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choosehealthylife.org



April 17, 2026

Chantelle Britton, Director, Office of Pharmacy Affairs (OPA)
Office of Special Health Initiatives (HRSA)
5600 Fishers Lane
Rockville, MD 20857

Re: 340B Rebate Model Pilot Program, Docket No. HRSA-2026-03042

Dear Director Britton,

My name is Reverend Kimberly L. Williams, and I am the president and CEO of [Choose Healthy Life](#) (CHL), a national, faith-based public health organization working in partnership with Black churches to deliver health services in communities with the greatest need.

CHL is deeply committed to improving access to healthcare for underserved populations. Through our partnerships with Black churches, CHL works directly in communities that have historically faced systemic barriers to health care. I appreciate the opportunity to provide comments on behalf of CHL for [HRSA's Request for Information](#) regarding the proposed 340B Rebate Model Pilot Program.

Congress established the 340B program with a clear and important purpose: to help safety-net providers stretch scarce resources and better serve low-income and uninsured patients.

However, from our vantage point working in Black communities across the country, it is increasingly clear that the program is not consistently delivering on that promise. Patients in the communities we serve continue to face significant barriers to accessing affordable medications, even as the program has grown from [fewer than 100](#) participating hospitals to [more than 2,600 today](#).

Black Americans have disproportionately high rates of chronic conditions such as [diabetes](#), [hypertension](#), and [kidney disease](#), conditions that require consistent access to prescription medications. Yet too often, the people CHL serves must delay or forgo treatment due to cost concerns and other challenges they encounter when navigating the healthcare system.

At a minimum, the 340B program hasn't solved these problems. And there's plenty of reason to suspect that it is actually exacerbating them.

That's why CHL strongly supports HRSA's efforts to explore how a rebate-based payment model could fix 340B. Transitioning from an upfront discount

structure to a claims-based rebate model is an important step toward improving transparency, strengthening oversight, and ensuring that hospitals use 340B benefits to expand patient care.

We commend HRSA for considering whether to include both I-Pay 2026 and I-Pay 2027 drugs, rather than just the I-PAY 2026 drugs that would have been included in last year's proposed pilot program. Including a broader set of therapies -- particularly those used to treat chronic conditions that disproportionately affect Black communities -- will allow HRSA to generate more representative data and better evaluate whether the rebate model improves access and outcomes for underserved patients.

We strongly urge HRSA to apply the rebate model consistently across all participating covered entities, without carve-outs or exemptions. Allowing certain entities to opt out would limit HRSA's ability to assess the effectiveness of rebates and could obscure whether outcomes are attributable to the rebate structure itself or to participation differences.

At the same time, HRSA should consider providing targeted technical assistance and administrative support to smaller covered entities to ensure successful participation in the pilot.

In addition, we encourage HRSA to establish clear evaluation criteria and reporting requirements from the outset. To fully understand the impact of the rebate model, data collection should include patient-level and community-level indicators such as insurance status, site of care, and geographic information. This data will be essential to determining whether savings generated through the program are improving access to medications and health services in under-resourced communities, including the Black communities CHL serves.

By improving transparency and increasing accountability, this pilot has the potential to help 340B hospitals more effectively serve the communities Congress intended them to serve.

Choose Healthy Life stands ready to support HRSA in this effort and to share insights from our work in communities across the country. We appreciate your leadership and your commitment to advancing policies that promote equitable access to care.

Respectfully,

Rev. KL Williams

Rev. Kimberly L. Williams
President and CEO
Choose Healthy Life