COMMUNITY ACCESS NATIONAL NETWORK

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Community Access National Network Responds to the Introduction of the SECURE 340B Act

WASHINGTON, DC (July 6, 2026) – Today, Jen Laws, President & CEO of Community Access National Network, released the following statement in response to the introduction of the SECURE 340B Act:

"The introduction of Congressman Scott Peters (CA-52) Strengthening the Exercise of Controls and Upgrading Requirements for Efficiency in 340B Act (SECURE 340B Act) advances the ongoing conversation around 340B reform. This bill intends to ensure the nation's second-largest federal prescription drug program is helping safety-net providers offer care to low-income patients as per their statutory obligation. We support the bill's provisions related to patient benefit and transparency requirements, but CANN cannot support the bill as introduced unless there is an overhaul of the conditions around a patient definition, establishment of a clearinghouse, and child sites relative to the proposed language.

"The patient benefit focus is the bill's strongest point, as it ensures patients can receive charity care financial assistance up to 400% of the federal poverty line. We need to see more about the specific services that discounts and charity care are connected to determine good-faith benefit delivery. A direct answer would include, but not be limited to, requiring service-line reporting of financial assistance expenditures.

"We disagree with the bill's notion that a clearinghouse is better than a rebate program and the convoluted effort at a patient definition. The answer to a patient definition is as simple as a typical bona-fide patient within Medicare: an ongoing patient-provider relationship that involves a medical evaluation, prescription drug monitoring to ensure safety and prevent diversion, and follow-up care.

"A rebate model is the "gold standard" that AIDS Drugs Assistance Programs (ADAPs) already operate within to maintain patient benefit and safeguard against duplicate discounts. ADAPs have successfully operated under the rebate model for nearly the entirety of the 340B program while upholding a strong patient definition. A clearinghouse will only compound the problems we already see with Apexus, which is now under congressional scrutiny for generating hundreds of millions of dollars in revenue from fees it charged on drugs sold under the 340B program. Apexus was the primary 340B vendor with HRSA since 2004 – a clearinghouse will blur the lines of transparency while similarly extracting value away from patients. The rebate model must be allowed to proceed for accountability's sake. There simply is not an efficient manner to tackle the transparency problem without repeating mistakes from the prime vendor situation outside of the rebate model.

"The bill's narrow focus does not allow enough forecasting of the impact of child site location mandates in lower-income areas and the hospital industry's potential, and frankly foreseeable, response, which will likely be to increase hospital stabilization funds farther away from the areas with most need in order to grow their own profits.

"However, the patient benefit focus of the 340B SECURE Act aligns well with the work that House Ways and Means Committee completed last week regarding hospital transparency via tax code.

"Overall, the SECURE 340B Act does represent a meaningful compromise between institutional actors with a nod toward patients. It's a good starting point. And the conversation is far from over."