

ONE HUNDRED NINETEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-3641
Minority (202) 225-2927

June 24, 2026

REVISED MEMORANDUM

To: Subcommittee on Health Members and Staff
From: Committee Majority Staff
Re: Subcommittee on Health Markup on June 25, 2026

I. INTRODUCTION

The Subcommittee on Health will hold a markup on **Thursday, June 25, 2026, at 1:00 p.m. (ET)** in 2123 Rayburn House Office Building, and subsequent days as necessary, to consider the following items:

- H.R. 1266, Combatting Illicit Xylazine Act (Reps. Panetta and Pfluger)
- H.R. 2004, Tyler's Law (Reps. Lieu and Latta)
- H.R. 7970, STOP Nitazenes Act (Rep. Latta)
- H.R. 1561, ALERT Communities Act (Reps. Crockett and Gooden)
- H.R. 7994, HERO Act (Rep. Ruiz)
- H.R. 9389, Nutrition Education and Chronic Disease Prevention in Community Health Centers Act of 2026 (Rep. Harshbarger)
- H.R. 8201, Expanding Community Access to Health Services Act (Rep. Lee (NV))
- H.R. 9393, Lower Costs, More Transparency Act of 2026 (Reps. Guthrie and Pallone)
- H.R. 9397, Premium Transparency Act (Reps. Pfluger and Moran)
- H.R. 9396, Prior Authorization Accountability Act (Rep. Goldman (TX))
- H.R. 9390, Prices on the Wall Act of 2026 (Rep. Miller-Meeks)
- H.R. 3514, Improving Seniors' Timely Access to Care Act of 2025 (Reps. Kelly (PA) and DelBene)
- H.R. 9392, Medicare Advantage Cost Transparency Act (Reps. DeGette and Joyce (PA))
- H.R. 5243, To amend title XVIII of the Social Security Act to increase data transparency for supplemental benefits under Medicare Advantage. (Rep. McClellan)
- H.R. 9395, Transparency in Medicare Advantage Steering Act (Rep. Ocasio-Cortez)

II. LEGISLATION

A. H.R. 1266, Combatting Illicit Xylazine Act (Reps. Panetta and Pfluger)

H.R. 1266 permanently places xylazine in Schedule III 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. This bill requires a report to Congress on the prevalence and proliferation of xylazine trafficking and misuse in the United States.

B. H.R. 2004, Tyler’s Law (Reps. Lieu and Latta)

H.R. 2004 directs the Secretary of Health and Human Services (HHS) to issue guidance on whether hospital emergency departments should implement fentanyl testing as a routine procedure for patients experiencing an overdose.

C. H.R. 7970, STOP Nitazenes Act (Rep. Latta)

H.R. 7970 places substances within the nitazene class (2-benzylbenzimidazole opioids) permanently into Schedule I of the Controlled Substances Act.

D. H.R. 1561, ALERT Communities Act (Reps. Crockett and Gooden)

H.R. 1561 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. This bill would also direct the Secretary of HHS to conduct a study on fentanyl test strip interventions and report the findings to Congress.

E. H.R. 7994, HERO Act (Rep. Ruiz)

H.R. 7994 establishes a competitive grant program to provide schools with opioid overdose reversal drugs.

F. H.R. 9389, Nutrition Education and Chronic Disease Prevention in Community Health Centers Act of 2026 (Rep. Harshbarger)

H.R. 9389 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.

G. H.R. 8201, Expanding Community Access to Health Services Act (Rep. Lee (NV))

H.R. 8201 would include behavioral and mental health and substance use disorder services as required services offered by community health centers.

H. H.R. 9393, Lower Costs, More Transparency Act of 2026 (Reps. Guthrie and Pallone)

H.R. 9393 would require hospitals to post, in a machine-readable file, information about the standard charges and prices for each item and service furnished by the hospital for each year, including a plain language description of each item or service accompanied by its code or identifier; the gross charge, expressed as a dollar amount; the discounted case price; payor-specific negotiated charges; and de-identified maximum and minimum negotiated charges. Hospitals would also be required to make public information about Centers for Medicare & Medicaid Services (CMS)-specified shoppable services in a consumer-friendly format. The legislation would provide for civil monetary penalties for noncompliance as part of an enforcement process, which may also include waivers or reduced penalties for hospitals in rural or underserved areas or for hospitals that waive their right to a hearing.

The bill would similarly require that ambulatory surgical centers (ASC), as well as clinical laboratory tests and imaging services, comply with certain price transparency requirements to make public standard charges or prices, discounted cash prices, or gross charges, as applicable.

The bill would also require commercial health plans to provide enrollees, through a self-service tool, information on items and services for which benefits are available. This would include information related to in-network rates for participating providers; estimated cost-sharing; frequency or volume limitations for an item or service; any applicable utilization management; financial incentives available to the individual for an item or service furnished by such provider; and information in the case of applicable spread price drugs.

Commercial health plans would also be required to make available in separate machine-readable files certain rate and payment information, including 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 the 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. Plans would be required to make public a data file containing a summary of rate and payment information made public by the plan or issuer for a plan year.

I. H.R. 9397, Premium Transparency Act (Reps. Pfluger and Moran)

H.R. 9397 would require Medicare Advantage (MA) plans and certain commercial health plans to submit to the Secretary, and publish on the organization or issuer's public website in a consumer-friendly format, information regarding the percentage of total premium revenue expended on reimbursement for clinical service claims, quality improvement activities, and non-claim costs, as well as the percentage of total premium revenue not expended or retained by the issuer. The bill would also require the Secretary to issue guidance to MA plans and commercial health plans on providing information on certain benefits and coverage under the plan in a standardized, plain-English format.

J. H.R. 9396, Prior Authorization Accountability Act (Rep. Goldman (TX))

H.R. 9396 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, the following information regarding their use of prior authorization:

- A list of all items and services subject to a prior authorization requirement under the plan or coverage during the plan year.
- The percentage and number of prior authorization requests approved and denied during a plan year in an initial determination.
- The percentage and number of prior authorization requests denied during a plan year that were appealed.
- The percentage and number, by category and level of appeal, of resolved appeals that resulted in an approval of the item or service.
- The average and the median amount of time between the submission of a prior authorization request and a determination by the plan.
- The percentage and number of prior authorization requests denied and approved by the plan solely through the utilization of decision support technology, artificial intelligence, machine learning, clinical decision-making technology, or other technologies specified by the Secretary.
- A disclosure and description of any technology described above that the plan utilized during the plan year in making determinations about prior authorization requests.

K. H.R. 9390, Prices on the Wall Act of 2026 (Rep. Miller-Meeks)

H.R. 9390 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 furnished by such facility.

L. H.R. 3514, Improving Seniors' Timely Access to Care Act of 2025 (Reps. Kelly (PA) and DelBene)

H.R. 3514 would require MA plans that impose any prior authorization requirement on an applicable item or service to establish an electronic prior authorization program and meet certain enrollee protection standards. 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.

M. H.R. 9392, Medicare Advantage Cost Transparency Act (Reps. DeGette and Joyce (PA))

H.R. 9392 would require that any encounter data submitted by an MA plan include the allowed amount for an item or service, the amount of cost sharing imposed for such item or

service, and whether an at-home health risk assessment was furnished by an assessment entity or specified assessment entity.

N. H.R. 5243, To amend title XVIII of the Social Security Act to increase data transparency for supplemental benefits under Medicare Advantage. (Rep. McClellan)

H.R. 5243 would require enrollee-level utilization reporting of supplemental benefits by Medicare Advantage plans.

O. H.R. 9395, Transparency in Medicare Advantage Steering Act (Rep. Ocasio-Cortez)

H.R. 9395 would require MA organizations to provide annually to the Secretary individual-level reporting 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 amount of compensation paid to all such agents, brokers, or third parties representing the organization. The Secretary would be required to include in the Chronic Conditions Data Warehouse an indicator of 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.

III. STAFF CONTACTS

If you have questions regarding this hearing, please contact Claire Richey of the Majority Committee staff at (202) 225-3641.