DIABETES LEADERSHIP COUNCIL

DIABETES PATIENT ADVOCACY COALITION

August 28, 2026

The Honorable Bill Cassidy
Chairman
Health, Education, Labor, and Pensions (HELP) Committee
United States Senate
Washington, DC 20510

Submitted electronically to 340bforpatients@help.senate.gov

RE: 340B Drug Pricing Integrity and Affordability for Patients Act Discussion Draft

Dear Chairman Cassidy and Members of the Committee:

We appreciate the opportunity to provide comments in response to the Senate HELP Committee discussion draft of the "340B Drug Pricing Integrity and Affordability for Patients Act."

The Diabetes Leadership Council (DLC) unites former leaders of national diabetes organizations, dedicated to securing effective, affordable health care for every person with diabetes. The Diabtees Patient Advocacy Coalition (DPAC) is an alliance of people with diabetes, caregivers, patient advocates, health professionals, and others working together to support public policy initiatives to improve the lives of all 38 million Americans with diabetes. As an organization run by and for people with diabetes, DPAC seeks to ensure quality of and access to care, medications, and devices for people living with diabetes.

DLC and DPAC are in favor of the 340B program's intent to support access to prescription drugs and health care services for vulnerable and low-income populations through discounts on prescription drugs for eligible entities, supporting the patient safety net. However, the patient safety net is not working effectively. The growth in funds flowing through the program has not resulted in a proportional increase in patient charity care. Over 40% of adults reported having debt due to medical or dental bills.[i] Participation of for-profit chain pharmacies and PBMs has siphoned off a growing portion of the 340B spread intended for Covered Entities. A lack of transparency in the program means that we do not know how much of the 340B discounts are actually going toward supporting the safety net and charity care for patients.

It is essential that this safety-net be protected and, where possible, enhanced to serve the needs of our most vulnerable citizens. We need to ensure that the safety net stays in place and functions for patients while maintaining sustainability for FQHCs, rural hospitals and federal grantees as defined by the federal statute.

Reforms must focus on maximizing affordable care for the most vulnerable patients including uninsured, underinsured, and low-income individuals. As Congress considers 340B reforms, patient affordability and access should be the priority. We recommend that the Committee prioritize policies that:

- Increase transparency regarding the use of 340B savings by covered entities through reporting of meaningful measures such as 340B spread and levels of charity care provided to better understand how the 340B program is and isn't supporting the patient safety net.
    - Ensure that transparency requirements are appropriate and reasonable and do not add levels of bureaucracy that detract from patient care, particularly for grantees that serve rural and underserved populations and do not have the existing infrastructure to provide such data.
- Delink the fees paid to contract pharmacies and PBMs from the price of the medication.
- Clearly define an eligible 340B patient.
- Clearly define the definition of charity care for all covered entities.
- Ensure 340B benefits reach patients directly, such as through a sliding-scale, to help patients experience measurable financial benefits from the program.
    - Such policies should consider how costs are appropriate and scalable to patients based on their household means, ensuring that uninsured, underinsured, and low-income patients see the benefits.
- Require all 340B covered entities to provide a minimum level of charity and uncompensated care.
- Increase federal oversight of the 340B program to ensure that the savings are benefiting the most vulnerable patients.

We appreciate the opportunity to comment on these proposals. It is critical that Congress and HHS engage with patients and patient advocacy groups who are ultimately affected by 340B policies as they consider reform.

Sincerely,

Erin M. Callahan
Chief Operating Officer
Diabetes Patient Advocacy Coalition

[i] https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/