August 28, 2026

The Honorable Bill Cassidy, M.D.
Chair, Senate Committee on Health, Education, Labor and Pensions
455 Dirksen Senate Office Building
Washington, DC 20510

Re: Comments on the 340B Drug Pricing Integrity and Affordability for Patients Act Discussion Draft

Dear Chairman Cassidy:

On behalf of the Alliance for Patient Access (AfPA), thank you for the opportunity to provide comments in response to the discussion draft of the 340B Drug Pricing Integrity and Affordability for Patients Act.

Founded in 2006, AfPA is a national network of policy-minded health care providers who advocate for patient-centered care. AfPA supports health policies that reinforce clinical decision-making, promote personalized care and protect the provider-patient relationship. Motivated by these principles, AfPA members participate in clinician working groups, advocacy initiatives, stakeholder coalitions and the creation of advocacy resources.

AfPA supports the underlying intent of the 340B Program. Congress established the 340B Drug Pricing Program to ensure that entities caring for low-income and uninsured patients could stretch limited resources and deliver access to care for more people. That purpose is as necessary today as it was in 1992 when the program was established, and our comments are offered in that spirit.

We also recognize that the growth of the program is bringing attention and scrutiny as to whether the program is meeting its intended purpose. As such, we are supportive of ensuring policymakers have the information they need to make informed decisions about the direction of our healthcare system.

Congress should review the program with an eye to ensuring it increases access to care for indigent and under-insured patients, does not inappropriately shift cost burdens to other patients and does not distort where patients can access their care.

Protect Patient Access in Community and Rural Settings

Research has associated 340B eligibility with hospital acquisition of community oncology and specialty practices without corresponding evidence of expanded care for low-income populations.[1] For patients, consolidation frequently means longer travel, less continuity and higher cost-sharing for the same treatments. Small and rural providers operate on far slimmer margins than large health

[1] Community Oncology Alliance, Position Statement on the 340B Drug Pricing Program (July 2026); Coalition of State Rheumatology Organizations, 340B Drug Discount Program Policy Position. https://csro.info/advocacy/our-issues/340b-drug-discount-program-reform

systems, and policies that alter their sustainability can quickly translate into narrowed treatment options for patients. Additionally, many patients have voiced that small and independent clinician practices often lead to a greater sense of trust, higher quality of care, and a much more personal relationship between patient and clinician.[2] As policymakers review the 340B Program, we would encourage them to determine the effect that program eligibility has on practice consolidation that may limit the ability of community-based clinicians to keep treating patients close to home.

Examine the Role of Middlemen Within the Program

AfPA has long raised concerns about the impact of Pharmacy Benefit Manager (PBM) practices on patient access. The same perverse compensation incentives that have given PBMs an outsized role in dictating access and affordability now operate inside the 340B Program. Third-party administrators and contract pharmacies, including those affiliated with the largest PBMs, extract significant fees from each dispense, and those fees are frequently calculated as a share of the discount itself. If the dollars of discount are consumed by administrative fees, those "savings" are not seen by the patients this program is intended to help. Congress recently acted to delink PBM compensation from manufacturer rebates, replacing compensation tied to a medicine's price with flat service fees. We are encouraged to see the discussion draft apply a similar principle to the fees charged within 340B, and we would note that the Committee's interest in the prime vendor arrangement reflects the same underlying question.

Transparency in Program Growth

The scale and pace of 340B's expansion now threatens the program's viability to serve its intended purpose. By purchase volume, 340B is now second only to Medicare Part D among federal prescription drug programs.[3] A clear example of the program's unchecked growth can be seen in recent years. Program purchases in 2022 came in at $53.7 billion, yet in 2024 exceeded $81.4 billion, a 51.6% total increase over just a few years.

A major barrier to assessing this program remains in that there is little to no oversight on what that growth is buying for patients. The Government Accountability Office has reported that HRSA lacks the ability to determine whether program savings are used to support the vulnerable patients the program is intended to serve.[4] We would encourage the Committee to work to stabilize the program with oversight, which it currently lacks, to ensure that there is transparency regarding where savings are flowing, and how they are reaching the underinsured and uninsured patients the program is intended to serve.

Ensuring Affordability

AfPA strongly supports requiring certain hospital covered entities to establish a publicly disclosed sliding fee scale that limits the maximum out-of-pocket obligations for low-income and uninsured patients. This patient population should also be protected from unexpected medical debt. Of the concepts under consideration, this is the clearest opportunity to ensure a patient would recognize directly what they are asked to pay. A scale that is disclosed in advance, rather than provided only on request, would also allow a patient to understand their cost obligations before beginning treatment instead of discovering it in a bill weeks or months later. For a program whose growth has outpaced

[2] Software Advice, "Independent vs. Corporate Healthcare" survey (2023), as reported in Medical Economics, August 23, 2023
[3] Avalere Health, "340B Purchase Data Highlights Continued Program Growth," December 2025.
[4] U.S. Government Accountability Office, GAO-18-480. https://www.gao.gov/assets/d18480.pdf

its ability to demonstrate patient benefit, an enforceable limit on what a low-income patient pays is among the most direct ways to show the benefit is reaching its intended recipient.

Conclusion
The 340B Program is one component of a health care system that is becoming less affordable to both the payor and the beneficiary, while also becoming more complex to navigate. A medication that a patient is unable to access is not affordable at any price point. AfPA encourages policymakers to examine cost drivers across the entire system to find savings and protect access, and that includes the hospital-based 340B Program.

On behalf of the Alliance for Patient Access, thank you for your leadership on this issue. AfPA appreciates your willingness to carefully examine this program and to solicit stakeholder feedback. A well-functioning 340B Program is worth preserving, which is precisely why the questions this discussion draft raises need answers. We welcome the opportunity to serve as a resource to the Committee and to share the perspectives of our clinician members as this proposal develops. For any questions related to AfPA or our comments, please contact Casey McPherson, Executive Director, Alliance for Patient Access, at cmcpherson@allianceforpatientaccess.org.

Sincerely,

Casey McPherson
Executive Director
Alliance for Patient Access

Cc: Senate HELP Committee Members