



ACTION NEEDED BEFORE JAN. 1

STOP THE 340B REBATE MODEL

The 340B Rebate Model Pilot Program will force community health centers (CHCs) to front the money, and patients could pay the price.

THREE FUNDING STREAMS. ONE HEALTHCARE SAFETY NET AT RISK.

Community health centers rely on all three. Weakening one threatens care in underserved communities.



**HRSA GRANT
FUNDING**
Federal Grant Funding



MEDICAID
Coverage and
Payment



340B
Drug Discount
Savings

WHAT WILL CHANGE UNDER THE REBATE MODEL?

Current System

UPFRONT DISCOUNT

1. Purchase medication at the discounted 340B price
2. Savings are available immediately
3. Reinvest savings directly into patient care

Pilot Effective Jan 1, 2027

REBATE AFTER PURCHASE

1. Purchase selected medications at full price
2. Submit claims and new data requirements
3. Wait for the discount to hopefully be returned later

THE REAL-WORLD COST

Health centers estimate hundreds of thousands of dollars in added cash-flow needs, plus more staff, new IT systems, and a heavier administrative burden. Every dollar delayed is unavailable for patient care.

NEARLY 34M

Patients rely on health centers

< 7 %

Of All 340B Purchases

\$ HUNDREDS OF THOUSANDS

Money unavailable for care

ACH SUPPORTS 340B REFORM

ACH supports transparency and accountability, and backs the bipartisan SECURE and SUSTAIN 340B proposals. A rebate pilot is not balanced reform; it shifts all financial and operational risk onto safety-net providers, the very same groups the program was created to benefit.

THE ASK

CONGRESS MUST STOP THE REBATE MODEL

Congress should direct HHS to stop implementing this pilot, or at the very least delay implementation pending congressional consideration of reform proposals.