**A Step Toward Answers: Tigerlily Foundation on HRSA's Finalized 340B Rebate Pilot**

The first thing a woman researches after a cancer diagnosis is not how current policies will affect her access to treatment. It is to ask, “Am I going to survive this?” Yet, the policy questions still arrive later, usually in the form of a bill she cannot explain, a prior authorization she did not expect, or a prescription she cannot afford to fill this week. Affordability shapes whether treatment begins on time and whether it continues.

That is why Tigerlily Foundation applauds the Health Resources and Services Administration (HRSA) for considering the feedback from patients, providers, and advocates in its revised 340B Rebate Model Pilot Program, a measured step toward the transparency and accountability the 340B program has needed for years.

The 340B program was created to help eligible safety-net providers stretch limited resources and serve rural, underserved and medically vulnerable communities. That mission still matters. But as the program has grown, patients have had almost no way to see whether its benefits reach them. One IQVIA analysis of prescriptions filled at contract pharmacies found that only 1.4 percent of eligible branded prescriptions showed evidence of a discount being shared directly with the patient. Whether that pattern holds everywhere is exactly the point. No one can say with confidence, because the information has never existed.

The revised pilot starts to change that, and it helps to understand how it works in plain terms. For a small set of medicines, the discount will no longer come off the price up front. Instead, the hospital or clinic buys the medicine, submits the claim, and receives the 340B discount back afterward as a rebate. Every discount now leaves a record. It lets HRSA see which prescriptions the discounts are being claimed on, catch cases where the same discount is claimed twice, and finally build a real picture of how the program operates day to day. HRSA also kept this test small on purpose, applying it only to a handful of medicines already covered by Medicare's drug price negotiation program in 2026 and 2027, so the lessons that come out of it are clear enough to act on.

A change like this should never reach the patient as a disruption, and HRSA designed it so that it will not. When a woman shows up for treatment, nothing about how she gets her medicine will look different, and nothing about her care has to pause while the system behind her improves. Clinics and hospitals get three months' notice, they keep the same ways of getting medicines to patients that they use today, they get help learning the new process, and they are not charged for the technology behind it. When a clinic submits a complete claim, it has an answer within ten days. These protections exist for the patient's sake as much as the providers. They let clinics keep their full attention on the women in front of them while the program starts producing something patients have never had: a real answer about whether 340B discounts are reaching them.

Women should also know what happens to their information. The pilot runs on prescription and medical claims, and HRSA has drawn firm lines around them: only specific pieces of claims information can be requested, none of it can be used for anything outside the pilot, and all of it stays protected under the same federal privacy laws that cover the rest of a medical record.

HRSA has also committed to ongoing monitoring and public evaluation, examining rebate payments, timeliness, denials, dispute outcomes, administrative burden and program-integrity measures while gathering stakeholder feedback throughout implementation. That evaluation will decide whether this pilot is worth what it asks of everyone involved. A pilot should do more than introduce a new process. It should produce evidence about what works, what needs fixing and how federal policy can serve patients better.

The pilot will not, by itself, lower what a woman pays when she picks up her prescription. What it can do is show us how the program is actually working, which is something no one has been able to see clearly for a long time.

We thank HRSA for its leadership and for listening to the patients and advocates who spoke up. Tigerlily will stay involved as this gets underway, pushing for real oversight, for patients to have a seat at the table, and for an approach that protects access to care while rebuilding trust in a program that too many people have stopped believing in. We will judge this pilot by one thing: whether it makes life better for the women we serve and the communities 340B was created to reach.