

May 13, 2026

Dave Ricks  
Chair and Chief Executive Officer  
Eli Lilly & Company  
Lilly Corporate Center  
Indianapolis, IN 46285

***Re: 340B Claims-data Policy And Neutral, Third-party Clearinghouse***

Dear Mr. Ricks:

On behalf of our more than 2,000 member hospitals and health systems that participate in the 340B Drug Pricing Program, I write to directly express the American Hospital Association's (AHA) concerns about Eli Lilly's January 2026 claims-data policy. Lilly's policy is unprecedented. It will impose onerous costs on 340B hospitals, forcing our members to divert scarce resources away from patient care and toward unnecessary administrative requirements. And it risks limiting patient access to Lilly's lifesaving, innovative drugs. We therefore invite Lilly to work in good faith with the AHA and our 340B hospital members to find a better path forward than the cycle of escalation that has beset the 340B program in recent years.

The AHA understands that Lilly believes its claims-data policy is needed to detect fraud, abuse and unlawful duplicate discounts. While we believe that Lilly has overstated the magnitude of these problems, we share your commitment to 340B program integrity. Unfortunately, Lilly's unilateral claims-data policy does little to address program integrity, while instead imposing enormous costs and burdens on 340B hospitals.

There is a commonsense solution that addresses the concerns of all 340B stakeholders — a neutral third-party data “clearinghouse.” Under this approach, data exchange can occur between 340B covered entities and drug companies on a neutral platform overseen by the federal government. This “clearinghouse” would identify any instances of duplicate discounts or diversion, while limiting the costs imposed on 340B hospitals and protecting their legitimate interests in maintaining data and patient privacy. Put simply, a “clearinghouse” is less burdensome and expensive than Lilly's unilateral claims-data policy, but it provides the same transparency that both the AHA and Lilly are committed to ensuring.



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Page 2 of 2

During the several months since Lilly first announced its policy, 340B hospitals have faced massive uncertainty. They have received multiple letters from Lilly with mounting threats, and on at least two recent occasions, some of our members temporarily lost 340B pricing when Lilly submitted incorrect or incomplete 340B pricing files to wholesalers. This chaotic environment does not benefit anyone. We hope you agree that it is in the best interest of manufacturers, providers and patients to find a way to create a more stable situation. Only then can Congress' important goal in enacting the 340B program — allowing covered entities to “to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services”— be fulfilled.

We therefore urge you to abandon your current claims-data policy and work with the AHA to develop a functional third-party clearinghouse. We look forward to working with you on this important matter.

Sincerely,

/s/

Richard J. Pollack  
President and Chief Executive Officer