



## Protect Grant Funding to Safeguard Patient Access to Care

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### 340B Eligibility Depends of Grant Funding

CAN Community Health's eligibility for the 340B Drug Pricing Program is directly tied to Federal HHS and CDC STD/HIV grant funding. These essential federal grants that often flow through states not only enable CAN to serve as a safety-net medical provider, but they also open the door to 340B participation. Without this grant funding, CAN would lose 340B eligibility, leaving many patients without access to critical care, prevention, and treatment services. Many safety-net providers like CAN rely predominantly on the 340B Program for its financial sustainability. This includes but is not limited to federal qualified health centers, rural referral centers, critical access and disproportionate share hospitals. The loss of such funding would have devastating consequences on organizations like CAN, forcing millions of vulnerable individuals to rely solely on hospital emergency rooms—where the cost of care is ultimately borne by the American taxpayer.

### No Cost to the American Taxpayer

A common misconception is that the 340B program is funded by taxpayers. It is not. The 340B program operates at no cost to the American taxpayer. Instead, safety-net providers like CAN use the revenue generated from 340B savings to reinvest in patient care, including expanding services, providing free or reduced-cost medications, offering HIV prevention programs like PrEP, and ensuring more access to healthcare in underserved communities through patient assistance programs. In addition, CAN goes the extra step in breaking down barriers in accessing care by addressing transportation, language, and health literacy.

## Extending Services and Improving Public Health

The impact of 340B goes beyond medication affordability. It enables CAN Community Health to utilize savings to offer comprehensive services that keep patients—and their broader communities—safe and healthy. This includes but is not limited to, patient primary care, education, behavioral health services, HIV prevention initiatives, case management, and mobile outreach programs that meet patients where they are. Without 340B, many of these services would simply not exist, and thousands of patients would face life-threatening barriers to care.

When these barriers prevent people from accessing care early, their conditions can worsen and become medical emergencies. This has a direct financial impact on state and federal governments. Emergency care costs are typically subsidized by public programs like Medicaid and Medicare, meaning taxpayers ultimately bear the financial burden.

## The Bottom Line

The 340B Drug Pricing Program works. It strengthens public health, relieves financial pressure on taxpayers by reducing uncompensated emergency care, and empowers organizations like CAN Community Health to continue their mission of compassionate, community-driven care. Without it, the nation's most vulnerable patients would lose a lifeline.

### Call to Action:

**Policymakers must prioritize the protection of federal and state grants that support 340B eligibility. Doing so safeguards the entire safety-net infrastructure and ensures that affordable, life-saving healthcare remains accessible to all.**

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