NATIONAL CONSUMERS LEAGUE
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August 18, 2026

The Honorable Bill Cassidy, M.D.
Chairman
Senate Committee on Health, Education, Labor, and Pensions

Dear Chairman Cassidy:

The National Consumers League (NCL) appreciates the opportunity to provide comments on the discussion draft of the *340B Drug Pricing Integrity and Affordability for Patients Act*. NCL supports preserving the 340B Program's safety-net mission while advancing comprehensive, patient-centered reforms that strengthen the integrity of the 340B Program and improve access to affordable care for patients.

Ensuring the 340B Program Benefits Low-Income and Vulnerable Patients

The 340B Program was established to help low-income and vulnerable patients access affordable medications and care, and any reforms to the program should remain focused on advancing that purpose. NCL supports the discussion draft's provisions requiring 340B hospitals and contract pharmacies to cap eligible patients' out-of-pocket costs for 340B drugs at $0 for patients with incomes below the federal poverty level and $35 for insured and uninsured patients with incomes from 100 percent to below 200 percent of the federal poverty level. As we interpret the discussion draft, it also caps costs at $50 for uninsured patients with incomes at or above 200 percent of the federal poverty level, but not for insured patients at those income levels. Congress should consider extending these protections to insured patients with lower income levels, who may still be financially vulnerable and face considerable out-of-pocket costs for prescription drugs.

Congress should also require 340B hospitals to provide meaningful financial assistance for low-income patients. While we appreciate that the discussion draft strengthens charity care at hospital child sites, financial assistance policies remain inconsistent across hospitals, leaving many patients unable to afford medically necessary care. Compounding this, many patients are also unaware that financial assistance programs exist or encounter unnecessary administrative barriers when attempting to enroll in them. Hospitals should be required to proactively screen patients for financial assistance eligibility using available information; clearly publicize both their financial assistance policies and 340B out-of-pocket protections in plain language and at the point of care; use short, standardized financial assistance application forms that are easy

for patients to understand; and provide clear, understandable medical bills so patients can verify they are being charged appropriately.

Protecting Patients from Aggressive Medical Debt Collection Practices

Congress should prohibit aggressive medical debt collection practices by 340B hospitals as part of broader program reform. Many hospitals participating in the 340B Program continue to pursue medical debt collection practices that are inconsistent with the program's purpose of serving low-income and vulnerable patients, yet the discussion draft does not address this issue. Hospitals receiving 340B discounts should be prohibited from engaging in aggressive collection practices against low-income patients, including lawsuits, wage garnishment, property liens, the sale of medical debt to third-party collectors, adverse credit reporting, and the denial or delay of medically necessary care because of unpaid medical bills.

NCL's analysis of hospital billing and collection practices found that 340B hospitals, including many that treat high volumes of cancer patients, are more likely than non-340B hospitals to permit aggressive medical debt collection tactics. Over half of adults report having current or previous medical debt, and 76 percent express concern that hospitals benefiting from 340B discounts pursue aggressive collection practices. These practices compound financial hardship, discourage patients from seeking needed care, and undermine confidence that the program is delivering meaningful benefits to the patients it was created to serve.

Increasing Transparency and Oversight

NCL strongly supports the discussion draft's provisions requiring greater transparency. Requiring greater reporting on patients receiving 340B drugs, costs, charity care, and margins generated from covered outpatient drugs represents an important step toward increasing accountability within the program. In requiring this data, Congress should ensure that transparency requirements capture the extent to which charity care results in meaningful financial assistance, lower costs for patients, and improved access to care. We also appreciate the framework's provisions strengthening oversight of the 340B Program, including mechanisms to enforce the patient affordability requirements and oversight by the Office of Inspector General.

Considering the Consumer Impact of Continued Program Growth

As Congress considers policies that may affect future growth of the 340B Program, NCL encourages policymakers to carefully evaluate the potential impact on consumers. This includes

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examining whether current program incentives contribute to hospital consolidation and the migration of services from independent physician offices to hospital outpatient departments, which can increase costs for patients, such as through higher prices and facility fees, without corresponding improvements in quality. Congress should also evaluate whether the continued expansion of contract pharmacy arrangements allows pharmacy benefit manager-owned pharmacies to capture a growing share of 340B revenue, further reducing transparency within an already opaque pharmaceutical supply chain. In addition, policymakers should consider whether expanding contract pharmacy networks into more affluent communities remains consistent with the program's original safety-net mission.

NCL appreciates your leadership and the Senate HELP Committee's commitment to examining the 340B Program. We look forward to working with you as Congress advances patient-centered reforms that strengthen the integrity of the 340B Program and improve access to affordable care for patients.

Sincerely,

Lisa Bercu
Senior Director of Health Policy