

# 340B Health System Coalition

## Membership Application

Join with health systems from across the country to fight to protect the nation's 340B program. This advocacy and policy focused Coalition is working with Congress, HHS, HRSA, CMS, and other organizations seeking legislative and regulatory changes necessary to ensure the long-term viability of the 340B program.

### Coalition Member Criteria

*Only Multi-Hospital health systems with 340B covered entities are eligible for membership.*

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Health System Name

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Mailing Address

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City, State, Zip

### Check the One that Applies to Your Health System:

2-5 hospitals

6-10 hospitals

11+ hospitals

### Membership

Yes, our system would like to join the Coalition

Yes, our system is interested in joining the Coalition. Please call me to discuss at the number below.

### Primary Contact Information:

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Primary Contact for Coalition/Name/Title

Contact's E-Mail Address

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Contact's Office Phone Number

Contact's Cell Phone Number

### Secondary Contact Information:

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Primary Contact for Coalition/Name/Title

Contact's E-Mail Address

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Contact's Office Phone Number

Contact's Cell Phone Number

## **Benefits of Membership**

1. Work with health system peers to develop new federal 340B policies.
2. Use the combined strength of health systems to influence 340B policies.
3. Raise your health system's 340B profile with your Members of Congress and selected federal agencies.
4. Receive regular updates about 340B advocacy and policy developments.
5. Participate in regular communications through phone conferences, in-person meetings, and webinars.

## **Membership Dues**

The fee for joining the 340B Health System Coalition is based on the number of hospitals that are part of your health system. At least one of your system's hospitals must be a 340B covered entity.

Invoices will be emailed to the primary contact.

Dues amounts are structured as follows:

- 2-5 hospitals: \$7,500 per year;
- 6-10 hospitals: \$8,500 per year;
- 11 or more hospitals: \$9,500 per year.

*A member may withdraw from the Coalition with 30-days written notice.*

**Please email this form to [britnee.dorn@shcare.net](mailto:britnee.dorn@shcare.net)**

## **Contact the 340B Health System Coalition**

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