

Chairman H. Morgan Griffith Opening Statement
Subcommittee on Health
Lowering Health Care Costs for All Americans: An Examination of the U.S.
Provider Landscape
Wednesday, March 18, 2026 – 10:15 AM

As prepared for delivery.

Today we will discuss health care costs and patient access challenges by examining the health care provider landscape.

This is the third hearing in the Committee’s health affordability series following hearings with health insurance executives back in January and stakeholders from the prescription drug supply chain last month.

The United States provider landscape includes a wide range of entities and organizations that deliver services to patients.

Hospitals and large health systems provide acute and specialized care. However, we have also seen these entities expand into outpatient service delivery.

Independent physician practices and group practices deliver much of the primary and outpatient services that patients rely on every day.

Although they are not before us in this hearing, I also want to recognize the critical role that federally qualified health centers, rural health clinics, and community hospitals play in our health system, especially in our most rural and underserved areas.

It is no secret that across the country patients are faced with fewer choices about where they can receive care, as the provider market has consolidated dramatically.

Hospitals are acquiring physician practices, systems are merging, and too often, patients have little options among providers.

In many cases, the states that see the most consolidation have the largest rural populations—exacerbating access challenges, leaving communities strained, and contributing to overall unaffordability.

On top of vertical integration limiting the viability of independent practices, the so-called Affordable Care Act has enabled the landscape to become even more narrow.

In fact, because of the Affordable Care Act, any existing physician-owned hospital built before 2010 is prohibited from growing beyond the size it was when the bill became law. How does that make sense?

As a result, many patients face limited provider options in their communities and may encounter higher prices with little insight into the cost of health services.

At the same time, transparency amongst the health care provider system remains insufficient.

Prices can vary widely for the same service depending on where care is delivered, and billing statements may include facility fees, multiple providers, and negotiated rates that are difficult for patients to understand.

Additionally, programs such as the 340B Drug Pricing Program have become opaque and some hospitals have gone against the true intent of the program.

The 340B Program was created with the intention of helping safety-net providers care for low-income and vulnerable patients; however, as hospitals and larger entities participate and expand affiliated contract pharmacies, visibility has

become limited into how the program's generated discounts are used and whether those savings are reaching patients.

In many cases, the result of this system is that Americans are left navigating complex, and often expensive, medical bills—whether from a hospital visit or routine appointment—that they did not anticipate, cannot easily afford, and sometimes only learn about weeks or months after receiving care.

When provider markets lack competition and transparency, prices can rise without patients having the information needed to make cost-conscious decisions.

Today we will hear from different organizations that represent health care providers across a variety of settings, so that we can look for ways to try and make delivering and receiving care more affordable.

We have the American Hospital Association in front of us who represents many types of hospitals and health care networks.

We will also hear from the American Medical Association who represents physicians across the country.

The American Academy of Family Physicians is here to give the perspective of family medicine practitioners.

We also have the Purchaser Business Group on Health before us to provide insights into the relationship between private employers and public purchasers.

We also have a neurosurgeon from the University of California San Francisco to give the perspective of specialty doctors and the care they provide to patients.

Lastly, we have Barbara Merrill from the American Network of Community Options and Resources.

These witnesses have unique insights into the factors that are currently leading to the high costs patients are facing when receiving care, and I am looking forward to the discussion.