

What They Are Saying

340B Rebate Model



“A 340B rebate model is desperately needed, will restore an important measure of integrity to a program that has lost its way, and holds the promise of allowing patients, who generate \$80 billion in profits for covered entities, to share meaningfully in the 340B price. We strongly support the rebate model and ask the Health Resources and Services Administration (HRSA) to broaden the transparency mechanisms inherent in the proposal to more fully encompass patients, the states, researchers, and others...”

“Manufacturer rebate systems applied broadly would provide desperately needed transparency to all stakeholders— patients, the federal government, state agencies, covered entities, and manufacturers. This is the only means to fix a 340B Program that has been mired in opacity for decades.” – [Brandon M. Macsata, Chief Executive Officer, Aids Drug Assistance Program Advocacy](#)



“AiArthritis encourages HRSA to prioritize patient-centered outcomes, increase transparency into how program savings are generated and used, and ensure that any future model better aligns program incentives with the needs of patients.” – [Mark Hobarckz, JD, MPA, Director of Public Policy, AiArthritis](#)



“HRSA's proposed rebate model would be a meaningful step toward substantive reform...”

“This rebate model reflects thoughtful, targeted reform and is designed to minimize disruption for safety-net providers. We look forward to learning the results of a pilot program that provides more transparency to the program while allowing all providers in the program to continue serving the low-income and underserved populations....” – [Ifeoma C. Udoh, PhD, Executive VP Policy, Advocacy and Science, Black Women's Health Imperative](#)



“We strongly urge HRSA to apply the rebate model consistently across all participating covered entities, without carve-outs or exemptions. Allowing certain entities to opt out would limit HRSA's ability to assess the effectiveness of rebates and could obscure whether outcomes are attributable to the rebate structure itself or to participation differences....”

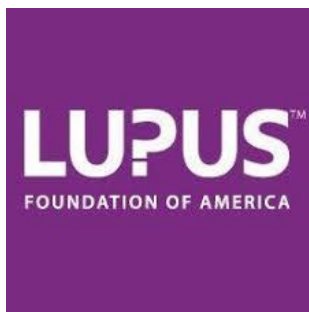
“By improving transparency and increasing accountability, this pilot has the potential to help 340B hospitals more effectively serve the communities Congress intended them to serve....” – [Rev. Kimberly L. Williams, President and CEO, Choose Healthy Life](#)



“CANN strongly supports a rebate-based model for the vast majority of 340B transactions. The AIDS Drug Assistance Programs (ADAPs) — administered in every U.S. state and territory — have successfully operated under such a model for nearly the entirety of the 340B program. Their experience demonstrates that rebate systems can enhance program integrity, protect access, and streamline oversight when implemented with statutory clarity. Similarly, ADAPs represent a “Gold Standard” in terms of patient benefit when 340B works as originally intended....” – [Jen Laws, Chief Executive Officer, Community Access National Network and Calvin Pugh, Director of State Policy, Community Access National Network](#)



“A properly functioning rebate model will help ensure that patients with health and financial challenges are the ones benefiting from 340B, rather than large health systems, chain pharmacies, and pharmacy benefit managers. When this is demonstrated through the pilot program, we hope HRSA will move to expand it so that all prescriptions benefit from this new oversight.” – [Howard A. Mosby, Corporate Treasurer, Health Education Advocacy and Learning, Inc](#)



“First, we ask HRSA not to create any carveouts or exemptions for certain covered entities from the pilot. In order to generate meaningful results, it is critical that the pilot reflect the effects of a rebate model on the full range of 340B-covered entities. While HRSA should certainly provide support as needed to these covered entities, they should be included in the pilot program....” – [Patrick Wildman, Senior Vice President, Advocacy & Government Relations, Lupus Foundation](#)



“The 340B program has grown exponentially, from approximately 90 qualifying hospitals at its inception to more than 2,600 today. The increase in scale and complexity has made oversight more challenging. A rebate model would provide a stronger accountability framework while maintaining the program's core promise....”

“A new rebate pilot program could strengthen the integrity of the 340B program while serving the Latina community. MANA commends HRSA for renewing this effort and respectfully encourages the agency to include I-Pay 2026 and I-Pay 2027 drugs, require uniform participation without carve-outs, and implement robust evaluation and reporting standards.” [– Amy L. Hinojosa, President and CEO, MANA, A National Latina Organization](#)



“The National Hispanic Health Foundation appreciates HRSA's efforts to examine ways to strengthen the 340B program and ensure that it fulfills its original purpose of expanding access to care for vulnerable populations. A carefully designed rebate model pilot -- including drugs selected for IPAY 2026 and 2027 and implemented without carve-outs -- would provide valuable insight into how the program can better serve patients while improving transparency and accountability.” [– Elena Rios, MD, MSPH, MACP, President, National Hispanic Health Foundation](#)



“The 340B statute does not specify how covered entities must allocate this revenue or even require them to use it in ways that directly benefit vulnerable patients. NMQF suggests that a rebate model would help HRSA better monitor whether the savings that covered entities receive are being passed on to patients....”

“HRSA should also consider steps to promote transparency and continued stakeholder input throughout the pilot process. These steps would ensure that the transition to a rebate model improves not only patient health but also trust in providers and in the 340B program....” [– Gary A. Puckrein, PhD President and Chief Executive Officer National Minority Quality Forum](#)



“NICA believes that maintaining the status quo is not a viable long-term strategy for the 340B program. Thoughtful reform is necessary to ensure the program remains aligned with its statutory intent, supports patients who truly need assistance, and avoids market distortions that limit site-of-care options...”

– [Brian Nyquist President & CEO The National Infusion Center Association](#)



“The 340B program is essential for the health of our communities, and any new rebate model should focus on delivering the best value for the patients who rely on it the most. OLHA strongly recommends the agency ensure that all discounts are traceable and reach the patients it was designed to serve.” – [Jeanette Contreras, MPP, Founder & Executive Director, Organization for Latino Health Advocacy](#)

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“We believe that a rebate model is a necessary and long-overdue step toward transparency, integrity, and patient-first care. When the 340B program was created, it had a simple, important intent: help safety-net hospitals afford drugs so they could pass those savings directly to patients in need. But today, that intent is being bent and misused...”

“We urge HRSA to move forward boldly, without delay, and without weakening the rebate model to please powerful hospital systems and their corporate partners. The patients we serve cannot wait.” – [Lizzie Wittig, Vice President, HEAL Policy Center of Excellence, Tigerlily Foundation](#)
