**
- “I think they should be required to report the spending and have stricter rules on what they can use the funds for.”

### Helping the vulnerable

~40% of responses

- **“So that low-income individuals can actually benefit”**
- “Because low-income people need health care or they could die.”
- “Low-income families need assistance to afford medical care. I have to go without prescribed medications because I cannot afford them.”
- “They need to ensure that savings go to low-income patients, those whom the program wanted the savings to go to.”
- “It should be a priority because it helps low income [patients] by giving them discounts”

### Addressing high costs

~30% of responses

- “Drug prices have gone up so much... these medications cost hundreds of dollars”
- “Drugs have gotten way too expensive, disproportionately so. People cannot afford this financial burden.”
- **“Everybody is having trouble with medical bills and can’t afford treatment.”**
- “The cost of some medications are so high that if people don’t have insurance to cover part or all of the cost, they will go without needed medicine.”
- “Pharmacies are robbing people with the outrageous prices they charge for the newest medicine.”



### Just-fix-it

~15% of responses

- “Sounds like the program doesn’t really function as originally intended.”
- “340B was set up 33 years ago, it’s time to revise it”
- “Because it doesn’t work. They left it open to theft. Plain and simple.”
- **“If a program isn’t working, then it needs to be reformed.”**



## 340B – INITIAL PERCEPTIONS

Voters who think 340B reform shouldn't be prioritized would prefer the government tackle other issues first or stay out altogether. Very few voters actively defend 340B, since very few are familiar.

*In a few short words, why do you think reforming 340B shouldn't be a priority for lawmakers?*

### Fix other issues first

~25% of responses

- “Because I think there are other things that need to be taken care of first.”
- “There are other more pressing issues that are more important.”
- “We have bigger issues to worry about right now such as inflation prices of groceries”
- “I think it would take away time from more urgent matters.”

### 340B works fine as-is

~25% of responses

- “It already seems effective and worthwhile. It's not something that needs changing.”
- “If people can get medicines at a discounted price, it needs to be left alone.”
- “If it's not broken, don't try to fix it.”
- “It works fine as it is, abuse of it is a Republican fantasy.”
- “It helps low-income people get the medicine they need.”
- “Because low-income people need this program. And if it was taken away, the medicine would skyrocket more than it already is.”

### Don't know enough

~10% of responses

- “I don't know enough about it to base my opinion on it.”
- “I really don't know enough about 340B to make a determination.”
- “I need to know more than your synopsis – which may or may not be slanted one way or the other.”

### Need deeper reform

~10% of responses

- “Because it's a microscopic issue compared to the cost of healthcare overall.”
- “The entire pharmaceutical industry should be overhauled, with stricter price controls.”
- “Lowering cost in general is more of a priority.”
- “Because healthcare should be free.”
- “Healthcare as a whole needs [to be] improved first.”

### Anti-government

~15% of responses

- “Government should NOT be involved in healthcare. The V.A. system is a joke. More laws make more criminals.”
- “It seems OK now... the more the government gets involved in things the worse the problem becomes.”
- “It's not the government's job to give people money for medicine.”



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State of Play

340B: Initial Perceptions

**340B: Messaging**

340B: Shifts

State Snapshots



## 340B – MESSAGING

**One statement– highlighting how 340B hospitals deliberately choose not to pass many of their savings onto patients– tied for most convincing statement in 5 states and came 2<sup>nd</sup> in WV.**

Here are some recent statements that people have made about the 340B Drug Pricing Program. How convincing do you think each statement is as a reason to reform the program?

Top 5 Messages Sorted by Average	Showing Total Convincing %	Colorado	Louisiana	South Dakota	Virginia	West Virginia	Wisconsin
340B hospitals could pass their savings directly to patients in the form of discounts, but they often don't.		75%	74%	76%	76%	72%	73%
When patients are insured, 340B contract pharmacies can charge the insurance high markups and pocket the profits instead of passing savings to the patients.		72%	72%	75%	75%	72%	71%
Even though 340B hospitals are meant to support underserved patients, many have been accused of aggressive debt collection practices against patients who are least able to afford care.		72%	74%	72%	73%	74%	72%
Healthcare costs will continue to rise if 340B isn't reformed, since drugmakers will need to increase prices to offset growing numbers of hospitals claiming the discount.		75%	71%	70%	71%	74%	71%
The 340B program lacks adequate oversight standards, and it cannot be audited to determine whether or not the program savings are being abused.		73%	72%	72%	73%	68%	72%

## 340B – MESSAGING

Even the least convincing statements were *still* described as convincing by majorities of voters across all six states.

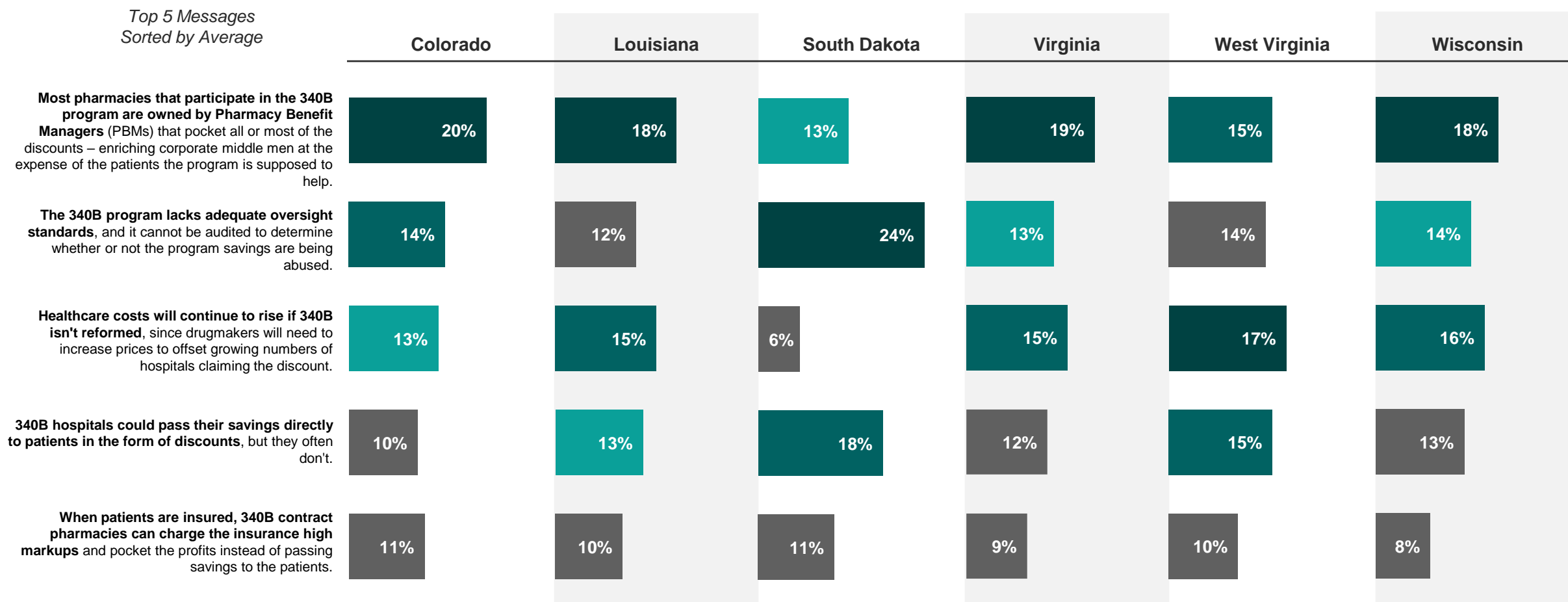
Here are some recent statements that people have made about the 340B Drug Pricing Program. How convincing do you think each statement is as a reason to reform the program?

Bottom 4 Messages Sorted by Average	Showing Total Convincing %	Colorado	Louisiana	South Dakota	Virginia	West Virginia	Wisconsin
Most pharmacies that participate in the 340B program are owned by Pharmacy Benefit Managers (PBMs) that pocket all or most of the discounts – enriching corporate middle men at the expense of the patients the program is supposed to help.		72%	72%	67%	74%	65%	73%
The proliferation of 340B contract pharmacies in wealthy areas has shifted the program away from its original focus of serving disadvantaged neighborhoods.		73%	73%	62%	75%	68%	70%
Large hospital chains strategically purchase smaller, poorer branches to gain 340B status and the discounts that follow. Hospitals that fall victim to this scheme will continue to lose resources and skilled providers.		70%	71%	71%	72%	69%	67%
Research shows that hospital participation in the 340B program has not improved health outcomes for low-income patients.		67%	67%	66%	69%	65%	64%

## 340B – MESSAGING

When forced to choose, voters in the six surveyed states gravitated to messages that mentioned **PBMs, absent oversight standards, and hospitals' high costs.**

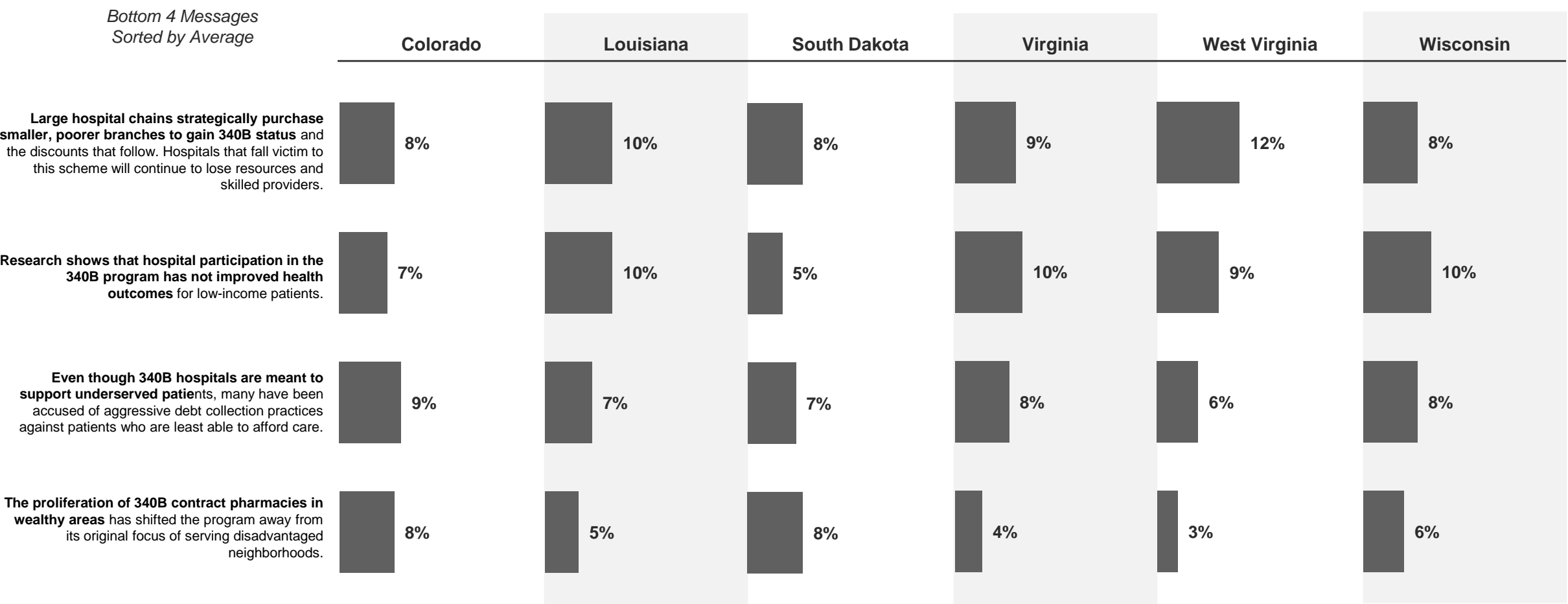
Now, of the same statements as before, which do you think is the most convincing as a reason to reform the program?



340B – MESSAGING

The weakest messages all explicitly referenced lower income patients or neighborhoods, suggesting a preference among respondents for clear-cut proofs of abuse or corruption.

Now, of the same statements as before, which do you think is the most convincing as a reason to reform the program?



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State of Play

340B: Initial Perceptions

340B: Messaging

**340B: Shifts**

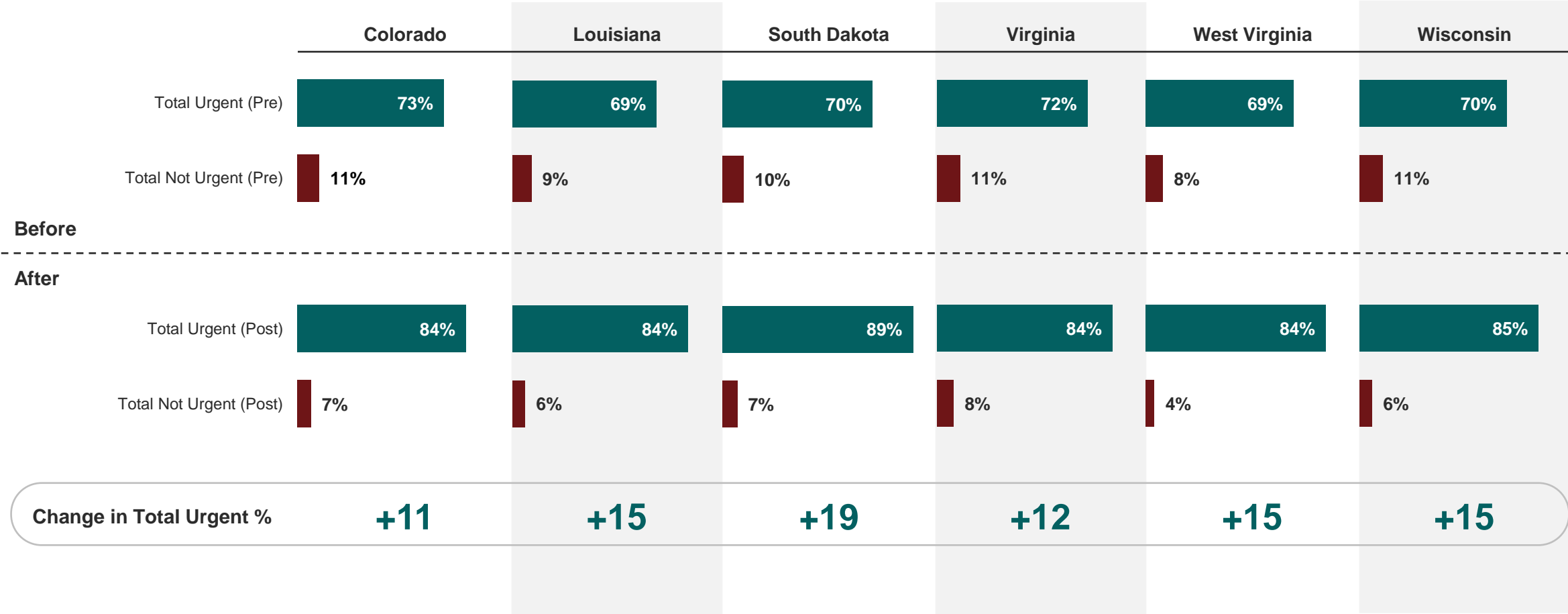
State Snapshots



340B – SHIFTS

After messaging, the share of voters who said it was *urgent* for lawmakers to reform the 340B Program increased by double digits in all six states.

Now, having learned more, how urgent do you think it is for lawmakers to reform the 340B Drug Pricing Program?

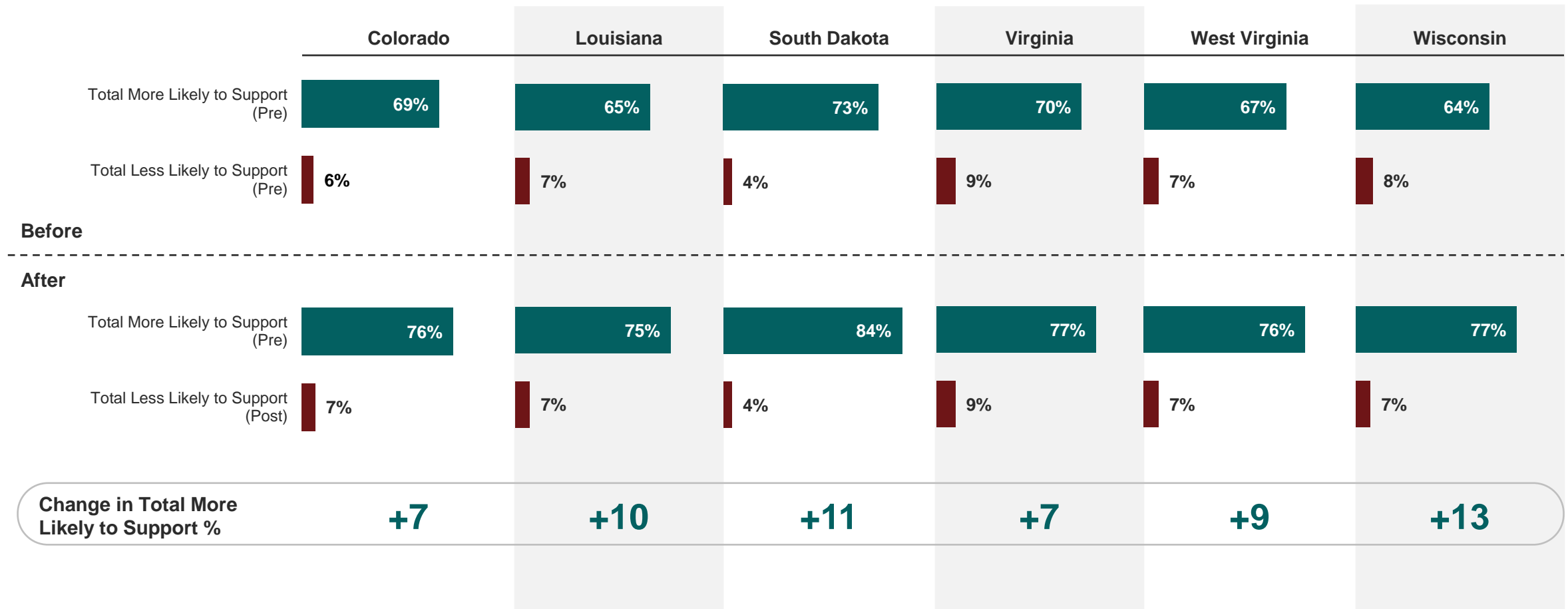




## 340B – SHIFTS

**After messaging, a larger share of voters in all six states said they'd be more likely to vote for a pro-reform lawmaker, especially in Wisconsin, where that share was initially lowest.**

Having learned more, would you be more or less likely to support your member of Congress if they were helping to reform the 340B Drug Pricing Program?



## 340B – SHIFTS

**Support for most specific reforms increased after messaging– reforms which were less popular at the start of the survey ‘caught up’ in support, especially limiting healthcare centers’ eligibility.**

Here are some specific ways that people have said lawmakers could reform the 340B Drug Pricing Program. How important do you think each is for lawmakers to implement?

Showing Total Important % and (Change %)	Colorado	Louisiana	South Dakota	Virginia	West Virginia	Wisconsin
<b>Establish transparency requirements</b> so that hospitals and other healthcare entities that benefit from 340B must disclose how they are using the savings from the program	82% -1	82% ±0	85% -4	81% -1	82% -1	82% ±0
<b>Require hospitals to use 340B savings to directly benefit patients</b> through reduced out-of-pocket costs	82% -1	83% +3	85% +2	84% +1	84% +3	82% -1
<b>Prevent hospitals from diverting 340B savings</b> to other programs/areas and generating excessive profits	82% +2	82% +2	88% +5	81% ±0	80% +2	80% ±0
<b>Define in law who qualifies as a 340B patient</b> to ensure that the patients who need the program the most are the ones who benefit	78% ±0	82% +3	83% ±0	81% +1	80% ±0	78% -2
<b>Limit the number of healthcare centers (or entities) that are eligible for 340B</b> to facilities that specifically serve vulnerable or underserved populations	72% +16	71% +9	65% +11	72% +12	68% +6	68% +9
<b>Limit the number of contract pharmacies that can receive 340B discounts</b> to those that specifically operate in vulnerable or underserved communities	72% +9	72% +6	71% +8	76% +9	70% +4	69% +6

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State of Play

340B: Initial Perceptions

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**State Snapshots**



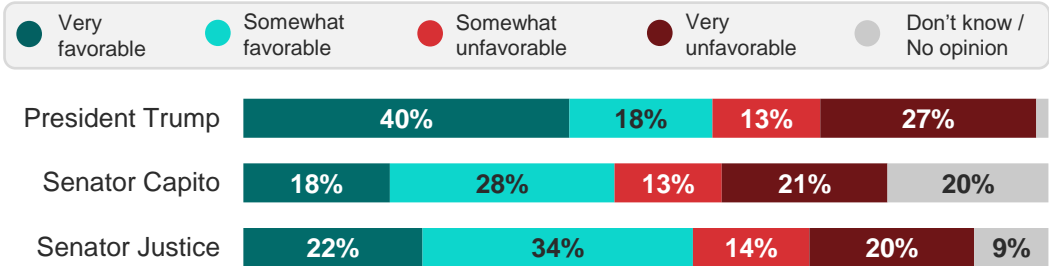


STATE SNAPSHOT

West Virginia

325 registered voters

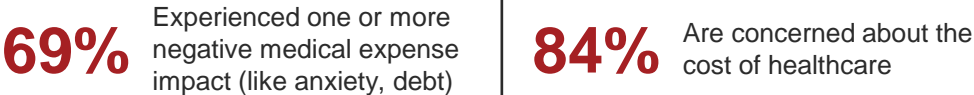
Favorability



Top 3 Healthcare Problems for Lawmakers (% Total Urgent)



Impact of Rising Care Costs



Most Convincing Statement About 340B (% Selected)

Healthcare costs will continue to rise if 340B isn't reformed, since drugmakers will need to increase prices to offset growing numbers of hospitals claiming the discount.



Net Urgency to Reform 340B (Pre/Post Messaging)

	Pre	Post	Swing
WV Reg. Voters	+61	+79	+19
Men	+64	+78	+14
Women	+58	+81	+23
Gen Z	+46	+49	+3
Millennials	+52	+88	+36
Gen X	+64	+71	+8
Baby Boomers	+73	+91	+18
Democrat	+80	+93	+12
Independent	+57	+74	+18
Republican	+55	+78	+22
Income <\$50k	+61	+76	+15
Income \$50-100k	+65	+80	+15
Income >\$100k	+52	+92	+40
White	+60	+79	+19
Hispanic*	+100	+100	±0
Black*	+59	+89	+30
Other*	+72	+86	+14
Trump Favorable	+58	+79	+21
Trump Unfavorable	+66	+81	+16

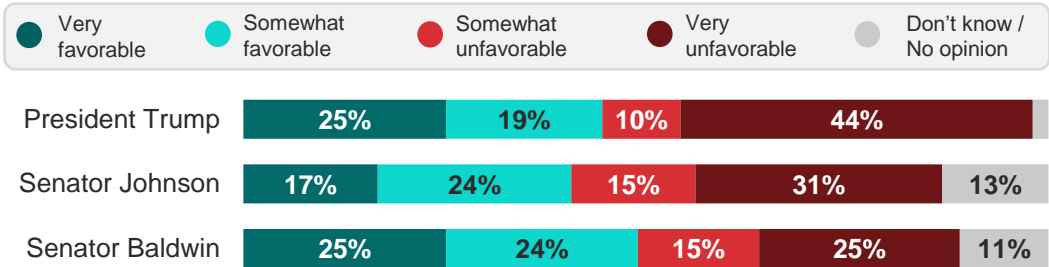


STATE SNAPSHOT

# Wisconsin

868 registered voters

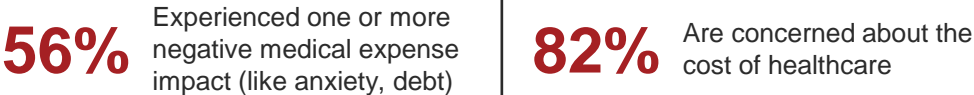
Favorability



Top 3 Healthcare Problems for Lawmakers (% Total Urgent)



Impact of Rising Care Costs



Most Convincing Statement About 340B (% Selected)

Most pharmacies that participate in the 340B program are owned by Pharmacy Benefit Managers (PBMs) that pocket all or most of the discounts – enriching corporate middle men at the expense of the patients the program is supposed to help.



Net Urgency to Reform 340B (Pre/Post Messaging)

	Pre	Post	Swing
WI Voters	+59	+78	+20
Men	+58	+79	+21
Women	+60	+78	+19
Gen Z	+41	+64	+23
Millennials	+58	+80	+22
Gen X	+70	+82	+13
Baby Boomers	+57	+79	+22
Democrat	+65	+83	+18
Independent	+50	+78	+27
Republican	+58	+75	+17
Income <\$50k	+59	+78	+19
Income \$50-100k	+59	+85	+25
Income >\$100k	+57	+68	+11
White	+58	+79	+20
Hispanic	+46	+72	+26
Black	+69	+83	+13
Other	+57	+69	+12
Trump Favorable	+52	+75	+22
Trump Unfavorable	+65	+83	+17

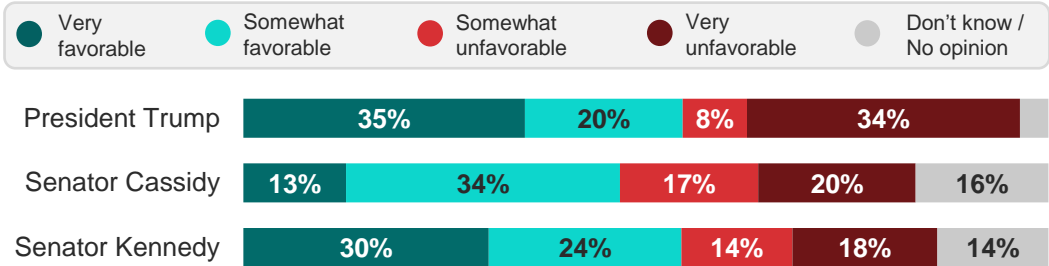


STATE SNAPSHOT

# Louisiana

540 registered voters

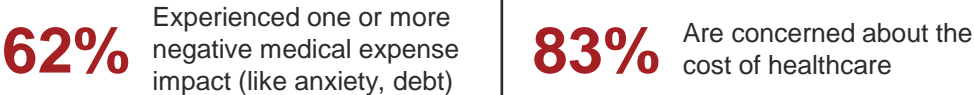
Favorability



Top 3 Healthcare Problems for Lawmakers (% Total Urgent)



Impact of Rising Care Costs



Most Convincing Statement About 340B (% Selected)

Most pharmacies that participate in the 340B program are owned by Pharmacy Benefit Managers (PBMs) that pocket all or most of the discounts – enriching corporate middle men at the expense of the patients the program is supposed to help.



Net Urgency to Reform 340B (Pre/Post Messaging)

	Pre	Post	Swing
LA Voters	+59	+77	+19
Men	+70	+83	+13
Women	+48	+73	+24
Gen Z	+50	+65	+15
Millennials	+54	+72	+18
Gen X	+71	+84	+13
Baby Boomers	+55	+80	+25
Democrat	+63	+77	+14
Independent	+57	+76	+19
Republican	+57	+78	+22
Income <\$50k	+52	+74	+22
Income \$50-100k	+60	+77	+16
Income >\$100k	+76	+90	+14
White	+58	+79	+21
Hispanic	+76	+81	+6
Black	+59	+72	+14
Other	+62	+96	+34
Trump Favorable	+57	+79	+22
Trump Unfavorable	+63	+78	+16

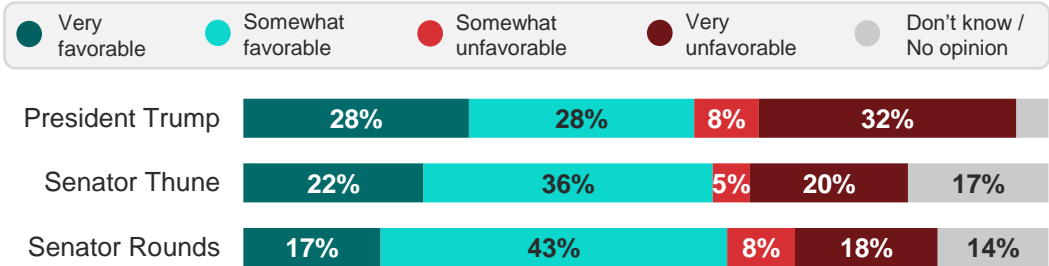


STATE SNAPSHOT

# South Dakota

164 registered voters

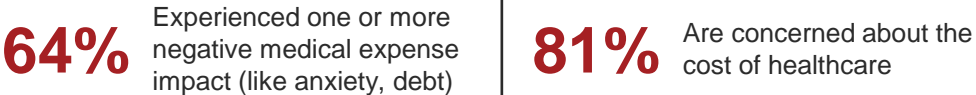
Favorability



Top 3 Healthcare Problems for Lawmakers (% Total Urgent)



Impact of Rising Care Costs



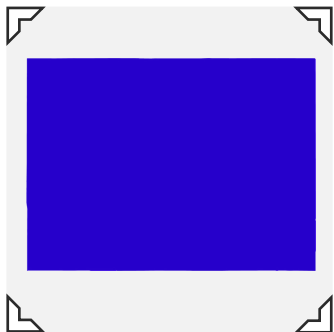
Most Convincing Statement About 340B (% Selected)

The 340B program lacks adequate oversight standards, and it cannot be audited to determine whether or not the program savings are being abused.



Net Urgency to Reform 340B (Pre/Post Messaging)

	Pre	Post	Swing
SD Voters	+61	+83	+22
Men	+55	+85	+30
Women	+67	+81	+14
Gen Z*	+4	+81	+77
Millennials	+62	+60	-2
Gen X	+74	+84	+10
Baby Boomers	+68	+98	+30
Democrat	+65	+79	+15
Independent	+64	+75	+11
Republican	+57	+87	+30
Income <\$50k	+63	+91	+28
Income \$50-100k	+51	+70	+19
Income >\$100k*	+78	+95	+18
White	+62	+82	+20
Hispanic*	+87	+100	+13
Black*	+64	+64	±0
Other	+36	+100	+64
Trump Favorable	+58	+90	+31
Trump Unfavorable	+63	+84	+21

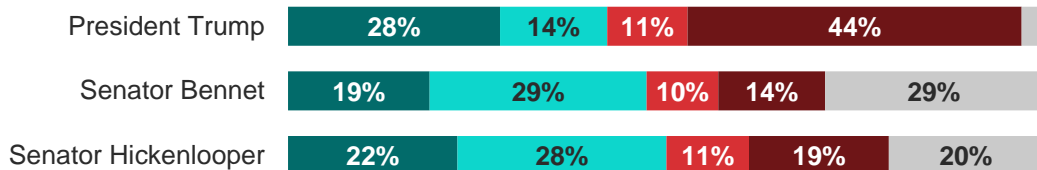
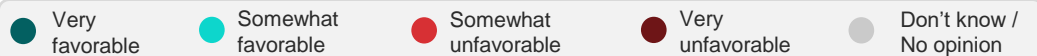


## STATE SNAPSHOT

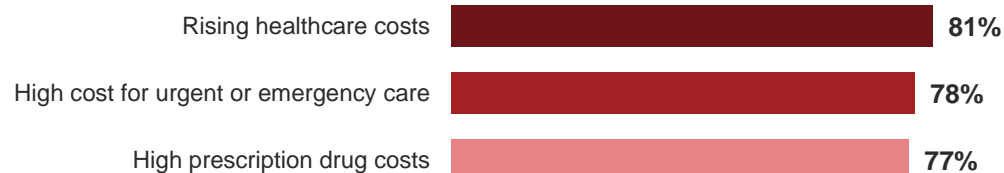
### Colorado

544 registered voters

#### Favorability



#### Top 3 Healthcare Problems for Lawmakers (% Total Urgent)



#### Impact of Rising Care Costs

63%

Experienced one or more negative medical expense impact (like anxiety, debt)

83%

Are concerned about the cost of healthcare

#### Most Convincing Statement About 340B (% Selected)

Most pharmacies that participate in the 340B program are owned by Pharmacy Benefit Managers (PBMs) that pocket all or most of the discounts – enriching corporate middle men at the expense of the patients the program is supposed to help.



20%

#### Net Urgency to Reform 340B (Pre/Post Messaging)

	Pre	Post	Swing
<b>CO Voters</b>	<b>+63</b>	<b>+77</b>	<b>+14</b>
Men	+56	+76	+20
Women	+69	+78	+9
Gen Z	+72	+74	+2
Millennials	+57	+76	+19
Gen X	+60	+72	+12
Baby Boomers	+68	+84	+16
Democrat	+61	+79	+18
Independent	+65	+75	+10
Republican	+63	+78	+15
Income <\$50k	+53	+76	+23
Income \$50-100k	+68	+76	+8
Income >\$100k	+68	+80	+12
White	+62	+78	+16
Hispanic	+65	+60	-4
Black	+71	+79	+8
Other	+73	+67	-6
Trump Favorable	+64	+74	+10
Trump Unfavorable	+62	+81	+19



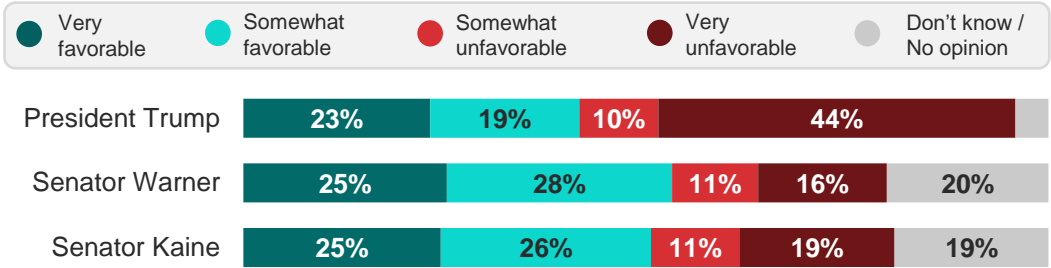


STATE SNAPSHOT

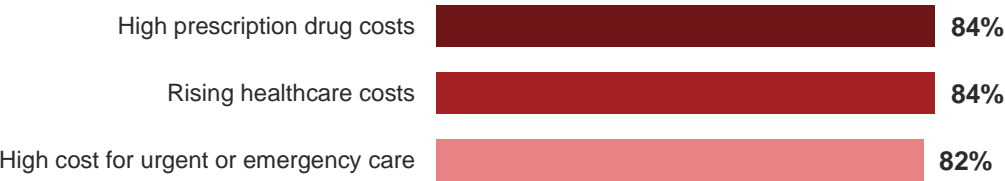
# Virginia

866 registered voters

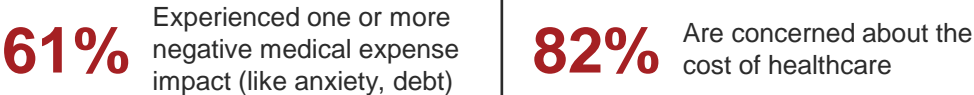
Favorability



Top 3 Healthcare Problems for Lawmakers (% Total Urgent)



Impact of Rising Care Costs



Most Convincing Statement About 340B (% Selected)

Most pharmacies that participate in the 340B program are owned by Pharmacy Benefit Managers (PBMs) that pocket all or most of the discounts – enriching corporate middle men at the expense of the patients the program is supposed to help.



Net Urgency to Reform 340B (Pre/Post Messaging)

	Pre	Post	Swing
VA Voters	+61	+76	+15
Men	+69	+78	+9
Women	+54	+74	+20
Gen Z	+56	+71	+15
Millennials	+64	+71	+7
Gen X	+65	+85	+20
Baby Boomers	+58	+77	+19
Democrat	+64	+81	+17
Independent	+62	+77	+15
Republican	+57	+69	+12
Income <\$50k	+65	+79	+14
Income \$50-100k	+62	+76	+14
Income >\$100k	+55	+72	+17
White	+61	+75	+14
Hispanic	+67	+78	+11
Black	+56	+80	+24
Other	+73	+76	+3
Trump Favorable	+59	+76	+16
Trump Unfavorable	+64	+78	+14

