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**Draft Press Release**

For Immediate Release: August XX 2020

**340B Savings Under Assault by Big Pharma / Health Centers Could Not Offer Low Cost Drugs and Other Services to Low-Income Patients**

Millions of Americans served by the nation’s Community Health Centers depend on life-saving medications provided at a reduced cost under the embattled 340B program. The discounted medicines have been a lifeline for low-income, uninsured and chronically ill patients for nearly 30 years, especially during the COVID-19 pandemic and the economic downturn. But mounting pressure from pharmaceutical manufacturers, Pharmaceutical Benefits Managers (PBMs), and the federal government threatens to dismantle the program hailed as a means to stretch federal resources as far as possible to help vulnerable populations.

**SUGGESTED QUOTE** “By law, regulation, and mission, every penny that health centers save through 340B discounts is used either to make medication affordable for low-income patients, or to support other activities that expand access to care. We cannot underscore enough how vitally important such discounts are as health centers battle COVID-19 on the frontlines of hot zones across America. Health centers have a proud tradition of accountability and transparency in how they apply resources to patient care. They are part of the solution – not the problem.”

Health centers receive discounts under 340B from drug manufacturers on medications dispensed to their patients through participating pharmacies. By reducing how much health centers pay for drugs, these discounts help health centers make drugs affordable for low-income under-insured and uninsured patients. The discounts also free up resources that health centers can use to support other services that expand access to health care. Members of Congress from both parties have repeatedly highlighted health centers as excellent stewards of the 340B program, using the savings it generates as lawmakers intended while maintaining a strong focus on program integrity.

Many in the health center community are speaking out in support of 340B, including providers and uninsured patients who recognize that without access to 340B discounts, most health centers would be unable to offer affordable pharmaceuticals to their low income patients, or to maintain other services that are supported with 340B savings.

SUGGESTED QUOTE FROM PROVIDER:

“Each health center board of directors is made up of patients from the health center and members of its community. This community-led model ensures every decision put into action is for the good of the population it serves. Many of these decisions are made possible by 340B savings. To think that health centers would do anything other than use 340B savings to benefit their patients is to not understand what a health center is and the reason they exist.”

SUGGESTED QUOTE FROM PATIENT’

“I was recently laid off from my job due to COVID-19 and am a diabetic. I have no insurance. Without my health center and the 340B program, I would not be able to afford insulin to keep my blood sugar levels in check. I am grateful my health center provides life-saving medications at an affordable cost for people like me.”

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