ADVOCATES FOR COMMUNITY HEALTH

Findings from the Community Health Center

340B Savings Disclosure Survey

RESEARCH BRIEF

December 2025

INTRODUCTION

The 340B Drug Pricing Program is a cornerstone of the nation's health care safety net. By allowing health centers and other covered entities to purchase drugs at a discounted rate, savings can be reinvested directly into patient care.

To better understand and demonstrate how this plays out on the ground, Advocates for Community Health (ACH) conducted a survey over the past several months across 45 community health center members representing 23 states, Puerto Rico, and the District of Columbia and 4 million patients.

To capture a clear picture of how health centers are allocating their 340B savings, members were asked to identify how they invest their savings across six categories of investment into patient care and operations, including:

1. Chronic disease management services
2. Chronic disease prevention services
3. Support for patients with behavioral health challenges
4. Maternal health services
5. Services to rural patients with access challenges
6. Capital investments to support care delivery

KEY FINDINGS

The majority of the largest Community Health Centers in the U.S. use their 340B savings to help rural patients

ACH's survey confirmed that health centers put every dollar of their 340B savings back into the communities they serve.

A clear theme emerged across responses: the 340B program is a lifeline for rural patients. On average, respondents allocate one out of every four 340B dollars to services specifically for rural populations.

Community health centers consistently rely on 340B savings to keep rural clinics open, support care teams, and maintain essential services such as telehealth, transportation, mobile clinics, and school-based care. These investments highlight how deeply health centers depend on the program to support timely and preventive care for rural communities.

Without 340B, many of these services, and in some cases, entire clinic sites would be at risk. This would significantly narrow access to health care for rural populations.

In total, 77% of ACH respondents use 340B savings to support services for rural patients who face access challenges. Notably, five ACH members allocate well over half (70%) of savings for rural health care services. The top two most common uses were to maintain clinic sites that would otherwise not be financially viable (95%) and provide telehealth services (95%). Other common services include operating mobile access clinics (90%), providing transportation assistance (90%), and administering school-based clinics (86%).

DATA INSIGHT: CHRONIC DISEASE

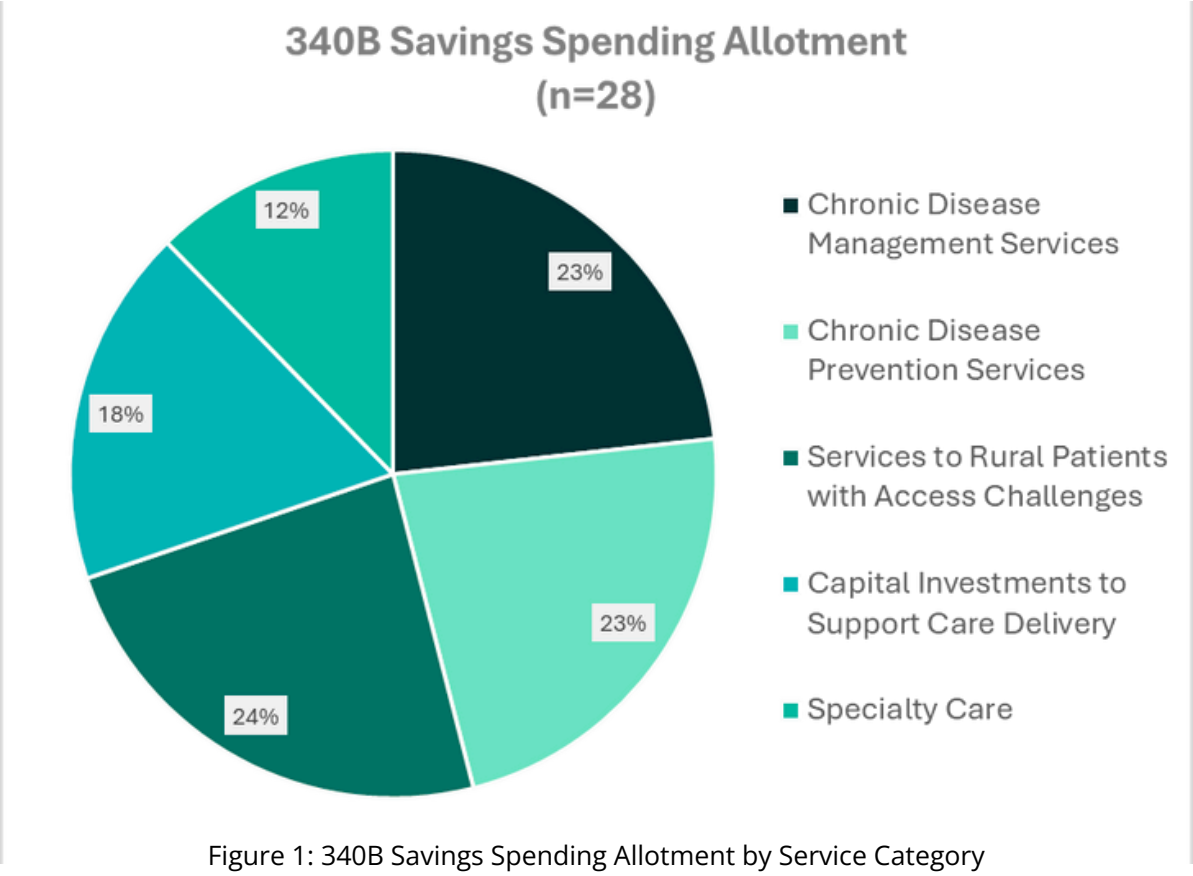

Figure 1: 340B Savings Spending Allotment by Service Category

Survey respondents, on average, allocate

1 in 4

340B dollars

towards chronic disease prevention & management

DATA INSIGHT: RURAL ACCESS

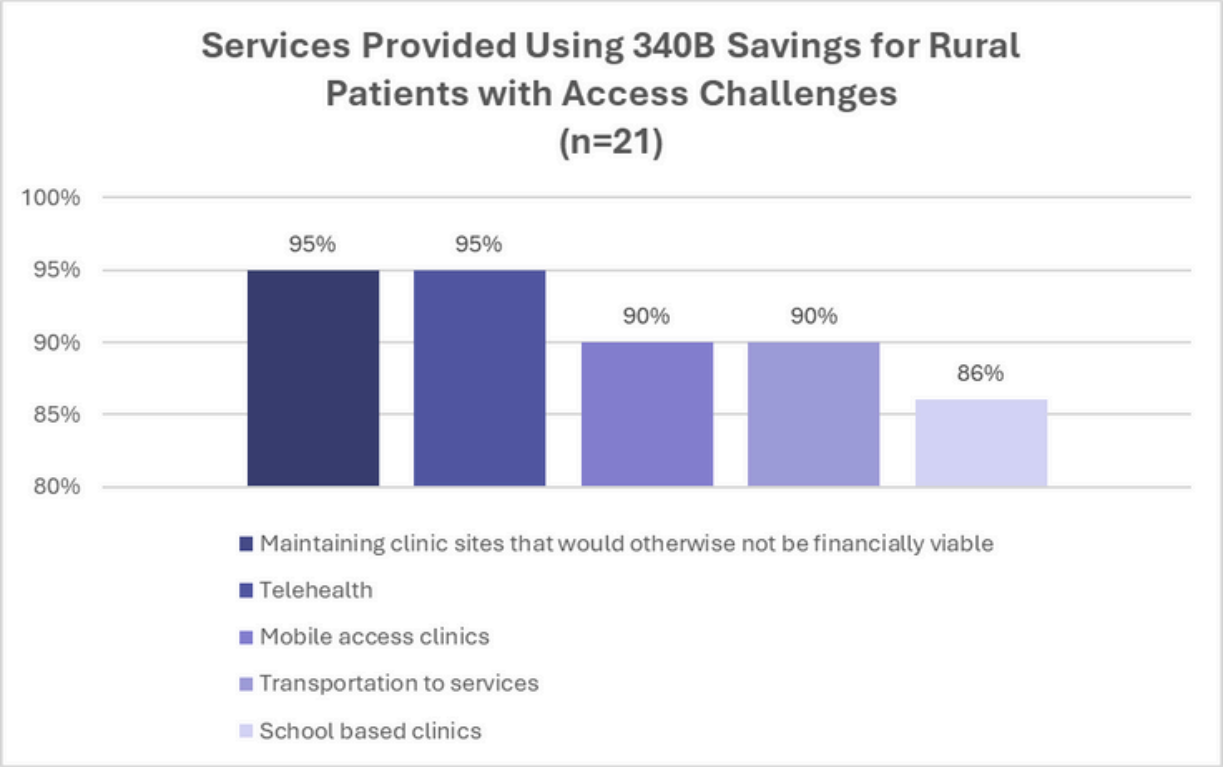

Figure 2: Services Provided Using 340B Savings for Rural Patients with Access Challenges

340B is a critical savings stream for ensuring rural communities receive care

These are all services that have a demonstrable benefit for patients. For example, according to a recent survey by The Commonwealth Fund, sixty-one percent of CHCs report that telehealth has improved patients' access to specialty care, and studies have shown that telehealth use is associated with positive outcomes for rural patients and providers alike. Mobile access clinics bridge gaps in access to quality care, help retain healthcare talent by offering out of clinic experiences, and encourage innovation and community engagement. Without reliable transportation, patients may struggle to access preventive care or follow-up appointments, leading to worse health outcomes.

CONCLUSION

This survey illustrates and provides context for a key point in ongoing debates about the 340B Program: health centers reinvest their 340B savings directly into patient care.

Survey respondents confirmed that these savings allow them to keep rural clinics open, sustain telehealth services, operate mobile units, provide transportation assistance, and maintain school-based care in rural and underserved areas.

The erosion of the 340B program, most recently by the forthcoming rebate model, threatens to destabilize the health care infrastructure that rural communities depend on most. If the rebate model goes into effect, significant rural health services provided by health centers with 340B savings will be at risk.

ACH envisions a future where the 340B program is strengthened to ensure health centers provide essential services to the communities and patients they serve.

ABOUT ACH

Established in 2021, Advocates for Community Health (ACH) is a nonpartisan, nonprofit membership organization of community health centers dedicated to forward-thinking and ambitious federal policy and advocacy on behalf of health centers, their patients, and their communities. Our 45 members represent 23 states, Puerto Rico, and the District of Columbia, representing 4 million patients nationwide. To learn more, visit advocatesforcommunityhealth.org.

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