



Mailing Address:

Attn: Jen Laws
PO Box 3009
Slidell, LA 70459

Chief Executive Officer:

Jen Laws
Phone: (313) 333-8534
Fax: (646) 786-3825
Email: jen@tiicann.org

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CANN Releases Policy Briefs on State 340B Mandates, Federal Conflicts, and Patient Impact

WASHINGTON, DC (February 3, 2026) – Today, [Community Access National Network](https://www.tiicann.org) (CANN) released, “[Conflicts Between State 340B Laws & Proposed Federal Reform](#),” detailing how state-level actions are [increasingly colliding](#) with federal [proposals](#) to reform the 340B Drug Discount Program. The second policy brief, “[State 340B Mandates Do Not Improve Patient Access or Affordability](#)” presents data finding that state laws have not improved access, nor have they made medications more affordable for patients.

“The 340B program has drastically grown since its inception in 1992, yet patients aren’t seeing the benefits. CANN’s policy briefs dive into why this is the case: varied state 340B statutes combined with an evolving federal reform agenda creates significant legal friction while doing nothing to improve patient affordability or care,” said Jen Laws, President and CEO, CANN. “Rather than serving as a cash cow for margin-driven entities, we maintain that the 340B program must return to its original intent,” added Laws.

Statutory language makes clear that the 340B program’s intended beneficiaries are patients, not covered entities. Yet, the vast majority of state-enacted legislation do not require covered entity transparency as to the use of 340B revenue or direct patient benefit. In fact, state efforts to expand 340B arrangements by mandating contract pharmacy protections or restricting manufacturer audits have not only produced litigation and court rulings that further complicate the landscape, but have also done nothing to improve access or affordability for patients.

“As we’ve called out before, the 340B program’s 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. “Despite ongoing federal proposals to reform the program to provide much-needed transparency and accountability, states continue to introduce legislation to expand the program with no financial guardrails at all. These federal-state conflicts create legal fights and disjointed operations while leaving patients in the middle to fend for ourselves,” concluded Pugh.

Beginning in 2021, at least 19 states have introduced, passed, and enacted legislation to expand the 340B program, yet no available data proves that these expansion efforts have benefitted patients. CANN’s policy briefs highlight the core issues associated with these state-federal 340B conflicts, including the fact that contract pharmacy protections have not consistently reduced out-of-pocket costs for patients.

“Without action, patients will continue to suffer from increased costs and reduced access while large health systems reap the benefits through an expanded revenue source. Congress must move forward with comprehensive, systemic federal reforms that prioritize community health outcomes over corporate profits,” concluded Laws.

For general information and media inquiries, please contact press@tiicann.org.

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.*