



July 14, 2025

Massachusetts State Legislature  
Joint Committee on Health Care Financing  
24 Beacon St,  
Boston, MA 02133  
Via electronic mail

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PDAB Action Center  
Transgender Leadership in HIV Advocacy  
HIV/HCV Co-infection Watch

**National Groups:**

Hepatitis Education, Advocacy & Leadership  
(HEAL) Group  
Industry Advisory Group (IAG)  
National ADAP Working Group (NAWG)

**RE: S.848**

Dear Honorable Chairwoman Friedman, Chairman Lawn, Vice-Chair Cronin, Vice Chair Kilcoyne, Members of the Massachusetts Joint Committee on Health Care Financing, and your respected staff,

The Community Access National Network (CANN) respectfully writes in **SUPPORT** of **S.848**, which would significantly enhance transparency and accountability in the operation of the federal 340B Drug Pricing Program across the Commonwealth of Massachusetts. The legislation is designed to ensure the program appropriately serves patients, particularly those living with HIV and other chronic health conditions.

The **Community Access National Network (CANN)** is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. The 340B Program is of profound importance to our community.

**S.848** supports the well recognized need for transparency and accountability for hospitals utilizing the 340B Program. While creating parity in reporting that grantees are already required by the Health Resources and Services Administration (HRSA) to do.

The 340B Program was created to help safety-net providers stretch limited federal resources to better serve vulnerable and underserved populations. However, the rapid expansion and complexity of the program—particularly through contract pharmacy arrangements—has made it increasingly difficult to understand how savings are used and whether they are reaching the patients the program was intended to support.

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**S.848** addresses this critical gap by requiring 340B-covered entities to submit annual reports to the Center for Health Information and Analysis (CHIA), detailing key financial and operational data. Based on written responses [in a recent report from Chairman Bill Cassidy of the Senate Health, Education, Labor and Pensions Committee \(HELP\)](#) and the accompanying documents produced pursuant to Chairman Cassidy’s investigation, BSMH and Cleveland Clinic each generated hundreds of millions of dollars in 340B savings and revenue from the 340B Program between 2018 and 2023. In responses to Chairman Cassidy’s letter, both BSMH and Cleveland Clinic explained that it “does not directly pass on all savings generated from the 340B Program to patients in the form of savings on health care expenses.”

Diversion of program benefit from needy communities and into wealthier communities is only further enabled without sufficient transparency guardrails. Unchecked, the 340B has encouraged consolidation, community pharmacy closures, harms rural access, and in an extraordinary example of abuse, [been the driving financing force in mismanaged housing programs that have left patients dead.](#)

Importantly, **S.848** ensures that the public has access to this information, with officer certification to uphold data accuracy and integrity. This commonsense transparency will allow policymakers, stakeholders, and the public to better assess the program’s impact, prevent misuse, and ensure that 340B savings are being used to advance patient care and health equity—not diverted elsewhere.

Transparency should not be viewed as a threat, but rather as a necessary tool to preserve and strengthen the integrity of the 340B Program. **S.848** strikes the right balance between supporting safety-net providers and establishing appropriate public oversight.

To be clear, CANN supports a strong 340B program. When 340B operates the way it is intended, safety-net providers thrive and vulnerable communities, families, and individuals gain access to healthcare they might otherwise not have. CANN welcomes discussion into legislation that would serve to strengthen the program, shield good stewards, and hold accountable bad actors within the appropriate limitations of state powers associated with this federal program.

We would be happy to discuss this legislation or any other matters of public health, please feel free to reach out by email or phone at [kalvin@tiicann.org](mailto:kalvin@tiicann.org), 913-954-8816, or [jen@tiicann.org](mailto:jen@tiicann.org), 313-333-8534.

Respectfully submitted,



Sincerely,  
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Director of State Policy, 340B  
Community Access National Network (CANN)

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On behalf of  
Jen Laws  
President & CEO  
Community Access National Network