COMMUNITY ACCESS NATIONAL NETWORK

Mailing Address:

Attn: Jen Laws
PO Box 3009
Slidell, LA 70459

Chief Executive Officer:

Jen Laws
Phone: (313) 333-8534
Fax: (646) 786-3825
Email: jen@tiicann.org

Community Access National Network Responds to Minnesota Department of Health 340B Covered Entity Report

WASHINGTON, DC (June 16, 2026) – Today, Jen Laws, President & CEO of Community Access National Network (CANN), released the following statement in response to the February 2026 Minnesota Department of Public Health 340B Covered Entity Report:

"The February 2026 Minnesota Department of Health 340B Covered Entity Report confirms what patients have long experienced: the 340B program is failing the very people it was designed to serve. Instead of stretching federal dollars to expand access to affordable care, the program has become a revenue engine for large hospitals and PBMs, leaving safety-net clinics that serve the most vulnerable with almost nothing.

"According to the report, Minnesota Covered Entities earned a collective net 340B revenue of at least $1.34 billion in 2024, which is more than double the reported net revenue in 2023 of $630 million. Less than 1% of this reported 340B net revenue went to safety-net clinics, while more than 80% was generated by Minnesota's largest hospitals.

"How does a program designed to serve the most vulnerable patients generate $1.34 billion while leaving safety-net clinics with less than 1%? From 2023-2024, General Acute Care Hospitals increased their net revenue by 114%. Large DSH hospitals pay 77% of their total operating costs to contract pharmacies, which are often owned by the three largest PBMs; however, safety-net clinics pay 27% to contract pharmacies. Those paying the price for this financial architecture, designed to extract rather than distribute, are the same ones the program was designed to protect – people living with HIV, uninsured Minnesotans, and Indigenous communities whose clinics fall further behind while hospital revenues double each year.

"The consequences of this misuse are not abstract. FQHCs, Ryan White HIV/AIDS programs, and tribal health centers – the clinics on the front lines of care for the most vulnerable – saw their collective net 340B revenue grow just 3.6% in a year when the program itself more than doubled. These are the clinics that use 340B as it was intended: to provide free or reduced-cost medications to patients who have nowhere else to turn. While large hospitals profited by more than one billion dollars from the program, safety-net clinics were left with the margins of a rounding error. For a person living with HIV in Minnesota who depends on a Ryan White clinic for their medications and care, this failure leaves no waitlist to point to, no headline to cite – just a clinic with less capacity than it should have, and a patient who never knew what they were denied.

"Minnesota's transparency initiative is a step forward, but it is not enough. The data reported to the Minnesota Department of Health has not been independently verified, and there is still no information on how net 340B revenue is actually being used or the extent to which patients are benefiting. A program generating $1.34 billion in net revenue should be able to answer both of those questions – and the fact it cannot is itself an indictment.

"Without meaningful oversight at the national level, Minnesota's transparency effort amounts to a window into a burning building with no fire department to call. CANN has long fought for reforms that ensure 340B savings reach the patients who were promised them. Minnesota has shown us what the problem looks like. Now it is time for federal action to match the scale of what the data reveals.

"The people this program was built for are still waiting. They have waited long enough."

For general information and media inquiries, please contact press@tiicann.org.

About Community Access National Network: *The mission of the Community Access National Network (CANN) is to define, promote, and improve access to healthcare services and supports for people living with HIV/AIDS and/or Viral Hepatitis through advocacy, education, and networking. These services must be affordable to the people who need them regardless of insurance status, income, or geographic location.*