

THE TRUTH ABOUT 340B

Vote **YES** on 340B Legislation
(HB 2371 SA2) to Support FQHCs
and Hospitals

Big Pharma is increasingly restricting Illinois healthcare providers' ability to utilize the 340B Drug Pricing Program—a critical resource that enables hospitals and federally qualified health centers (FQHCs) to provide comprehensive healthcare services and lifesaving medications to the state's underserved patients. Pharmaceutical manufacturers, many of them based overseas, are seeking to protect their massive profits by promoting misleading narratives about the 340B program and its proven benefits to both patients and providers in Illinois.

Pharma Claim:

340B is a federal program and any changes should be determined by Congress.

TRUTH:

Congress has spent more than a decade debating 340B without taking any action. That is why 20 states have passed 340B legislation similar to what we are now pursuing in Illinois, and these laws are being upheld in the courts.

Pharma Claim:

The proposed legislation would make sweeping changes to the 340B program—changes that should only be addressed at the federal level by Congress.

TRUTH:

HB 2371 SA2 simply aims to preserve the “status quo” established by Congress and HRSA, before Big Pharma began arbitrarily restricting the ability of FQHCs and hospitals to improve access to medications and other comprehensive healthcare services by contracting with local pharmacies where patients live.

Pharma Claim:

Congress never intended for the 340B program to be this big.

TRUTH:

The 340B program was expanded by Congress in 2010 with the support of Big Pharma. More than half of Illinois' 340B hospitals are eligible due to that expansion. At the same time, rising drug prices have fueled continued program growth—further underscoring the importance of 340B in providing access to lifesaving drugs and other critical services, both inside and outside the four walls of a hospital, for low-income patients across Illinois.

For more information, please contact David Gross, Senior Vice President, Government Relations, IHA, at dgross@team-ihc.org or 217-541-1161; OR Cyrus Winnett, Chief Public Affairs Officer, IPHCA, at cwinnett@iphca.org or 217-341-4452.

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Pharma Claim:

340B legislation will cost the state tens of millions of dollars that it does not have.

TRUTH:

This legislation supports healthcare providers and patients at no cost whatsoever to the state. HB 2371 SA2 does not require an appropriation.

Pharma Claim:

Hospitals are misusing the 340B program.

TRUTH:

All 340B providers, including hospitals, must abide by rigorous program requirements and regular audits to ensure compliance. In Illinois, 70% of 340B hospitals are Safety Net or Critical Access Hospitals. Illinois' 340B hospitals provided nearly 1.5 million Medicaid inpatient days in 2024. These are the hospitals truly providing care for the state's most underserved and vulnerable residents. Beyond their role in providing patient care, Illinois hospitals pump \$117 billion into their communities and support nearly 500,000 jobs.

Pharma Claim:

Patients aren't benefiting from the 340B program.

TRUTH:

The 340B program enables hospitals and FQHCs to address critical community health needs by providing low-cost access to prescription drugs, creating financial assistance programs for low-income patients, and supporting essential service lines, such as obstetrics, oncology or inpatient psychiatric care, that are vital to community well-being but often require significant financial investment.

Pharma Claim:

340B covered entities contract with out-of-state pharmacies, proving they are abusing the program.

TRUTH:

340B hospitals serve patients across state lines, contracting with pharmacies in the communities their patients live in. This approach improves access and supports medication adherence, capitalizing on the intent of the 340B program: to stretch limited federal resources and improve healthcare for low-income and underserved populations.

Preserve access to affordable drugs and healthcare services for seniors, cancer patients, and children who need it most.
With federal Medicaid cuts looming, now is the time to ACT on 340B.

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