

**Statement of**

**Shawn Griffin**  
**Chief Executive Officer and President**  
**URAC**

**before the**

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**COMMITTEE ON THE JUDICIARY: SUBCOMMITTEE ON**  
**COURTS, INTELLECTUAL PROPERTY, ARTIFICIAL**  
**INTELLIGENCE, AND THE INTERNET**

**April 21, 2026**

URAC submits this statement for the record concerning the hearing titled “Protecting U.S. Leadership in Codes Development and Enhancing Public Access” on April 21, 2026.

URAC is an independent, third-party healthcare accreditor and a leader in promoting healthcare quality through accreditation, measurement, and innovation. URAC is a non-profit organization that uses evidence-based measures and develops standards through inclusive engagement with a wide range of stakeholders committed to improving the quality of healthcare. Our portfolio of accreditation and certification programs spans the health care industry, addressing digital health, health care management and operations, health plans, pharmacies, and more. URAC accreditation is a symbol of excellence for organizations to showcase their validated commitment to quality and accountability.

The Protecting and Enhancing Public Access to Codes Act (Pro Codes Act) intends to ensure that standards in federal rules and regulations remain transparent, accessible, and available. URAC strongly urges the Subcommittee to additionally consider a similar issue in the healthcare industry. In this space, an anti-competitive activity in the health plan accreditation marketplace involves the exclusive use of healthcare quality measures by one accreditation body to the detriment of all other healthcare accreditation entities.

**Healthcare Quality Measures and HEDIS**

Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure

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American Psychiatric Association

Blue Cross Blue Shield Association

Case Management Society of America

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and/or systems that are associated with the ability to provide high-quality healthcare and/or that relate to one or more quality goals for healthcare. These goals may include effectiveness, safety, efficiency, timeliness, and being patient centered.<sup>1</sup> As described by the Centers for Medicare and Medicaid Services (CMS), the agency uses quality measures in its various quality initiatives that include quality improvement, pay for reporting, and public reporting.<sup>2</sup>

One important set of measures in the health plan space is called HEDIS (Healthcare Effectiveness Data and Information Set). These are a set of standardized performance measures used by healthcare organizations to assess and compare the quality of care they provide. Owned by the National Committee for Quality Assurance (NCQA), HEDIS measures are designed to evaluate various aspects of healthcare delivery, including access to care, patient outcomes, and the use of preventive services. HEDIS measures are used by health plans, providers, and purchasers to identify areas for improvement in care delivery and to compare the performance of different healthcare organizations. HEDIS measures are updated annually and currently include over 80 different performance measures across several areas of care, including preventive care, chronic disease management, and behavioral health.<sup>3</sup>

## Government Programs Use and Fund HEDIS Measures

Although NCQA is the measure steward for HEDIS, the federal government still spends millions of dollars on the application and maintenance of these measures.<sup>4</sup> <sup>5</sup> In one example, NCQA received a 5-year, \$19 million contract from CMS to provide performance measurement services related to HEDIS measures for the Medicare

<sup>1</sup> Centers for Medicare and Medicaid Services. “Quality Measures”. Accessible at: <https://www.cms.gov/medicare/quality/measures>.

<sup>2</sup> Id.

<sup>3</sup> Vim. “HEDIS”. Accessible at: <https://getvim.com/glossary/hedis>.

<sup>4</sup> HigherGov. “National Committee for Quality Assurance”. Accessible at: <https://www.highergov.com/awardee/national-committee-for-quality-assurance-10002831>.

<sup>5</sup> Medicare Program; Medicare Advantage and Prescription Drug Benefit Programs: Negotiated Pricing and Remaining Revisions. January 12, 2009. Accessible at: <https://www.federalregister.gov/documents/2009/01/12/E9-148/medicare-program-medicare-advantage-and-prescription-drug-benefit-programs-negotiated-pricing-and>. (“We have contracted with the National Committee for Quality Assurance (NCQA) to develop, collect, analyze, and report on SNP-specific performance measures at the plan benefits package (PBP) level.”)

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Advantage program.<sup>6</sup> Additionally, CMS contracts with NCQA to collect HEDIS measures from Medicare Special Need Plans, and Medicare Advantage Star Ratings are determined by performance on HEDIS.<sup>7 8</sup>

Furthermore, the Affordable Care Act required HHS to develop a quality rating system for Qualified Health Plans (QHPs) on the Health Insurance Marketplaces (also known as Exchanges), evaluating QHP issuers' quality improvement strategies, based on target areas for improvements. HEDIS measures are used in this quality evaluation process as well. Curiously, CMS contracted with Booz Allen Hamilton to support implementation of the project and NCQA, whose very own measures comprise a part of the final product, served as its subcontractor.<sup>9</sup> The subsequent Quality Rating System (QRS measures) was created as a quality reporting program that compares the performance of QHPs offered on Exchanges and accounts for both the quality of provided healthcare services and the health plan administration. The QRS measure set is comprised of several clinical quality measures, with a component being from the HEDIS measure set.<sup>10</sup>

## NCQA Will Not License HEDIS Measures Creating Anti-Competitive Landscape

**Despite repeated attempts by URAC over many years, NCQA refuses to license HEDIS measures to any other accreditation body and retains a complete monopoly over their application. In a 2025 memorandum written to URAC, NCQA specifically states it will not license HEDIS measures to “organizations that directly compete with**

<sup>6</sup> Forum. “CMS awards \$19M Medicare Advantage Program Performance Measurement Services contract to NCQA”. September 2021. Accessible at: <https://insights.govforum.io/2021/09/cms-awards-19m-medicare-advantage-program-performance-measurement-services-contract-to-ncqa>.

<sup>7</sup> Centers for Medicare and Medicaid Services. “Healthcare Effectiveness Data and Information Set (HEDIS)”. Accessible at: <https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/data-information-set>.

<sup>8</sup> Coalition to Transform Advanced Care. “Serious Illness and Medicare Advantage (MA) Star Ratings/HEDIS”. April 4, 2024. Accessible at: <https://thectac.org/asset/blog/serious-illness-and-medicare-advantage-ma-star-ratings-hedis>.

<sup>9</sup> Centers for Medicare and Medicaid Services. “Quality Rating System (QRS) And Quality Improvement Strategy (QIS) Technical Expert Panel (TEP) Report”. December 9, 2024. Accessible at: <https://mmshub.cms.gov/sites/default/files/QRS-QIS-D4-3.b-Fall-2024-TEP-Report-OY1.pdf>.

<sup>10</sup> Centers for Medicare and Medicaid Services. “2024 Quality Rating System Measure Technical Specifications”. September 2023. Accessible at: <https://www.cms.gov/files/document/2024-qrs-measure-technical-specifications-september-2023.pdf>.

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**[NCQA] in the accreditation market.”<sup>11</sup>** This is especially concerning because HEDIS measures are developed and maintained using federal funds. Additionally, as previously described, HEDIS measures remain a major component of public healthcare quality reporting programs.

Limiting HEDIS measures for the use by only one accreditation organization has resulted in a de facto national accreditation monopoly by NCQA due to the prevalence of HEDIS measure reporting requirements. If only NCQA can use the measures that are required as a standard part of health plan quality measurement, NCQA benefits by being the sole accreditor available. This has a deleterious effect on the oversight of healthcare organizations done by accrediting organizations. With a robust, competitive accreditation organization marketplace, accrediting organizations will compete to provide the most innovative standards, ensuring patients that their accredited health plan has received the highest possible quality oversight.

Furthermore, a monopoly in the accreditation marketplace results in higher costs for health plans and ultimately their consumers. NCQA is free to set whatever price it wants for its accreditation and HEDIS-related submission programs because there is effectively no competing entity for their accreditation line of business. In the health plan space, research has indicated these administrative costs are ultimately passed on to consumers.<sup>12</sup> Health policy researchers further find that competition in the healthcare marketplace results in lower costs.<sup>13</sup> This is especially important as consumers are already struggling to afford costs related to their health plans.<sup>14</sup>

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<sup>11</sup> URAC HEDIS License Memo. NCQA COO Tom Fluegel, email message to URAC CEO Dr. Shawn Griffin. November 17, 2025.

<sup>12</sup> Millman. “Focusing on health plan administrative cost”. December 29, 2022. Accessible at: <https://www.milliman.com/en/insight/focusing-on-health-plan-administrative-cost>.

<sup>13</sup> Stanford Medicine. “Competition keeps health-care costs low, researchers find.” October 21, 2014. Accessible at: <https://med.stanford.edu/news/all-news/2014/10/competition-keeps-health-care-costs-low--researchers-find.html>.

<sup>14</sup> KFF. “Americans’ Challenges with Health Care Costs”. March 1, 2024. Accessible at: <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs>.