Committee on Energy and Commerce

Opening Statement as Prepared for Delivery
of
Subcommittee on Health Ranking Member Diana DeGette

Markup of 15 Bills, Subcommittee on Health

June 25, 2026

Today we are marking up a wide range of legislation, some of which is a long time coming.

These bills include critical policies to bring transparency to our health care system, improve care at community health centers, and enhance the public health response to the ongoing opioid epidemic.

This includes the Lower Costs, More Transparency Act, which we have been working to improve, and which will help untangle the thicket of health care pricing. It also includes legislation to make fentanyl test strips and opioid reversal medications more available—interventions that are proven to save lives.

We are marking up my bill, the Medicare Advantage Cost Transparency Act, which will require Medicare Advantage plans to report just how much they pay for your care and how much you pay for it—helping policymakers get a handle on just what people are getting from their MA plans.

Unfortunately, we are also marking up a policy to criminalize a class of drugs, tossing out the possibility that they could have medical use and guaranteeing prison time for people caught possessing it.

Furthermore, we are moving ahead with these bills haphazardly—it seems like technical feedback from agencies and CBO scores are an afterthought and we are rushing ahead, though I am not aware of any deadline for these bills.

Two of these bills will result in Americans being put in prison should they become law. We cannot rush this. This is not a good way to legislate. Should Democrats hold the gavel on this committee again, I can promise you we will not legislate in such a haphazard way.

There is also a glaring omission in this markup: despite consensus from our witness panel of the importance of transparency in ownership of hospitals and physician practices, we are not marking up the bill that Reps. Schakowsky and Bilirakis introduced last Congress to provide exactly that.

I know that private equity firms, which buy up some hospitals and physician practices, don't want consumers to know when their doctor's business is actually private equity-owned.

What exactly are they afraid of? And why is that opposition stymying our committee's work to shine light in the American health care system?

I say enough—we need to move this critical transparency legislation forward so that policymakers can get a handle on the impact of private equity in health care and so that consumers can understand who owns the place where they get care, and I will offer an amendment later to force the issue.

I am glad that we are moving some of these policies forward—enshrining transparency requirements into law has been a long time coming.

But I implore my colleagues who are currently in the majority to approach these issues fearlessly and deliberately, just as Democrats will when we are in the majority.