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A Path to ACCESS: Bill Puts Patients and Communities First in 340B Reform Debate

WASHINGTON, DC (September 11, 2025) – Following the release of the non-partisan Congressional Budget Office's (CBO) report finding that the 340B program is in desperate need of reform, House Representatives Buddy Carter (R-Georgia) and Diana Harshbarger (R-Tennessee) introduced the *340B Affording Care for Communities and Ensuring a Strong Safety-Net Act* (340B ACCESS Act). Supported by the Community Access National Network (CANN), the legislation seeks to reorient the program back to its original intent: serving more eligible patients and providing more comprehensive, accessible services.

“The 340B ACCESS Act is an excellent starting place to reform the 340B program. The legislation, in deep alignment with currently proposed federal rules, puts patients in the driver's seat for the first time since the program was established in 1992,” said Jen Laws, President and CEO, CANN. “We commend the bill's intent to address exploitation within the program by providing transparency requirements for hospitals, ensuring PBMs appropriately reimburse on 340B drugs, limiting third-party administrator fees, and, ultimately, reducing patient out-of-pocket costs through sliding fee scale drug discounts. This program clarity is long overdue – as evidenced by the plethora of investigations and reports over the years, including the recent CBO report. We look forward to working with federal legislators, industry, patients, and community partners to ensure every 340B patient enjoys this ACCESS,” concluded Laws.

When the 340B program operates as intended, vulnerable communities, families, and individuals gain access to care. Unfortunately, the program has been left unchecked for decades, resulting in little evidence that patients are truly benefiting from its skyrocketing growth. In fact, recent reports attribute program growth to profit-driven behaviors by covered entities and third-parties, including contract pharmacies and third-party administrators (TPAs).

“Yesterday's CBO report provided much-needed insight into the uncontrolled growth of the 340B program, particularly in terms of spending. The report's findings reinforce the notion that program flaws lie not in its intended purpose but rather in the environment in which it has grown,” said Calvin Pugh, 340B State Policy Director, CANN. “Transparency and accountability have been demonized to prioritize profits for large health systems, chain pharmacies, and TPAs. This exploitation, exacerbated by problems created by state legislatures throughout the country, has led to consolidation, vertical integration, and increased health care costs for vulnerable patients – in direct contradiction of the program's intent. The 340B ACCESS Act is a critical start to putting patient need over hospital greed and finally bringing the program back to its original intent,” concluded Pugh.

The [340B ACCESS Act](#) delivers meaningful transparency and accountability requirements related to hospitals, child sites, subgrantees, and contract pharmacies to ensure patients are truly benefiting from program growth. Although there is more work

to be done, by facilitating public reporting and establishing enforceable rules, the legislation will help make the 340B program a true safety-net for patients.

For general information and media inquiries, please contact press@tiicann.org. To view CANN's statement in response to the CBO report, please visit www.tiicann.org/PublicStatements.

About Community Access National Network: *The mission of the Community Access National Network (CANN) is to define, promote, and improve access to healthcare services and supports for people living with HIV/AIDS and/or Viral Hepatitis through advocacy, education, and networking. These services must be affordable to the people who need them regardless of insurance status, income, or geographic location.*