

**Chairman H. Morgan Griffith Opening Statement**  
**Subcommittee on Health**  
***Markup of Ten Bills***  
**Wednesday, May 13, 2026 – 2:00 PM**

*As prepared for delivery.*

Today's markup is a critical step to get these bills across the finish line before they expire at the end of this fiscal year.

The legislative hearing we held in July allowed us to hear from expert witnesses and understand the impact of some of these programs.

Two very important reauthorizations in front of us serve a vital role for our health care workforce, which are the Title VII and Title VIII reauthorizations.

H.R. 4262, the EMPOWER for Health Act, championed by Rep. Schakowsky from Illinois, reauthorizes the Title VII programs that help bolster our physician community by prioritizing recruitment and retention.

This will continue to incentivize more individuals to enter the health workforce and expand access to care in rural and underserved areas.

H.R. 3593, the Title VIII Nursing Workforce Reauthorization Act, being led by Rep. David Joyce from Ohio, reauthorizes Title VIII of the Public Health Service Act, which plays a meaningful role in supporting the development of our nation's nurses. This reauthorization includes many important grant programs that help strengthen the nursing workforce and increase educational opportunities for both nurses and faculty at nursing schools.

The program also allows for loan repayment opportunities that are needed to incentivize more people to enter the nursing workforce.

We have all heard about the need for more health care workers in this country, and the reauthorization of these programs is a step in the right direction toward addressing that need.

Congress will continue to take a close look to ensure these taxpayer-funded programs are properly targeted and allocate resources to areas and patients who need it most.

We are also marking up H.R. 2493, the Improving Care in Rural America Reauthorization Act, an important bill carried by Rep. Carter of Georgia. This bill reauthorizes the Rural Health Services Outreach programs which aim to support and promote health care services in rural areas.

This program was signed into law in 2020 under President Trump's first administration. It promotes innovative solutions that help people in rural communities get the care they need, such as increased access to preventative health services and screenings, chronic care management, and other forms of care that are needed in our rural areas across the United States.

Another important bill before us today is H.R. 3419, the Telehealth Network and Telehealth Resource Centers Grant Program Reauthorization Act, led by Rep. Valadao from California. This bill helps to increase education of the use of telehealth across the country.

Reauthorizing the Telehealth Resource Centers Grant Program will support our telehealth infrastructure that has become a lifeline for both providers and patients— especially in rural areas.

These resource centers serve as the main hub for technical assistance and support for telehealth in their respective regions.

The University of Virginia is currently the resource center for my district and for the Mid-Atlantic region. They have experienced a 24 percent increase in telehealth visits from their program from FY24 to FY25.

This type of increase is happening across the country, and it is likely to continue growing.

As we look to extend telehealth flexibilities this year, we must reauthorize these centers to ensure our states are keeping up with the most recent technology and sharing their expertise so patients can have access to the care they need.

Other reauthorization bills that are before us, being led by Rep. Ocasio-Cortez from New York and Rep. Morrison from Minnesota, will help reduce the rate of infant mortality, improve perinatal outcomes, and expand access to screenings and services for newborns at risk for certain disorders.

Allowing for early newborn screening can save lives, create better outcomes, and reduce long term health care costs.

As we must do with every authorization bill that moves through this committee, we must evaluate the impacts these programs have had, and not only ensure the money is being spent as it was originally intended, but also ensure patient privacy is protected.

Considering each of these reauthorizations is an important step forward to ensure each program is working as intended, and we will continue to examine these programs as we move to full committee.

I look forward to moving these bills out of the health subcommittee.