July 15, 2026

House Ways and Means Committee Holds Markup of Health Care Transparency and Affordability Legislation

Overview:

On July 15, the House Ways and Means Committee held a markup of seven bills affecting health care affordability, access, and price transparency. Many of the provisions proposed align with policies found in President Trump's "Great Healthcare Plan," including requirements for insurers and providers to make prices publicly available; publish data on prices charged, revenue spent on patient care, and revenue retained as profit; as well as claim denial and approval rates. The committee passed six of the seven bills under consideration on to the full House of Representatives in a unanimous fashion, signifying a bipartisan interest in supplementing Congress' prior work to increase health care price transparency. This includes the Improving Seniors' Timely Access to Care Act (H.R. 3514). The bill would place additional prior authorization reporting and program requirements for Medicare Advantage (MA) plans. The bill would codify a 2024 rule requiring MA plans to implement electronic prior authorization systems, while also requiring MA plans to submit annual reports to HHS and participating providers on items and services subject to prior authorizations; denial, appeal, and appeal approval rates; the time elapsed between requests and determinations; and other necessary information as determined by HHS. One bill, the Health Care Price Certainty for All Americans Act. Committee Republicans joined together to strike down a series of amendments from Rep. Judy Chu (D-CA), referring the bill favorably to the full House on a party-line vote, 25 to 15. Of note to AMCP members, Rep. Rudy Yakum (R-IN) highlighted research from the Journal of Managed Care and Specialty Pharmacy on the potential savings for state Medicaid program as a result of the Trump administration's Most-Favored-Nation pharmaceutical pricing arrangements. This Ways and Means health care markup also follows recent action from the House Energy and Commerce Health Subcommittee, which approved the Improving Seniors Timely Access to Care Act for consideration by the full committee membership on June 25.

House Ways and Means Legislation Under Consideration

- H.R. 9641, the Essential Caregivers Act of 2026
- H.R. 3108, the Rural Patient Monitoring Access Act
- H.R. 9642, the Medicare Access to Rural Anesthesiology Act
- H.R. 9468, the Saving Today's Acute-Care Resources Act (STAR) Act
- H.R. 3514, the Improving Seniors' Timely Access to Care Act of 2025
- H.R. 9644, the Medicare Advantage MLR Transparency Act
- H.R. 9645, the Health Care Price Certainty for All Americans Act

Committee Leadership:

- Full Committee Chair – Jason Smith (R-MO)

- Full Committee Ranking Member – Richard Neal (D-MA)
- Health Subcommittee Chair Vern Buchanan (R-FL)
- Health Subcommittee Ranking Member – Lloyd Doggett (D-TX)

Markup Highlights:

H.R. 9641, the Essential Caregivers Act of 2026 – Chair Smith spoke to the role of family caregivers in providing patient care to nursing homes. Bill sponsor Claudia Tenney (R-NY) also spoke in support of the bill, which would require skilled nursing facilities, nursing homes, rehabilitation facilities, and long-term care hospitals to maintain an essential caregivers' program when regular visitation is suspended. It also codifies infection control measures and other patient safeguards to protect against future pandemics. Bill cosponsor John Larson (D-CT) also spoke in favor of the bill.

Smith Amendment: Chair Smith offered an amendment in the nature of a substitute, which makes a technical change to the bill.

Vote: The Smith Amendment in the nature of a substitute was agreed to by voice vote. The motion to report the bill favorably to the full House of Representatives was agreed to unanimously.

H.R. 3108, the Rural Patient Monitoring Access Act – Chair Smith spoke to the role of remote patient monitoring services in allowing rural and older Americans to access care. Bill sponsor Rep. David Kustoff (R-TN) spoke in support of the bill, which would expand access to remote patient monitoring services in rural areas by establishing a floor for geographic cost indices for payment of remote physiological services, and by clarifying definitions and requirements for remote physiological services. Bill cosponsor Steven Horsford (D-NV) also spoke in support of the legislation, given the rural population of his district and despite concerns over the loss of insurance coverage under H.R. 1.

Smith Amendment: Chair Smith offered an amendment in the nature of a substitute, which would make technical and clerical changes as well as a geographic practice cost index floor for a period of five years.

Beyer Amendment: Rep. Don Beyer (D-VA) offered an amendment which would implement oversight recommendations from 2024 and 2025 HHS Inspector General reports into the bill's language. Rep. Kustoff spoke in opposition to the amendment but alluded to working with Rep. Beyer to implement such changes at a later time.

Vote: The Beyer Amendment was struck down by a vote of 15 yeas to 25 nays. The Smith Amendment in the nature of a substitute was agreed to by voice vote. The motion to report the bill favorably to the full House of Representatives was agreed to unanimously.

H.R. 9642, the Medicare Access to Rural Anesthesiology Act – Chair Smith spoke to the importance of specialty provider access in rural communities. Rep. Greg Murphy (R-NC) spoke in support of the bill, which would provide rural and critical access hospitals with a passthrough payment for anesthesia services provided by an anesthesiologist, provided the anesthesiologist does not bill Medicare Part B for the service, and the faculty performs less than 800 surgeries per year. The bill does not affect surgeon or anesthesiologist scope of practice. Ranking Member Neil spoke to the need for additional support for other types of care, including maternal and uncompensated care, challenging Republicans for their votes to reduce federal health funding under H.R. 1. Rep. Danny Davis (D-IL), who's district

encompasses a portion of the city of Chicago, spoke to the need for federal support for urban communities in addition to rural communities.

Smith Amendment: Chair Smith offered an amendment in the nature of a substitute, which would revise the effective date of the bill to 2027.

Vote: The Smith Amendment in the nature of a substitute was agreed to by voice vote. The motion to report the bill favorably to the full House of Representatives was agreed to unanimously.

H.R. 9468, the Saving Today's Acute-Care Resources Act (STAR) Act – Chair Smith urged his colleagues to support the bill. Bill sponsor Rep. Kevin Hern (R-OK) spoke to the importance of long-term acute care (LTAC) facilities. Under current law, patients must stay in ICUs for at least three nights to receive LTAC reimbursement. H.R. 9468 would increase and extend a payment reduction for noncompliant admissions to LTACs, while also creating an expedited LTAC pathway for patients meeting certain diagnosis criteria. It would allow patients discharged from critical access hospitals to transfer directly to LTAC facilities without an intervening stay at a standard hospital.

Smith Amendment: Chair Smith offered an amendment in the nature of a substitute, which would revise the payment reduction in the bill

Vote: The Smith Amendment was agreed to by voice vote. The motion to report the bill favorably to the full House of Representatives was agreed to unanimously.

H.R. 3514, the Improving Seniors' Timely Access to Care Act of 2025 – Chair Smith applauded the work of Rep. Mike Kelly (R-PA), lead sponsor of the bill. Rep. Kelly spoke in support of the bill, which 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.

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.

Smith Amendment: Chair Smith offered an amendment in the nature of a substitute, which would make technical and clerical changes to the bill. This includes additional reporting requirements on the time elapsed between prior authorization appeals and determinations and changes to effective dates of several provisions.

Vote: The Smith Amendment in the nature of a substitute was agreed to by voice vote. The motion to report the bill favorably to the full House of Representatives was agreed to unanimously.

H.R. 9644, the Medicare Advantage MLR Transparency Act – Rep. Nathaniel Moran (R-TX) spoke in support of the bill, which would require MA plans to submit, and post publicly online, information to CMS on annual revenues and expenditures, and the percentage spent on patient care.

Estes Amendment: Rep Ron Estes (R-KS) offered an amendment in the nature of a substitute, which would also require MA plans to provide data to CMS on supplemental benefits offered, and to provide detailed claims data to CMS through the encounter data system.

Thompson Amendment: Rep. Thompson offered an amendment to require information concerning supplemental benefits to be included in the Medicare plan finder. It also establishes penalties when plans fail to submit encounter data, requires plans to disclose costs paid to entities owned by the insurer, and requires plans to disclose information on contracted third-party brokers.

Vote: The Thompson Amendment was struck down by a vote of 15 yeas to 25 nays. The Estes Amendment in the nature of a substitute was agreed to by voice vote. The motion to report the bill favorably to the full House of Representatives was agreed to unanimously.

H.R. 9645, the Health Care Price Certainty for All Americans Act – Chair Smith spoke to the necessity for providing the full cost of care to patients before they receive it. Rep. Gwen Moore (D-WI) spoke out against the bill, and President Trumps Great Healthcare Plan as a whole, arguing that the bill would not provide usable information to patients. Rep. Moore (WI) also stated that policies in the bill had been passed previously but were not being enforced by the Trump administration. The bill would specifically require hospitals, ambulatory surgical centers, clinical laboratories, and imaging centers participating in Medicare to disclose health service price information. The bill would also require MA-PD plans to share data on payments to providers and pharmacies, broken out by entities that share common ownership with the insurer, to HHS. MEDPAC is required to use such information in a report to Congress on vertical integration. The bill would also amend the Internal Revenue Code to require qualifying group health plans to share enhanced, searchable real-time information and cost estimates to patients, beginning in 2029. Such information must be searchable by in- and out-of-network providers, compiled into summary data files. Failure to comply is subject to penalty, while the Government Accountability Office is required to compile a report on prices and trends. The bill would make health plans subject to penalties if pharmacy benefit managers or pharmacies fail to provide upfront pharmaceutical pricing information to patients.

Estes Amendment: Rep. Estes offered an amendment in the nature of a substitute, which would amend the effective date of transparency requirements to Jan. 1, 2029.

Chu Amendment 1: Rep. Judy Chu (D-CA) offered an amendment to require HHS to publicly disclose the Trump administration's Most-Favored-Nation pharmaceutical pricing agreements in a searchable online format, with redactions for proprietary information. Rep. Blake Moore (R-UT) spoke out against the amendment.

Chu Amendment 2: Rep. Chu offered a separate amendment in regard to the use artificial intelligence for coverage decisions. The amendment would require MA-PD and Part D plans to publicly disclosure information on artificial intelligence tools, if used by the plan in coverage decisions, prior authorization review, or claims denials. Rep. Kelly (PA) noted that the original bill already requires this disclosure for MA-PD plans.

Chu Amendment 3: Rep. Chu also offered an amendment that would require employers to disclose when they utilize artificial intelligence tools to evaluate employee medical or health information to identify workers for termination.

Vote: The Chu Amendment 1 was struck down by a vote of 16 yeas to 22 nays. The Chu Amendment 2 was struck down by a vote of 15 yeas to 24 nays. The Chu Amendment 3 was struck down by a vote of 14 yeas to 22 nays. The Estes Amendment in the nature of a substitute was agreed to by voice vote. The motion to report the bill favorably to the full House of Representatives was agreed to by a vote of 25 yeas to 15 nays.

Markup Recording:

- https://waysandmeans.house.gov/event/markup-of-h-r-9641-h-r-3108-h-r-9642-h-r-9468-h-r-3514-h-r-9644-and-h-r-9645/