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June 11, 2026

House Energy and Commerce Health Subcommittee Holds Hearing on Policies to Increase Health Care Transparency

Overview:

On June 10, the House Energy and Commerce Health Subcommittee held a legislative hearing on policies to increase health care transparency. The hearing is one of several in a series on addressing health care affordability, and featured witnesses representing health technology platforms, employer groups, researchers, and patient advocacy organizations. Committee members on both sides of the aisle agreed that legislation was needed to provide patients, employers, and other payers with readily accessible and easily digestible data regarding the total cost of care. The question and answer period centered on identifying existing barriers to information, such as plans and hospitals that fail to comply with existing regulations, vertical consolidation among insurers and hospital systems, or third-party administrators and brokers that may guide payers to certain plans while masking financial incentives. Just this week, the Trump administration warned 519 hospitals across the country of their failure to comply with existing hospital price transparency regulations, threatening fines as high as $2 million per entity for continued noncompliance. Yet, while the availability of price information may lead to more "price shopping" amongst health care purchasers and potentially lower costs over time, legislators and witnesses concurred with the fact that more action must be taken to address the root causes of rising health care prices.

The hearing featured several bills that would codify or expand upon existing transparency initiatives, require public posting of pricing, prior authorization, and claim denial data, mandate the delivery of Explanation of Benefits documents and itemized bills to patients, require mandatory reporting on health-related ownership information, and limit the compensation paid by Medicare Advantage organizations to brokers. The Lower Costs, More Transparency Act, which would codify existing price transparency rules and require development of a public health care price comparison tool, originally passed the full House of Representatives during the 118th Congress by a vote of 320-71. A discussion draft of the bill, which omits many of the PBM reform provisions found in its previous iteration, was cited frequently during the hearing. The bill's impending reintroduction in the House alludes to the committee's renewed focus on delivering significant health care price transparency reform this Congress. Yet, it was the Patients Deserve Price Tags Act (H.R. 5582/S. 2355) that received the most attention during the hearing, with several witnesses lauding the bill as the single most effective tool for increasing transparency among the legislation under consideration. The Patients Deserve Price Tags Act would also codify and expand upon the current framework of federal transparency and reporting requirements, including requirements to deliver Explanation of Benefits documents and itemized bills AMCP recently published a section-by-section summary of the bill, available here.

(Cont.)

Witnesses

- Carol Skenes, Chief of Staff, Turquoise Health
- Shawn Gremminger, President and Chief Executive Officer, National Alliance of Healthcare Purchaser Coalitions
- Benedic Ippolito, Ph.D., Senior Fellow, American Enterprise Institute
- Christopher Whaley, Ph.D., Associate Director of the Center for Advancing Health Policy through Research and Associate Professor of Health Services, Policy and Practice, Brown University School of Public Health
- Sophia Tripoli, MPH, Senior Director of Health Policy, Families USA

Committee Leadership:

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

Question & Answer Highlights:

Vice Chair Harshbarger – Commercial hospital prices now average 254% of Medicare nationally. Can you explain what's driving up those differences?

Dr. Whaley – We see wide variation in what hospitals charge patients with commercial insurance. A key driver is consolidation.

Vice Chair Harshbarger – There are significant payment differences between hospitals and ambulatory outpatient surgical centers. Would greater transparency around site of service pricing help reduce the impact of consolidation?

Dr. Whaley – Yes, as well as site-neutral payment policies.

Vice Chair Harshbarger – It's difficult for policymakers to understand who owns healthcare delivery access. Would better ownership reporting to congress help identify anticompetitive behavior earlier?

Dr. Ippolito – Sure.

Vice Chair Harshbarger – Do you believe consumers would make different plan choices if denial rates and PA practices were presented clearly and uniformly.

Dr. Ippolito – They certainly might. There's a tradeoff between lower premiums for more oversight of services. We should let consumers choose what they prefer.

Vice Chair Harshbarger – If Congress could enact one transparency reform, what would it be?

Ms. Skenes – Increased price and process transparency across the board.

Mr. Gremminger – Section 7 of the Patients Deserve Price Tags Act

Dr. Ippolito – Increased insight into ownership structures.

Dr. Whaley – The Patients Deserve Price Tags Act.

Ms. Tripoli – The Patients Deserve Price Tags Act

Ranking Member DeGette – Do you think people would shop for MRIs in the way they shop for cars?

Dr. Whaley – Patients probably would have a hard time. More transparency would help but it wouldn't move us there. A "choice" is not just a patient's, it includes the doctor, the health system, the private equity owner, etc.
Rankig Member DeGette – So who would really use the information from new transparency requirements?

Dr. Whaley – Employers would benefit in creating their benefit design. It would also help regulators and researchers such as myself to sue this data to understand the impact of consolidation. It's used in ways to design network; it could help lower prices.

RM DeGette – Do you all think increasing transparency would bring prices down in and of itself?

Ms. Tripoli – I agree in that price transparency is essential in unveiling how high these prices are. There might be some cases where consumers can shop, but I agree it is most helpful for employers and researchers.

RM DeGette – So what would the next steps be if we enacted transparency legislation?

Ms. Tripoli – These bills are needed. Then we'd need a direct conversation on how we can lower prices directly.

RM DeGette – So transparency lets us see what's happening, but it doesn't bring down prices altogether. I look forward to working with my colleagues on this but its clear we need to go further.

Chair Guthrie – We've had price transparency rules in effect for several years. How would codifying transparency frameworks strengthen these requirements?

Mr. Gremminger –Our research shows that employers with better access to data and their own claims data are more likely to engage in innovative plan designs, such as shared or narrow networks. Codifying these rules will mean that providers are more likely to comply and lean in on this as a reality of the future.

Chair Guthrie – There was a provision in one bill where rebates go to the customer. An insurance business before us a few months ago created a GPO that was the "customer." It seems to me that we try to tackle this, but it pops up somewhere else. We're trying to allow people to make informed

decisions. If employers are able to shop, it would make a difference. What do your employers need to say "I'm getting a bad deal" from their insurers.

Mr. Gremminger – Two things, on the pharmaceutical and medical benefit. Having access to your own claims data is better than guessing. And you need competition, like multiple choices. Without it, you're trading one bad deal for another bad deal.

Ranking Member Palone - Can you discuss how private equity arrangements can increase health care costs and disrupt patient access to care?

Dr. Whaley – Sure. The raw strategy of slowly accumulating market power within a given market in a way to evade regulatory scrutiny but retain bargaining power. The second way is what happens to the firm they acquire. Either the firm is saddled with bad debt or charged with high management fees.

Ms. Tripoli – I think private equity is incompatible with making sure patients have the care they need at a price they can afford. Private equity backed entities have much worse metrics in quality of care.

RM Pallone – Can you elaborate why transparency in the ownership structure is important?

Dr. Whaley – Most of these transactions are opaque, which makes it hard for patients, policymakers, and researchers to know who owns a doctor.

Chair Griffith – Can you explain how hospital prices are set with the different insurance plans?

Ms. Skenes – They do this in a number of ways, such as straightforward dollar values, case rates, or a fee schedule. More nuanced options include a per-diem rate, or additional exceptions for high acuity care. Any of these arrangements can be found in the payer-provider negotiated rates.

Chair Griffith – Is there a price they start from and negotiate from there?

Ms. Skenes – Yes if a hospital is currently in-network, they'll renegotiate based off the rates paid in that network. That's a lot of what the rate data has been used for; understanding what a fair rate is. Most hospitals are posting the rate, but the challenge for us is translating that granular data into consumer-friendly info for making a decision.

Chair Griffith – Can we not use AI to help identify prices?

Ms. Skenes – The clinical complexity that goes into these datapoints is not a level of info that a patient will access. The onus is on the industry to create a more patient-friendly platform.

Rep. Raul Ruiz (D-CA) – What would have a more direct impact on health care affordability? Making prices public, or restoring ACA enhanced premium tax credits?

Ms. Tripoli – Without hesitation, restoring the ACA tax credits would help the most.

Rep. Ruiz – Which would more direct impact on health care affordability? Making prices public, or reversing the trillion dollar Medicaid cuts?

Ms. Tripoli – We absolutely have to reverse the Medicaid cuts, but we also do need transparency.

Rep. Troy Balderson (R-OH) – Can you give an example of how your company has used machine-readable, accessible data to improve market competition and help consumers shop for care?

Ms. Skenes – We see the accuracy of the data play out by eliminating eh back and forth when payers and providers negotiate. It allows them to see different scenarios for their employer group, and weigh price data along quality data. For a consumer, we've seen patients harness AI in understanding the cost of their care.

Rep. Balderson – What concrete steps should Congress take to improve the usability of data?

Ms. Skenes – We need to understand stop-loss or outlier reimbursement. This isn't required in a hospital's machine readable files. There's also a gap in drug coverage reporting and tying anything to non-dollar value rates.

Rep. Balderson – Can you explain how employers are already using this data? How are they steering employees to high value providers?

Mr. Gremminger – Folks that have better access to data are using it in meaningful ways. With this data, you can see that hospitals are priced lower, and direct patients towards those hospitals and services with cost-sharing arrangements. We see an overall trend in those employers, but this is only a 1-2% reduction in cost overall.

Rep. Debbie Dingell (D-MI) – What gaps exist in oversight and reporting requirements for ownership? How could stronger requirements improve patient outcomes and affordability?

Ms. Tripoli – There is just so much consolidation in the system, horizontal and vertical. It's a giant black box; we have little information over smaller transactions or mergers between entities. We need the discussion draft on ownership transparency.

Rep. Dingell – How does the lack of transparency impact the quality of patient care?

Ms. Tripoli - There's not a ton of oversight about these transactions. As in other industries, the land underneath can be more valuable than a health care company itself. We need the transparency data to know what's going on under the hood.

Rep. Mariannette Miller-Meeks (R-IA) – Did the Unaffordable Care Act, or Obamacare, hasten the use of mergers and consolidation in health care?

Dr. Ippolito – It probably weekly encouraged it through the emphasis on coordinated care.

Rep. Miller-Meeks – Should employers have access to covered employee's claims data in order to better negotiate with insurance companies?

Dr. Whaley – Absolutely. It's part of their fiduciary duty.

Rep. Miller-Meeks – How have you seen employers shift settings to lower cost care?

Mr. Gremminger – There's a belief that this only comes with large employees, but we've also seen smaller employers use tiered pricing strategies.

Rep. Miller-Meeks – How can innovators use artificial intelligence to help patients generate more insight into their health care costs?
Ms. Skenes – We can bundle known policies and procedures that flow into machine readable data and create open-licensed, bundled service packages.

Rep. Miller-Meeks – I've seen the challenges prior authorization can create. Today we're looking at a discussion draft that would require health plans to provide greater transparency into PA and claim denial rates. How would this data support the employers you represent?

Mr. Gremminger – The employer stance on prior authorization is a nuanced one. There are instances were a more expensive drug or unnecessary procedure is chosen inadvertently, and we like having the backstop to prevent it. But we find that a majority of these decisions are used to deny care and create float for the insurance plan. Understanding this would allow employers to shop carriers.

Rep. Nanette Barragan (D-CA) – Do you think it's important for employers to have timely and accurate information on health and medical records?

Ms. Tripoli – Absolutely, but the data doesn't often follow the patient.

Rep. Barragan – Do you know why a doctor would not want to provide timely access to a patient's file?

Ms. Tripoli – I'm not sure but there are data vendors that block data to providers.

Rep. Barragan – I was trying to get access to my mother's hospice records but was told it would take a long time. But the other company could get it immediately. Why might that be the case?

Ms. Tripoli – If a patient stays in that practice, then it's volume they could build for.

Rep. Barragan – Why do patients sometimes pay as much as three times as much for the same procedure.

Ms. Tripoli – These differences are based on consolidation. Who has more market power, the hospital or the insurer? The vast majority of hospital markets are highly consolidated, which is why we see variation in a singular service like colonoscopies.

Rep. David Joyce (R-PA) – Do you feel the current transparency requirements to be sufficient, such as the hospital price transparency rule finalized by HHS in late 2024? Are they adequately enforced?

Dr. Whaley – I think they're a good start but definitely not sufficient. They are not being adequately enforced.

Rep. Joyce (PA) – Hospital consolidation of physician practices was also identified as a driver of cost. Would you view policies that incentivize independent practice as an important safeguard?

Ms. Tripoli – Yes and the best policy to incentivize that is by passing comprehensive site-neutral payment reform.

Rep. Joyce (PA) – Can you elaborate on why public disclosure of denial rates is beneficial to American patients?

Dr. Ippolito – Yes, polling shows that Americans are upset about these denial rates, but we really don't have insight into how often they happen.

Rep. Robin Kelly (D-IL) – The current price postings can be difficult to navigate and understand. What policies would you implement to improve that?

Dr. Whaley – It's important not just to have transparency but to use it to inform benefit design and ensure unnecessary higher-cost options are not in the network.

Rep. Kelly (IL) – How might pricing reform affect rural hospitals?

Ms. Tripoli – I think these policies would improve the lives of patients across the country, including rural residents.

Rep. John James (R-MI) – The Patients Deserve Price Tag legislation would make it easier for patients to shop for the lowest-cost option, just like they would for any other purchase. Why can't the people price compare? Because it's too hard. This bill as part of the bipartisan lower costs, more transparency legislation passed by the House last Congress. This Congress, one fifth of the Senate is already on board. The Trump admin is now enforcing its hospital price transparency rules. Passing this bill should be a low brainer. From the patient's perspective, what happens to a working family that can't see the price of their care?

Ms. Tripoli – Those who try to shop around for care often face a dead end, as I described in my testimony.

Rep. Kim Schrier (D-WA) – Last year, Optum announced it would no longer be in network with Humana. My constituent had to find a new plan to stay in-network with his rural provider. When United pulls a clinic out from it's network of approved providers, how do they benefit from that?

Dr. Whaley – I think that's a clear concern of the "payvider" model, where an insurer can acquire a physician practice and require them to exclude other plans.

Rep. Schrier – United has said that vertical integration rives down prices, is that true?

Dr. Whaley – We haven't seen evidence of that being the case.

Rep. Schrier – Why is transparent ownership reporting important for the health care industry? And what should this committee be doing to break up health care monopolies like United?

Dr. Whaley – It's important because many of the regulators don't even know. So, if we're looking to develop policy, we need to know who owns the doctors.

Ms. Tripoli – What we're also seeing is that these plans offer bonuses to providers who up code, or make patients appear sicker than they truly are.

Rep. Kat Cammack (R-FL) – Of all the proposals before us today, which is most likely to lower costs for patients and employers?

Ms. Tripoli – The Patients Deserve Price Tags and Owner Transparency.

Dr. Whaley – Patients Deserve Price Tags.

Dr. Ippolito – I'll take ownership transparency.

Mr. Gremminger – Patients Deserve Price Tags, specifically section 7.

Ms. Skenes – Patients Deserve Price Tags.

Rep. Cammack – Congress has already passed significant transparency requirements for insurers and PBMs. From your perspective, what's the reason why transparency hasn't led to lower costs?

Ms. Tripoli – Transparency alone won't help. You also need to lower drug prices and hospital prices.

Dr. Whaley – Employers need access to their own claims data.

Dr. Ippolito – We have heavily subsidized purchasers in anticompetitive environments

Mr. Gremminger – Market consolidation and anticompetitive practices.

Ms. Skenes – There's a missing but needed translation for machine readable files to be digestible.

Rep. Lori Trahan (D-MA) – Why is it so difficult for regulators to identify the risks of hospital closures?

Dr. Whaley – In the case of Steward health care, Massachusetts regulators had no idea until to was too late.

Rep. Trahan – What are the conditions that make a hospital vulnerable to private equity acquisition?

Ms. Tripoli – The financial status of the hospital, the payer mix, etc. The business model of these firms is to target vulnerable hospitals. The hospitals that are most vulnerable are these smaller, rural, and independent hospitals.

Rep. Nick Langworthy (R-NY) – I want to thank the committee for including my bill, the CHECK Act, in today's hearing. The bill would bring hidden costs out into the open and bring more accountability into our system. For the average patient, what info is most often missing when trying to understand the cost of their care?

Ms. Tripoli – The cost of their care, out-of-pocket costs, information on what type of care, prior authorization rates.

Rep. Langworthy – The CHECK Act would ensure that patients receive an explanation of benefits and itemized bills. How important is that information for patients trying to make informed decisions?

Ms. Tripoli –Veery important. An itemized bill helps a patient double check. But that in and of itself will not be enough. We need transparency across the system and need to address the root drivers of premium increases.

Rep. Langworthy – The CHECK Act includes enforcement provisions to ensure compliance with transparency requirements. Have existing requirements been consistently enforced?

Mr. Gremminger – They have not been consistently enforced. We've only seen a few dozen hospitals penalized for noncompliance. We think stronger enforcement is necessary.

Rep. Marc Veasey (D-TX) – Dr. Whaley, our research found that PE acquisitions are correlated to higher prices. Can you explain how these strategies increase health care costs?

Dr. Whaley – These prices are typically negotiated. The way you negotiate is by getting bigger and having more bargaining power. PE firms buying up firms in the same market leads to bigger and bigger entities and higher prices.

Rep. Veasey – Do you believe that vulnerable hospitals facing Medicaid cuts are more likely to seek support from private equity firms?

Ms. Tripoli – Given that there's so much consolidation in the market already, vulnerable hospitals are already facing this dynamic.

Rep. Greg Landsman (D-OH) – Would you say that the corporate takeover of healthcare is increasing costs? Is care getting better?

Mr. Tripoli – Yes. In some cases, care is getting better but costs are going up. These corporate profits are going up.

Rep. Landsman – Based on your research, do you think folks enrolling in Medicare Advantage understand that it's private health insurance? Do they understand the difference in what benefits are offered, what the PA denial rates are?

Ms. Tripoli – I think there's some level of understanding. But there's an overwhelming number of choices. The comparisons provided are very challenging to navigate. If you bring in agents and brokers with a financial incentive to steer patients to certain plans, it can get complicated.

Rep. Landsman – What is the most important thing this committee should do in relation to Medicare Advantage?

Ms. Tripoli – All of these discussion drafts are a step in the right direction. I'd recommend an enforcement mechanism on plans that are not complying.

Rep. Gus Bilirakis (R-FL) – If quality is not the primary driver of high costs, what is driving it?

Dr. Whaley – We know that prices are high and variable, and often not linked to quality. Instead, a key contributor is consolidation and market power.

Rep. Bilirakis – What barriers are preventing employers from obtaining information on the health plans they fund?

Mr. Gremminger – The health plans themselves simply refuse to provide access or put up additional roadblocks.

Rep. Alexandria Ocasio-Cortez (D-NY) – When people turn 65, they're often inundated with information on Medicare plans, correct? In theory, agents and brokers work with people to help them select plans. What's complicated is that the agents and brokers are paid by insurers. What are some examples of the compensation provided?

Dr. Whaley – Correct. They can include direct fees up to hundreds of dollars, they can include trips to conferences, vacations.

Rep. Erin Houchin (R-IN) – From a market standpoint, why does information on denial rates, appeal outcomes, and turnaround times matter? What happens to a plan's incentive when enrollees finally see it?

Dr. Ippolito – It's a measure of generosity. All of those things matter, patients care a lot about PA and denials. But if they don't know the data, they can't make preferences.

Rep. Houchin – Why might useful "plain language" matter?

Dr. Ippolito – We know that patients tend to choose the cheapest option above all else. A vast majority chose the generic, or the in-network plan. Keeping it simple makes the choice either.

Rep. Houchin – The draft would make insurers publish how much of every premium dollar goes to care. Would that change what plans your employers are willing to buy from.

Mr. Gremminger – I think it would. There's a lot that goes into how employers chose plans. It'd be helpful to know how competitive each organization is.

Rep. Jake Auchincloss (D-MA) – I didn't see anyone mention NADAC reporting in their testimony. If we're getting traction on transparency, we have to understand the cost of goods sold. Right now, NADAC reporting is voluntary. I've got legislation under the Pharmacists Fight Back Act that would make reporting mandatory. Does anyone want to speak on NADAC?

Mr. Gremminger – I'm a big fan of NADAC as a benchmark. Most of the other benchmarks are highly gameable. NADAC you can game, but it's based on a national survey.

Rep. Auchincloss – Do you want to comment on 340B?

Mr. Gremminger – I have a lot to say on the program. But on the rebates, employers have a difficult time accessing claims data. We have no idea how to understand the impact 340B has on us.
Dr. Whaley – My research shows that cancer patients at a 340B program face up to 700% markups on some drugs.

Rep. Lizzie Fletcher (D-TX) – Transparency is part of the answer to this affordability crisis, but not all of it. Is there anything we didn't touch on today that you think is important to know?

Ms. Tripoli – There is a suite of legislation today which is an important step in addressing the affordability crisis. We know the trillion dollars in Medicaid cuts are incredibly harmful. And now the administration is going even further than H.R. 1 in rulemaking. And we're already seeing the impacts of allowing the premium tax credits to expire.

Hearing Recording:

- https://energycommerce.house.gov/events/health-hearing-lowering-health-care-costs-for-all-americans-examining-policies-to-increase-health-care-transparency