



Senator Tammy Baldwin (D-WI)  
141 Hart Senate Office Building  
Washington, DC 20510

Senator Bill Cassidy (R-LA)  
455 Dirksen Senate Office Building  
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Senator John Hickenlooper (D-CO)  
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Senator Ron Johnson (R-WI)  
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Senator Tim Kaine (D-VA)  
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Senator John Kennedy (R-LA)  
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Senator Roger Marshall (R-KS)  
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Senator Jerry Moran (R-KS)  
521 Dirksen Senate Office Building  
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Senator Markwayne Mullin (R-OK)  
330 Hart Senate Office Building  
Washington, DC 20510

Senator Jon Ossoff (D-GA)  
317 Hart Senate Office Building  
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Senator Mark Warner (D-VA)  
703 Hart Senate Office Building  
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Senator Raphael Warnock (D-GA)  
717 Hart Senate Office Building  
Washington, DC 20510

Re: Broad Support for Comprehensive Federal 340B Reform

Senators Baldwin, Cassidy, Hickenlooper, Johnson, Kaine, Kennedy, Marshall, Moran, Mullin, Ossoff, Warner, and Warnock

On behalf of the Health Education Advocacy and Learning, Inc. (HEAL Collaborative) and the undersigned organizations, we write to commend your focus on the 340B Drug Pricing Program and urge your continued legislative progress. It is clear from your work and the growing attention on the program that policy solutions aimed at returning the 340B Drug Pricing Program to its foundational purpose of serving America's most vulnerable communities is essential. We were grateful for the opportunity to meet with your staff in Washington, D.C., to discuss these issues and express our support for 340B reform.

Following our meeting, we were also encouraged to see further attention to this issue in the Senate HELP Committee's hearing, "The 340B Program: Examining Its Growth and Impact on Patients." Senators from both parties expressed concern about the current 340B program and agreed that fixes must be put in place. 340B reform advocates were also vocal in support of the need for federal action to return the program to its original purpose.

The 340B program represents an important resource for safety-net providers to help low-income and underserved patients access life-saving medications. However, after three decades of program expansion without adequate oversight, the program now faces significant structural challenges that undermine its core mission. While the program generates billions in discounts annually, too many of these savings are diverted away from the patients and communities they were intended to help. In fact, recent research shows some hospitals reroute 340B savings into Wall Street portfolios while cutting back on charity care.

The status quo has led to a system in which large hospital networks capture the majority of 340B benefits without demonstrating meaningful improvements in access or affordability for vulnerable populations. These entities often consolidate services in affluent areas specifically to maximize 340B revenue streams while simultaneously failing to invest in the underserved communities that originally qualified them for participation. As Senator Marshall stated during the HELP Committee hearing, "*340B started off as a wonderful program...but big monopolistic hospital systems abuse the system.*"

The lack of transparency and accountability in the current system has enabled problematic practices that directly contradict the program's charitable mission. Some participating hospitals engage in aggressive collection practices against the very patients the program was designed to protect, while others use 340B revenue for purposes entirely unrelated to patient care or community benefit. Additionally, pharmacy benefit managers and corporate pharmacy chains extract substantial profits from the program through excessive fees and markups, further reducing the resources available to support patient access.

Leaders in the Senate are calling for comprehensive reform that is necessary to address these systemic challenges and restore integrity to the program. We echo their support for:

- Strengthening the 340B program to ensure its long-term viability, particularly for hospitals and clinics serving vulnerable populations, including those in rural communities.
- Restoring the 340B program to its original purpose, which is to help eligible healthcare providers offer affordable medications and services to underserved patients.
- Bipartisan collaboration on policy solutions that reflect broad support for preserving and restoring the 340B program.
- Creating unprecedented transparency through mandatory reporting requirements and establishing a neutral claims clearinghouse to improve program integrity.

- Introduction of legislation that aims to improve the program.

340B's drift toward some hospitals' profits pulls resources and attention away from community clinics, rural providers, and the patients who depend on them. Without meaningful reform, it is guaranteed that many tax-exempt hospitals and their for-profit partners will claim 340B safety-net funds for themselves instead of passing on benefits to the patients and communities they claim to serve.

We urge your continued attention to this matter, and hope that recent momentum in Washington following the Senate HELP Committee hearing on 340B will result in the advancement of policy solutions to ensure that the 340B program fulfills its promise to America's most vulnerable patients and the safety-net providers who serve them. The patients and communities we represent cannot afford further delays in implementing these essential reforms.

Thank you for your time and consideration.

Respectfully,

HEAL Collaborative

Acromegaly Community Inc.  
Coalition of Hematology and Oncology Practices  
DeLoach Lupus Foundation Savannah GA Inc  
Detroit Association of Black Organizations (DABO)  
Dexter Avenue Baptist Church of Detroit  
Kim Koleber, Diabetes Advocate  
Lilydale First Baptist Church  
Lupus Colorado  
Men's Health Network  
MTS Sickle Cell Foundation  
My Style Matters, Inc.  
Parkinson's Disease Alliance of WI  
Ruby A. Neeson Diabetes Awareness Foundation  
Shaw Temple A.M.E. Zion Church  
Southern Freeman Scholarship Committee  
Virginia Biotechnology Association