



ADVOCATES FOR
COMMUNITY
HEALTH

October 8, 2026

The Honorable Scott Peters
U.S. House of Representatives
2369 Rayburn House Office Building
Washington, DC 20515

The Honorable John Joyce
U.S. House of Representatives
2102 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Peters and Joyce:

On behalf of Advocates for Community Health (ACH) and our member community health centers, I write today with sincere gratitude for your bipartisan leadership in introducing [H.R. 9599](#), the Strengthening the Exercise of Controls and Upgrading Requirements for Efficiency in 340B Act (SECURE 340B Act) and urge Congress to advance this important legislation.

ACH is a national membership organization representing 55 community health center members across 22 states serving more than 4 million patients. Community health centers are a small part of the overall 340B program, but it has an outsized impact on health center patients and communities. For health centers, the 340B program is foundational to delivering comprehensive care to patients regardless of the ability to pay. Savings are reinvested directly into patient care and access; this takes shape in affordable medications, maternal health services, rural health care access, behavioral health services, telehealth, transportation, school-based care and other services that would otherwise be financially unsustainable.

ACH has long advocated for legislation that stabilizes and clarifies the program while preserving health centers' ability to respond to community needs. The SECURE 340B Act advances several of ACH's longstanding priorities for the 340B program, including preserving upfront discounts for four years and protecting contract pharmacy access. Replacing upfront discounts with rebates would delay savings, strain cash flow, and shift financial and operational risk onto health centers, and contract pharmacies are an important way to help patients access affordable medications close to home.

ACH also supports the bill's prohibition on discriminatory payer and pharmacy benefit manager practices that reduce reimbursement and/or divert 340B savings away from patient care. Additionally, we welcome efforts to strengthen program integrity through an independent claims clearinghouse. Transparency and accountability requirements should build on health centers' existing federal oversight and reporting obligations, avoid duplication, and preserve resources for patient care.

As consideration of the bill continues, ACH looks forward to refining its patient definition and referral requirements to accommodate team-based care, virtual visits, and routine specialist



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referrals. These provisions should recognize health centers' ongoing responsibility for their patients without unnecessarily restricting access to 340B medications.

Thank you again for your commitment to strengthening and stabilizing the 340B program. We look forward to working with you to advance H.R. 9599 and preserve the resources health centers need to serve their patients and communities.

Sincerely,

Amanda Pears Kelly
Chief Executive Officer