

CHAMBER HILL

INSIGHTS

House Energy and
Commerce Health
Subcommittee
Hearing on the US
Provider Landscape

House Energy and Commerce Health Subcommittee Hearing on the US Provider Landscape

On March 18, 2026, the House Energy and Commerce Health Subcommittee [held](#) a hearing to examine the US health provider landscape. Subcommittee members raised concerns about hospital consolidation, price transparency, the health care workforce, and the impact of the One Big Beautiful Bill Act, among others. While there was bipartisan concern about the high cost of health care, members did not agree on paths forward.

OPENING STATEMENT

- [Subcommittee Chairman Morgan Griffith \(R-VA-9\)](#)
- [Subcommittee Ranking Member Diana DeGette \(D-CO-1\)](#)
- [Full Committee Chairman Brett Guthrie \(R-KY-2\)](#)
- [Full Committee Ranking Member Frank Pallone \(D-NJ-6\)](#)

WITNESS TESTIMONY

- Mr. Richard Pollack, President and CEO, American Hospital Association – [Testimony](#)
- Dr. David H. Aizuss, MD, Chair, Board of Trustees, American Medical Association – [Testimony](#)
- Mr. R. Shawn Martin, Executive Vice President and CEO, American Academy of Family Physicians – [Testimony](#)
- Ms. Elizabeth Mitchell, President and CEO, Purchaser Business Group on Health – [Testimony](#)
- Dr. Anthony DiGiorgio, DO, MHA, Neurosurgeon, University of California, San Francisco Health – [Testimony](#)
- Ms. Barbara Merrill, CEO, American Network of Community Options and Resources – [Testimony](#)

MEMBER DISCUSSION

Hospital Consolidation

Subcommittee Republicans were very concerned about the loss of independent medical practices and increasing consolidation. Rep. Neal Dunn (R-FL-2) asked Mr. Pollack to explain how hospitals are

consolidating, but Mr. Pollack shared that hospitals themselves are not the major driver of consolidation. Instead, Mr. Pollack emphasized the role of private equity and shared that many private practices seek to be part of a hospital system due to the burden of compliance and administrative costs. Additionally, he stated that hospital systems are often a lifeline for rural hospitals. Rep. Kat Cammack (R-FL-3) asked if the consolidation lowers prices for patients. Mr. Pollack explained that it reduces operating costs and often improves quality of care, but the reductions in cost are not seen by patients, as hospitals still maintain the contracted rates with insurers. Rep. John Joyce (R-PA-13) was curious about how larger hospital systems react to referrals to providers outside the system. Mr. Martin shared that, in his experience, it is not looked favorably upon, and Dr. DiGiorgio agreed, sharing that providers that he knows have been reprimanded. Rep. Nanette Diaz Barragan (D-CA-44) asked about how to prevent consolidation, and Dr. Aizuss responded that greater reimbursements under the Medicare Fee Schedule will prevent private practices from seeking to sell to larger systems.

Price Transparency

There were many suggestions for pricing transparency reforms during the Subcommittee hearing. Rep. John James (R-MI-10) highlighted [H.R.5582](#), the Patients Deserve Price Tags Act. Ms. Mitchell expressed support for this bill, sharing that pricing information is helpful in increasing competition and accountability. Rep. Nick Langworthy (R-NY-23) suggested an advanced explanation of benefits would help patients understand the cost of care before they receive it. Mr. Pollack shared that the idea has promise, and he said that hospitals have been working with stakeholders to provide cost information to patients. Mr. Pollack continued to explain that many hospitals are committed to helping their patients but are confused by the many different laws and regulations that have been passed in the past decade regarding price transparency procedures.

Impact of Reconciliation Bill

Many Democrats were focused on the impacts of the One Big Beautiful Bull Act, specifically the changes to Medicaid. Full Committee Ranking Member Pallone (D-NJ-6) and Health Subcommittee Ranking Member DeGette (D-CO-1) were interested in how the bill's changes will impact the delivery of health care services and which ones will be most affected. Ms. Merrill shared her view that providers will see a reduction in reimbursement rates across the board, but home and community-based care will be greatly impacted as they are not required services. Rep. Raul Ruiz (D-CA-25) and Rep. Lori Trahan (D-MA-3) questioned what the effect will be on hospital systems. Mr. Pollack explained that, in his view, emergency departments will see higher patient volumes, and services for obstetrics, behavioral health, and pediatrics will be greatly reduced or eliminated. Mr. Pollack also said that in severe cases, hospitals will close.

Workforce

Rep. Marc Veasey (D-TX-33) highlighted the current physician shortage and asked for Dr. Aizuss to elaborate on the future impacts of this shortage. Dr. Aizuss shared that it will be more difficult for patients to receive care and that this problem will only get worse as less students attend medical schools in the future due to the high cost of tuition. Rep. Cliff Bentz (R-OR-2) wanted to know what strategies could be helpful in addressing this issue. Dr. DiGiorgio emphasized the need for more residency spots and suggested Congress find ways to increase physician autonomy, like private practices, to keep physicians in the workforce for longer.

Other Topics

- Rep. Buddy Carter (R-GA-1) highlighted [H.R.5256](#), the 340B ACCESS Act, and asked if Mr. Pollack would be supportive of the bill. Mr. Pollack shared that the 340B program benefits patients by providing additional services and that he could be interested in a conversation with Rep. Carter about his proposals.
- Rep. Erin Houchin (R-IN-9) highlighted the reimbursement differences between Medicare, Medicaid, and private payers. Dr. Aizuss agreed and emphasized the need for Medicare and Medicaid payment reform, including updates for inflation.
- Health Subcommittee Chairman Griffith expressed support for physician owned hospitals and questioned Mr. Pollack about his concerns. Mr. Pollack explained that while he is not opposed to physician-owned hospitals, they often do not provide all services, such as emergency departments and obstetric care, and many do not accept Medicaid. Dr. DiGiorgio responded that all hospitals expand access to care.

We trust you found this summary useful. Please reach out to [us](#) with any questions.

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