The Center for Healthcare Affordability

Vote Recommendations Following Health Subcommittee Markup

Support Oppose Neutral

Challenge links direct readers to CHA's reform framework and additional details.

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

This bill permanently places xylazine in Schedule III while preserving lawful veterinary use and requiring a report on xylazine trafficking and misuse.

NEUTRAL: Provides regulatory certainty for veterinarians but varied viewpoints for Schedule III categorization.

Challenge Impacted: Not a core CHA affordability reform

H.R. 2004: Tyler's Law (Reps. Lieu and Latta)

This bill directs HHS to issue guidance on whether hospital emergency departments should routinely test overdose patients for fentanyl.

OPPOSE: Federal clinical guidance should not become another Washington-driven mandate on hospitals. This is a role of the private sector and perhaps states.

Challenge Worsened: Exploding Government Spending

H.R. 7970: STOP Nitazenes Act (Rep. Latta)

This bill permanently places nitazene class synthetic opioids into Schedule I of the Controlled Substances Act.

NEUTRAL: Varied viewpoints for Schedule I classification.

Challenge Impacted: Not a core CHA affordability reform

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

This bill allows first responder training grants to be used for fentanyl and xylazine test strip training, directs HHS to develop research and marketing frameworks, and requires an HHS study.

OPPOSE: The bill expands federal grant activity and HHS-directed frameworks in an area better handled by states, local first responders, and private community organizations.

Challenge Worsened: Exploding Government Spending

H.R. 7994: HERO Act (Rep. Ruiz)

This bill creates a competitive federal grant program to provide schools with opioid overdose reversal drugs.

OPPOSE: Congress should not create another federal school grant program when states, school districts, and communities can already address this need directly.

Challenge Worsened: Exploding Government Spending

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

This bill creates a Nutrition Education and Chronic Disease Prevention Initiative for HRSA to support nutrition education, counseling, and workforce training at community health centers.

OPPOSE: This bill relies on federal grantmaking and program expansion rather than allowing states and the private sector to solve problems through consumer choice, competition, or removing regulatory barriers.

Challenge Worsened: Exploding Government Spending

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

This bill makes behavioral health, mental health, and substance use disorder services required services at community health centers, at a price of $3.5 billion.

OPPOSE: This bill adds another federally driven service mandate on community health centers and increases program obligations, which should be handled by the states and private sector.

Challenge Worsened: Exploding Government Spending

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

This bill requires hospitals, ambulatory surgical centers, labs, imaging providers, and health plans to publish detailed prices, negotiated rates, cost sharing information, and other consumer usable data.

SUPPORT: Real price transparency helps patients and employers compare costs, exposes hidden pricing schemes, and pressures providers and insurers to compete without imposing price controls.

Challenges Improved: Rising Medical Treatment Costs, Shrinking Competition Among Providers, and Skyrocketing Insurance Premiums

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

This bill requires Medicare Advantage and certain commercial plans to publish how premium dollars are spent on claims, quality improvement, non-claim costs, and retained revenue.

SUPPORT: Exposes whether insurers are using premium dollars for patient care or overhead and profit, which is especially important in Medicare Advantage where plans receive taxpayer-backed federal payments.

Challenges Improved: Skyrocketing Insurance Premiums and Exploding Government Spending

H.R. 9396: Prior Authorization Accountability Act (Rep. Goldman of TX)

This bill requires commercial plans to publicly report prior authorization items, approval and denial rates, appeal outcomes, response times, and use of artificial intelligence or other decision technology.

NEUTRAL: While the bill may improve transparency around prior authorization delays and denials, it also could pressure insurers to approve more services regardless of medical necessity or cost. Prior authorization remains an important tool for controlling unnecessary utilization.

Challenges Impacted: Mixed

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

This bill requires hospitals, ambulatory surgical centers, labs, and imaging providers to physically post discounted cash prices for CMS-specified shoppable services.

SUPPORT: Patients should see prices before receiving care, and visible cash prices help restore normal market pressure in a sector where prices are too often hidden until after treatment.

Challenges Improved: Rising Medical Treatment Costs and Shrinking Competition Among Providers

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

This bill requires Medicare Advantage plans using prior authorization to establish electronic prior authorization, meet enrollee protection standards, and report prior authorization data for CMS publication.

NEUTRAL: While the bill may improve transparency in a taxpayer-funded program, it also creates new federal requirements that could discourage Medicare Advantage plans from using prior authorization as a necessary cost-control tool. Prior authorization helps protect taxpayers from unnecessary utilization.

Challenges Impacted: Mixed

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

This bill requires Medicare Advantage encounter data to include allowed amounts, beneficiary cost sharing, and information on at-home health risk assessments.

SUPPORT: Medicare Advantage costs and risk assessment practices should be transparent so taxpayers, policymakers, and patients can see where the money is going.

Challenges Improved: Exploding Government Spending

H.R. 5243: Medicare Advantage Supplemental Benefits Data Transparency (Rep. McClellan)

This bill requires Medicare Advantage plans to report enrollee-level utilization data for supplemental benefits.

SUPPORT: Taxpayer-backed Medicare Advantage supplemental benefits should be subject to transparency so Congress can identify waste, underuse, steering, or misleading benefit design.

Challenges Improved: Exploding Government Spending and Skyrocketing Insurance Premiums

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

This bill requires Medicare Advantage organizations to report whether enrollees were enrolled by an agent, broker, or third party, along with the compensation paid to those parties.

SUPPORT: Broker compensation and enrollment steering should be transparent in a taxpayer-funded program, especially when seniors may be pushed into plans based on commissions rather than value.

Challenges Improved: Exploding Government Spending and Skyrocketing Insurance Premiums

The Center for Healthcare Affordability is a project of the Institute for Legislative Analysis. Questions should be directed to the Executive Director of The Center for Healthcare Affordability, Fred McGrath, at fmcgrath@limitedgov.org.