



June 25, 2026

House Energy and Commerce Health Subcommittee Holds Legislative Markup on Illicit Drugs and Health Price Transparency

Overview:

On June 25, the House Energy and Commerce Health Subcommittee held a markup of 15 bills pertaining to illicit drugs and health care price transparency. The markup builds upon a [legislative hearing held last week](#) and signifies continued, bipartisan engagement from policymakers on increasing transparency into the prices paid for health care services and prescription drugs. All 15 bills under consideration were agreed to by the Health Subcommittee and referred to the full Energy and Commerce Committee by voice votes. And while the markup vote represents a substantial step forward in the legislative process, Subcommittee Chair Morgan Griffith (R-VA) offered a caveat that additional work would be needed to refine the transparency and illicit drug bills before a full committee markup and further action by the full House of Representatives. Amendments offered by Representatives on both sides of the aisle provide insight into potential future changes that may be made to the bills under consideration. A summary of each bill considered, amendments offered, and corresponding votes are provided below.

Of interest to AMCP members, several bills pertaining to managed care pharmacy policy were considered, agreed upon, and forwarded to the full Energy and Commerce Committee. This includes the [H.R. 9393](#), Lower Costs More Transparency Act, which would implement components of President Trump's "Great Health Care Plan" by codifying increased transparency and disclosure requirements for hospitals, ambulatory surgical centers (ASCs), laboratories, and imaging services. The bill would also mandate transparency requirements on payment and rate information for commercial health plans, as well as the development of an enrollee price shopping tool. [H.R. 9397](#), the Premium Transparency Act would implement requirements for Medicare Advantage (MA) organizations and health insurance issuers offering group or individual plans to publish data on the percentage of premium revenue expended on service claims and other care services, as well as the percentage of premium revenue retained by the issuer. [H.R. 3514](#), the Improving Seniors' Timely Access to Care Act pertains to the prior authorization practices of MA plans and would require plans to submit annual reports to the Department of Health and Human Services (HHS) and participating providers on services subject to prior authorization, as well as approval, denial, and appeal rates. HHS would also receive the authority to develop a report on real-time prior authorization decision practices. [H.R. 9396](#), the Prior Authorization Accountability Act, would extend H.R. 3514's prior authorization reporting requirements to commercial plans. Finally, [H.R. 9395](#), the Transparency in Medicare Advantage Steering Act, would require MA plans to submit annual reports to HHS on whether enrollees were referred by agents, brokers, or third party entities, and the amount of compensation paid to such entities. Such information would be made public on the CMS website.

(cont.)

Bills Under Consideration: Health Subcommittee Markup

- [H.R. 1266](#), Combatting Illicit Xylazine Act
- [H.R. 2004](#), Tyler's Law
- [H.R. 7970](#), STOP Nitazenes Act
- [H.R. 1561](#), ALERT Communities Act
- [H.R. 7994](#), HERO Act
- [H.R. 9389](#), Nutrition Education and Chronic Disease Prevention in Community Health Centers Act of 2026
- [H.R. 8201](#), Expanding Community Access to Health Services Act
- [H.R. 9393](#), Lower Costs, More Transparency Act of 2026
- [H.R. 9397](#), Premium Transparency Act
- [H.R. 9396](#), Prior Authorization Accountability Act
- [H.R. 9390](#), Prices on the Wall Act of 2026
- [H.R. 3514](#), Improving Seniors' Timely Access to Care Act of 2025
- [H.R. 9392](#), Medicare Advantage Cost Transparency Act
- [H.R. 5243](#), To amend title XVIII of the Social Security Act to increase data transparency for supplemental benefits under Medicare Advantage
- [H.R. 9395](#), Transparency in Medicare Advantage Steering Act

Committee Leadership:

- Health Subcommittee Chair Morgan Griffith (R-VA),
- Health Subcommittee Ranking Member Diana DeGette (D-CO),
- Full Committee Chair Brett Guthrie (R-KY)
- Full Committee Ranking Member Frank Pallone (D-NJ)

Markup Highlights

[H.R. 1261](#), Combatting Illicit Xylazine Act – Chair Griffith shared his support for the Combatting Illicit Xylazine Act, which would permanently places xylazine in Schedule Three of the Controlled Substances Act and amends the definition of “ultimate user” to allow xylazine to continue to be lawfully administered for legitimate veterinary purposes.

DeGette Amendment: Schedule Xylazine to Schedule 5 – Ranking Member DeGette shared concerns that the bill would arbitrarily schedule Xylazine to a Schedule 3 controlled substance, bypassing traditional DEA review of drugs for controlled scheduling. She offered an amendment that would schedule Xylazine as a Schedule 5 controlled substance, resulting in a misdemeanor sentence for possession under federal law. RM DeGette withdrew her amendment following an assurance from Chair Griffith that the committee would conduct traditional scientific analysis of the substance before rescheduling.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 2004](#), Tyler's Law – Chair Griffith shared his support for Tyler's Law, which directs the HHS Secretary to issue guidance on whether hospital emergency departments should implement fentanyl testing as a routine procedure for patients experiencing an overdose.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 7970](#), STOP Nitazenes Act – Chair Griffith shared his support for the STOP Nitazenes Act, which would substances within the nitazene class permanently into Schedule One of the Controlled Substances Act.

Chair Pallone spoke in opposition to the bill. While agreeing that Nitazenes are dangerous substance, he urged Congress to allow the traditional scientific review process outlined in the Controlled Substances Act to play out.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 1561](#), ALERT Communities Act – The bill allows first responder training grants to be utilized for training on fentanyl or xylazine test strips. This bill also directs the Secretary of HHS to develop and publish research and marketing frameworks for test strip technology. RM DeGette spoke in support of its passage.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 7994](#), HERO Act – Rep. Raul Ruiz (D-CA), the bill’s lead sponsor, spoke in support of the legislation. The bill establishes a competitive grant program to provide schools with opioid overdose reversal drugs.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 9389](#), Nutrition Education and Chronic Disease Prevention in Community Health Centers Act of 2026 – The bill would establish the Nutrition Education and Chronic Disease Prevention Initiative, which would allow the Health Resources and Services Administration to support the integration of evidence-based nutrition education and counseling into primary care delivery and workforce training at community health centers. Vice Chair Harshbarger spoke in support of her bill, including her experience as a pharmacist in witnessing the consequences of poor nutrition and chronic disease. RM DeGette spoke to the value of proper nutrition in managing illness and lower health care costs and urged her colleagues to supplement the bill with additional funding to community health centers.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 8201](#), Expanding Community Access to Health Services Act – RM DeGette spoke to the need for underserved patients to access behavioral and mental health services through community health centers. The bill would include behavioral and mental health and substance use disorder services as required services offered by community health centers.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 9393](#), Lower Costs, More Transparency Act of 2026 – Bill sponsor Chair Guthrie spoke in support the legislation, which codifies and builds upon President Trump’s health care price transparency initiatives. It requires hospitals, ASCs, laboratories, and diagnostic imaging service providers to post machine-readable information about the standard charges and prices for each item and service furnished by the applicable entity for each year. Hospitals would also be required to publicize information about CMS-specified shoppable services in a consumer-friendly format. Civil

monetary penalties would be enforced on noncomplying entities, while hospitals in rural or underserved areas may receive waivers or reduced penalties.

Starting Jan. 1, 2028, the bill would also require commercial health plans to provide a self-service tool to enrollees featuring information on items and services covered, including in-network rates for participating providers; estimated cost-sharing, frequency or volume limitations for an item or service, utilization management, financial incentives available for each item or service, and data in the case of applicable spread price drugs. Commercial health plans would also be required to make certain rate and payment information available in separate machine readable files, such as in-network rates for items and services for participating providers; information about in-network drug rates for each drug covered under the plan, as well as the average amount paid for a drug dispensed or administered during an applicable period; and information related to the amount billed and amount allowed by the plan for items and services furnished by a provider that was not a participating provider. This provision also requires insurers to publish a summary of rate and payment information for a plan year. PBMs must also disclose applicable spread price drugs to group health plans to allow for proper reporting.

RM Pallone also shared his support for the bill and encouraged stakeholders to share feedback throughout the legislative process. Rep. John James (R-MI), who also supports the bill, sought further action on transparency through the Patients Deserve Price Tags Act ([H.R. 5582/S. 2355](#)). AMCP's summary of the Patients Deserve Price Tags Act is [available here](#). Rep. James believed his bill to be a more effective transparency initiative than Lower Costs, More Transparency. Rep. Nanette Barragan (D-CA) also spoke to the need for hospital price transparency, offering personal experience of receiving high medical bills without an explanation of services charged. She requested an inclusion of requirements for itemized bills.

Landsman Amendment: Rep. Greg Landsman (D-OH) offered an amendment to the bill that would include language designating a specific individual, such as a CEO or CFO, from a covered entity to be held accountable for data transparency. The amendment was withdrawn given a lack of committee support.

Carter Amendment: Rep. Buddy Carter (R-GA) offered an amendment that would add vision care-related components of the DOC Access Act ([H.R. 1521](#)) to the bill. Rep. Carter spoke to the steering practices of "vision benefit managers," two of which manage a majority of American's vision benefits. The amendment would prohibit VBM steering towards affiliated providers or optical labs. The amendment would provide patients with the freedom to choose from any optical lab for services. Chair Guthrie added that the opportunities to improve the bill will continue throughout the markup process. Rep. Carter subsequently withdrew the amendment.

DeGette Amendment: RM DeGette offered an amendment which would tack provider ownership transparency legislation onto the bill, pointing to the rise in private equity ownership and consolidation in health care. Similar legislation featured bipartisan support in a [Health Subcommittee hearing last week](#). The amendment requires reporting of certain health care entities organizational structures and is identical to the PATIENT Act, barring minor technical changes. RM DeGette withdrew her amendment following an assurance from Chair Griffith to accommodate concerns around provider ownership transparency through the legislative process.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 9397](#), Premium Transparency Act – Vice Chair Harshbarger spoke to the benefits of the bill, which would require MA and commercial insurers to disclose information on the percentage of total premium revenue spent towards reimbursement for clinical services, quality improvement, and nonclaim costs, as well as the percentage of total premium revenue retained as profit. HHS would be required to issue guidance to plans on disclosing certain information on certain benefits and coverage offered in a plain-English format. RM DeGette stated that the bill's disclosure requirements were already passed through the Affordable Care Act's medical loss ratio but also expressed her support for the bill.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 9396](#), Prior Authorization Accountability Act – Chair Griffith expressed his support for the legislation, which extends requirements for MA plans under the Improving Seniors' Timely Access to Care Act to commercial plans. It would require commercial health plans imposing any prior authorization requirements to submit to the Secretary and make available on the public website of the organization or plan, information regarding their use of prior authorization. RM DeGette also shared support for the bill's public disclosure provisions, framing the bill as a small but important step for allowing patients to make informed choices. Rep. Mariannette Miller-Meeks (R-IA) also shared her support for the bill, with a personal anecdote of awaiting a prior authorization denial for a patient suffering from an eye injury.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 9390](#), Prices on the Wall Act of 2026 – The bill would require hospitals, ASCs, laboratories, and providers of imaging services to post on the walls of such facility the discounted cash price of CMS-specified shoppable services offered. Rep. Miller-Meeks spoke in support of the legislation she introduced. RM Pallone spoke in opposition to the bill, arguing that it may cause more confusion for consumers. Hospitals are already required to post such prices online.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 3514](#), Improving Seniors' Timely Access to Care Act of 2025 – Starting in 2028, the bill would require MA plans to establish an electronic prior authorization program and meet certain enrollee protection standards, determined by HHS, for applicable items and services. The bill would also require MA plans to meet certain reporting requirements regarding the plan's use of prior authorization, which would be published by the Secretary on the CMS website.

Annual reports must include: a list of all items and services subject to prior authorization, the percentage and number of requests approved and denied during an initial determination, in the aggregate and categorized by each item and service, the percentage and number of requests denied during an initial determination that were appealed, the number of appeals resolved, and the percentage and number of resolved appeals that resulted in approval of the item or service, categorized by each item and service and categorized by each level of appeal, the percentage and number of requests denied and approved through the utilization of AI and similar technologies specified by HHS—plans must disclose and describe the technologies used, the average amount of time between the submission of a request and a determination by the plan, excluding requests that were not submitted with required documentation required by the plan, the percentage and number of requests that were not submitted with the documentation required by the plan, information related

to prior authorizations involving follow-on items or services during a surgical or medical procedure, and the number of grievances received by the plan related to prior authorization requirements.

Importantly, Part D drugs are not considered ‘applicable items or services’ under the bill. MA plans must disclose the list of services subject to prior authorization requirements and clinical criteria used in determinations to participating providers and suppliers. HHS may require expedited timelines for prior authorization decisions, following the publication of a mandatory report to Congress to define the term “real-time decision” and outline a process for providing real-time decisions for routinely approved items and services.

Rep. John Joyce (R-PA) shared his support for the bill. Rep. Kim Schrier (D-WA), Rep. Miller-Meeks, Rep. Lizzie Fletcher (D-TX), Rep. Troy Carter (D-LA) all spoke in support of the bill.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 9392](#), Medicare Advantage Cost Transparency Act – Rep. Joyce (PA) and RM DeGette spoke in support of the bill. The bill would require that any encounter data submitted by an MA plan to include the allowed amount for an item or service, the amount of cost sharing imposed, and whether an at-home health risk assessment was furnished.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

[H.R. 5243](#), To amend title XVIII of the Social Security Act to increase data transparency for supplemental benefits under Medicare Advantage – The bill would require enrollee-level utilization reporting of supplemental benefits by MA plans. RM DeGette and Rep. Schrier shared support for the bill.

Pallone Amendment: RM Pallone offered an amendment which would make technical and conforming changes to the bill. The amendment in the nature of a substitute was agreed to by a voice vote.

Vote: The bill, as amended, was agreed to and referred to the full committee by a voice vote.

[H.R. 9395](#), Transparency in Medicare Advantage Steering Act – The bill would require MA organizations to report annually to HHS individual-level data on whether an enrollee in the plan was enrolled by an agent, broker, or third party, and the amount and type of compensation paid to such agent, broker, or third party. The MA organization would also be required to report the total compensation paid to agents, brokers, or third parties. HHS would be required to include in an online chronic conditions repository whether an individual was enrolled in an MA plan by an agent, broker, or third party, and to make public on CMS’s website certain information reported under the bill. Rep. Alexandria Ocasio-Cortez (D-NY) spoke in support of the bill, which was slimmed from its prior version. The full bill discussed in the previous legislative hearing would statutorily limit the compensation MA organizations are permitted to provide third party entities. Rep. Schrier also spoke in support of the bill.

Vote: The bill was agreed to and referred to the full committee by a voice vote.

Hearing Recording:

- <https://energycommerce.house.gov/events/chairmen-guthrie-and-griffith-announce-health-subcommittee-markup-of-15-bills-addressing-illicit-drugs-and-health-care-price-transparency>