Chairman H. Morgan Griffith Opening Statement
Subcommittee on Health
Markup of Fifteen Bills
Thursday, June 25, 2026 – 1:00 PM

As prepared for delivery.

Today's markup will further our efforts to lower health care costs for all Americans and safeguard our communities.

It builds off our most recent hearing that examined several policy proposals to increase price transparency across the health sector and builds on President Trump's initiatives to bring more transparency to our health system.

The markup also builds on the work this Subcommittee did in passing the HALT Fentanyl Act, led by myself and Mr. Latta, and the SUPPORT for Patients and Communities Reauthorization Act, led by Chairman Guthrie, both of which President Trump signed into law last year.

Health care costs remain one of the most important challenges facing American patients, families, and employers.

Today's health system can be complex and difficult to navigate, leaving many Americans without clear information about the cost or quality of care they receive.

Patients are often asked to make important decisions without clear information about the costs they face, whether a provider is in-network, or what alternative treatment options are available.

Even those who carefully plan medical expenses can be surprised by bills that arrive weeks or months after receiving care.

The current lack of transparency leaves patients in the dark and limits their ability to make informed care decisions.

At a time when consolidation among insurers and providers continues to reduce competition and drive up prices, transparency serves as a potential solution to empower consumer choice, improve health care outcomes, and ultimately, lower costs.

That is why we need to continue to move these critical bills across the finish line.

Understand, we know there is more work that needs to be done to refine many of these bills between subcommittee action

today and full committee markup, but this is something that has been important to both sides of the aisle and I look forward to continuing that work.

One of the bills under consideration is the Lower Costs, More Transparency Act, which is a continuation of our transparency work last Congress.

The bill codifies many of the regulations implemented by the Trump Administration and aims to bolster transparency and compliance.

It does this by requiring hospitals and providers to publicly post prices for their services and it standardizes information for these charges and services provided by these entities.

Some of the other transparency bills in front of us today will bring more accountability and visibility into commercial and Medicare Advantage insurance plans.

Several relate to prior authorization, so individuals can see the percentage of health claims approved and denied in a plan year.

Another bill aims to bring transparency into premium dollars, which can help consumers better understand how plans are using their premium dollars.

The medical loss ratio, or MLR, was created under the so-called Affordable Care Act, and it is the percentage of premium dollars spent by an insurance company on medical care outside of administrative costs or profits.

As we heard in our Health Care Affordability Series hearings, there is gaming of this accountability measure.

Incorporating increased transparency into plans and premiums helps provide clarity as to where premium dollars are being spent by insurance companies and how much of it is going toward beneficiary care.

Additionally, there are several bills under consideration that continue our efforts in the illicit drug space.

One of the bills is the Combatting Illicit Xylazine Act, which would classify Xylazine as Schedule III under the Controlled Substances Act, while also protecting its legitimate use in large animal veterinary medicine.

This bill is important in my district, as according to the National Cattlemen's Association, Virginia's Ninth District is the largest cattle-producing Congressional district east of the Mississippi and my district is physically home to two veterinary schools.

Another important bill before us is Tyler's Law, which requires the Department of Health and Human Services, or HHS, to study and issue guidance on whether hospitals should implement fentanyl testing in their routine emergency department drug screens.

Lastly, we will consider a couple of bills involving community health centers, one of which is led by Vice Chairwoman Harshbarger.

That bill would allow for some community health center funding to be used for nutrition education and chronic disease prevention initiatives.

I look forward to continuing to work on these policies and advancing them to the full Committee.