



ADVOCATES FOR  
COMMUNITY  
HEALTH

January 30, 2026

Chantelle Britton  
Director  
Office of Pharmacy Affairs  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, Maryland 20857

Dear Director Britton:

Advocates for Community Health (ACH) is a member organization focused on advocacy initiatives to affect positive change for community health centers (CHCs), the patients they serve, and the entire nation's health care system. Our 45 members represent 23 states, Puerto Rico, and the District of Columbia. On behalf of our member CHCs and the 4 million patients they serve, I am writing today to express significant concern over Eli Lilly and Company (Lilly)'s new requirements that covered entities submit claims level data on all 340B claims in order to receive 340B pricing. We ask that HRSA immediately prohibit Lilly from denying any claims to 340B entities under the guise of this new claims data submission requirement.

ACH agrees with HRSA's longstanding position that they need additional authority to govern and oversee the 340B program. We have been active supporters of program reform in Congress and stand ready as a willing partner to work with the pharmaceutical industry and other key stakeholders to stabilize and improve the program. However, yet another unilateral, unauthorized action by a private entity moves us further away from productive reform, and toward the unraveling of a critical safety net program.

As you know, CHCs are a cornerstone of delivering comprehensive primary care – serving about 34 million patients annually. Health centers often serve as the main, and sometimes only, source of care in many rural and underserved areas. 340B is, often times, the primary reason that CHCs can deliver this care. ACH is asking its members to increase transparency around their use of 340B savings and using the data to develop a greater understanding of the 340B Program's role in the safety net. A [preliminary analysis of data](#) submitted by ACH members found that 3 of every 4 dollars in 340B savings is spent to care for rural patients – keeping clinic doors open, meeting transportation needs, facilitating telehealth, or operating mobile clinics. Without these dollars, it is underserved patients in rural communities who will lose. And this new requirement by Lilly will put these dollars at risk.

We also want to emphasize the disadvantage that CHCs are facing, as they would be doing the required data submission manually. While some data is automated through contract pharmacy

arrangements, most CHCs do not have a third-party administrator (TPA) or other technical support for their in-house pharmacies. While the set-up for the data feeds with TPAs is difficult for larger entities, like hospitals, it would not require ongoing manual intervention, just monitoring. CHCs would face a significant amount of manual, ongoing work – without the support staff to do it.

Our valued colleagues at the American Hospital Association have written to you, outlining extensive reasons why Lilly’s request is unlawful and extremely damaging to 340B entities. We support their arguments and echo their reasoning. In addition to Lilly not presenting any evidence of the claims they make in the new requirement, we believe Lilly’s request to submit claims data for every 340B purchase amounts to an unauthorized audit. The 340B statute states that a manufacturer may audit a covered entity but must act in accordance with procedures established by the Secretary relating to the number, duration, and scope of audits. Requesting proprietary financial information of this magnitude, especially on an ongoing basis, meets the definition of an audit. Yet, HRSA has never granted Lilly, or any manufacturer, permission to request unlimited access to proprietary information from covered entities. We believe the agency has legal standing to immediately prohibit Lilly from taking this action, and if they do not, impose civil monetary penalties or revoke their Pharmaceutical Pricing Agreement.

Thank you for your consideration of our position. For more information, please contact me at [apearskelly@advocatesforcommunityhealth.org](mailto:apearskelly@advocatesforcommunityhealth.org) and/or Stephanie Krenrich, Senior Vice President of Policy and Government Affairs, at [skrenrich@advocatesforcommunityhealth.org](mailto:skrenrich@advocatesforcommunityhealth.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Pears Kelly', with a stylized flourish at the end.

Amanda Pears Kelly  
Chief Executive Officer  
Advocates for Community Health