Statement for the Record
Submitted to the House Committee on Energy and Commerce, Subcommittee on Health
Re: Legislative Hearing on Health Care Transparency
Submitted by: The Alliance of Community Health Plans (ACHP)

Date: June 10, 2026

Chairmen Guthrie and Griffith, Ranking Members Pallone and DeGette, and Members of the Committee:

The Alliance of Community Health Plans (ACHP) thanks the Energy and Commerce Subcommittee on Health for holding this important hearing titled, "Lowering Health Care Costs for All Americans: Examining Policies to Increase Health Care Transparency." We are pleased to submit this statement for the record. We commend the Subcommittee for dedicating attention to policies that help patients, employers and policymakers understand the true cost of health care. Meaningful transparency can be a powerful tool to improve affordability, strengthen competition and empower consumers with tools needed to access high-quality, lower priced care.

ACHP represents the nation's best local, nonprofit health plans, providing superior coverage to tens of millions of Americans in 46 states and D.C. ACHP is the only national organization advancing a unique partnership model of coverage and care that fosters a truly competitive market. Our member companies are community-based, nonprofit and provider-aligned. They are committed to improving affordability, advancing high-value care and supporting patients with clear, useful information.

ACHP supports transparency reform that enables patients to make informed decisions about their care, especially in areas where meaningful price and payment information remain difficult to access. At the same time, transparency is not advanced by duplicative reporting requirements that increase administrative costs without improving affordability. Broad new plan-facing public reporting, attestation and file-submission requirements can divert resources away from patient care while generating complex data that consumers cannot —and do not — use. Consumers need clear, personalized information about their expected out-of-pocket costs in a timely manner.

We offer three immediate recommendations to ensure transparency policies lower costs, improve accountability and protect consumers.

• **Avoid Duplicative Plan-Facing Reporting Requirements:** Congress should align any new requirements with existing Transparency in Coverage, No Surprises Act and CMS interoperability and prior authorization rules. Several proposals before the Subcommittee would create broad new plan-facing reporting requirements. These include public reporting of overhead costs, claims payments, prior authorization metrics; machine-readable files; explanation of benefits and advanced explanation of benefits-style requirements; and additional file submissions to federal and state entities. These requirements risk increasing administrative burden without giving consumers actionable information.

• **Focus Transparency Where It Will Be Most Valuable for Consumers:** Public reporting should be standardized, consumer-friendly and appropriately contextualized. Raw data files are difficult to navigate, cannot easily be compared across markets and are challenging to frame within a consumer's personal health care journey. If the goal is to improve consumer decision-making, Congress should focus on

actionable consumer tools, stronger clinician transparency and better data-sharing with plans to assure that consumers get the information they need and the tools to analyze that information effectively.

• **Protect Seniors and Strengthen Fair Competition in Medicare Advantage:** ACHP supports reforms that limit excessive Medicare Advantage broker compensation so seniors are enrolled in plans that best meet their needs, not those that pay brokers the most. As part of its ***MA for Tomorrow*** framework, ACHP has called for a ceiling on total broker payments, streamlined reporting of total compensation and stronger protections against steering. Excessive commissions and bonus fees distort competition and disadvantage high-quality, local plans. Congress should establish a ceiling on total broker payments, require streamlined reporting and prohibit contract terms that interfere with a broker's ability to objectively assess and recommend plan options. These reforms would help protect seniors, promote fair competition and strengthen taxpayer stewardship.

ACHP also urges the Committee to distinguish between consumer-facing transparency and Medicare Advantage encounter data reporting. Encounter data is submitted to CMS to support payment, oversight and program integrity, including risk adjustment. It is not designed to help consumers understand prices, compare coverage or estimate out-of-pocket costs. Adding new encounter data fields would create additional reporting requirements without improving consumer-facing transparency. Any changes to encounter data should be considered separately and tied to program integrity and payment accuracy. As part of that work, policymakers should distinguish between abusive risk adjustment coding practices and appropriate care management. ACHP has done extensive work on overcoding and we welcome the opportunity to brief the Committee on the current abuses and reforms that will save taxpayers billions.

ACHP shares the Subcommittee's interest in lowering health care costs and increasing transparency for patients and employers. As always, ACHP looks forward to working with Congress and the Administration to advance practical reforms that improve affordability and serve patients and communities. If you have questions, please contact Dan Jones, Senior Vice President, Federal Affairs at djones@achp.org.

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