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CANN Responds to Critiques from Health Industry Giants

“As a nonprofit centered around those living with HIV/AIDS and viral hepatitis, we’re used to the stigma and spread of misinformation. However, it’s especially concerning when coming from third-party consultants that provide no support to patients yet make money off of the 340B Drug Discount Program. In contrast, CANN is made up of real patients who are being neglected within the current, outsized 340B landscape. Our analyses, including our recent policy briefs, are authored by individuals who have faced delays, denials, and skyrocketing costs. If it ‘takes one to know one,’ then we know patients, and we will always support and amplify the patient voice.

“Those quoted in ‘CANN Targets State 340B Contract Pharmacy Access Bills in New Briefs; Draws Pushback From 340B Advocates,’ would have a much stronger argument if they weren’t consultants on contract to entities exploiting 340B. [Powers Pyles Sutter & Verville](#) serves as counsel to 340B Health, the main coalition backed by large hospital systems, PBMs, 340B consultants, third-party administrators, and other for-profit companies that exploit 340B. Other [Powers Pyles Sutter & Verville](#) clients include cancer hospitals, [which have been proven](#) to mark up the cost of 340B drugs at the expense of patients. And, the 340B consulting firm [FQHC 340B Compliance](#) blatantly promotes ways entities can ‘maximize’ their 340B profits by ‘referral capture’ – a fancy name for [drug diversion](#).

“If 340B were truly helping vulnerable patients, as intended, then medical debt wouldn’t be rising, and patients would be able to access essential, affordable treatments. Instead, we are seeing more and more for-profit entities with their hands in the proverbial pie, while patients lose. In fact, a recent survey found 55% of respondents reported deferring further medical care over the past two years because of their medical debt. If the growth of 340B was directly helping patients, then why are underserved patients being sued for medical bills while health systems hold billions in assets?

“Biblical metaphors are powerful, but we should remember that Scripture doesn’t only speak of loaves and fishes – it also tells of money changers in the temple. When a safety-net program designed to support vulnerable patients becomes a revenue strategy for well-resourced hospitals, law firms, and consultants, accountability isn’t anti-patient, it’s mission critical.

“Rather than talking to the entities that stand to benefit from a lack of 340B transparency and accountability – and allowing them to sidestep conversations about THEIR margins – let’s talk about the [amount of money they’re spending to acquire providers, advertise 340B profit margins on earnings calls](#), employ third-party administrators to maximize 340B profits by taking advantage of loopholes, and

[consolidate the geographic and service access point spaces away from patients in need](#). We will not stop calling bad actors out until they can **prove** that more contract pharmacies actually result in more patients being benefited through expanded access and improved health outcomes.

“Honest reporting would equally question the [financial incentives](#) driving opposition to 340B reform and recognize how [340B consulting firms, third-party administrators, massive health conglomerates](#), and health system lookalikes (aka huge FQHC networks that [pay their executives millions while leaving patients in dark rooms](#)) look at 340B as their cash cow.

“We won’t back down and we won’t stop standing up for patients.”