



July 14, 2025

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**National Groups:**

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

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

**RE: H.779/S.845**

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) writes in **OPPOSITION** to **H.779/S.845**, which would support the original intent of the federal 340B Drug Pricing Program in Massachusetts by providing sufficient oversight 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.

Abuse is rampant in the 340B Program, [as has been outlined in a recent report from Chairman Bill Cassidy of the Senate Health, Education, Labor and Pensions Committee \(HELP\)](#) which requested a comprehensive understanding of where the dollars generated by this program flow and how such revenue benefits patients. The information gathering included letters requesting information and data from hospital covered entities, health centers, large for-profit chain pharmacies, and pharmaceutical manufacturers.

**RE: H.779 / S.845**

**July 14, 2025**

**Page Two**

**H.779** and **S.845** stand at odds with current federal movement in the 340B Program. Based on written responses 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 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](#).

**H.779** and **S.845** pose the potential to exacerbate problems in the 340B program without sufficiently ensuring the expansion actually benefits patients. Chairman Cassidy's investigation underscores that there are transparency and oversight concerns that prevent 340B discounts from translating to better access or lower costs for patients. Congress needs to act to bring much-needed reform to the 340B Program to ensure this federal program works as intended.

If this body seeks to positively impact patient access to care, priority on [PBM reform is a must](#). PBM reform, not unchecked 340B expansion, speaks most directly to patient concerns regarding pharmacy access, benefit design, and medication affordability.

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 on instituting appropriate guardrails 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@tiican.org](mailto:kalvin@tiican.org), 913-954-8816, or [jen@tiicann.org](mailto:jen@tiicann.org), 313-333-8534.

Respectfully submitted,



Sincerely,  
Calvin Pugh  
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