Federation of American Hospitals

Charlene K. MacDonald
President and CEO

Statement for the Record

House Committee on Ways and Means, Markup of H.R. 9641, H.R. 3108, H.R. 9642, H.R. 9468, H.R. 3514, H.R. 9644, and H.R. 9645
July 15, 2026

The Federation of American Hospitals (FAH) appreciates the opportunity to submit this Statement for the Record as the Subcommittee examines legislation addressing health care transparency, acute care, rural health and Medicare Advantage (MA) reform. As the federal representative for more than 1,000 taxpaying hospitals across the country, our member hospitals employ nearly 500,000 health care workers and care for millions of patients each year, giving FAH members deep insight into the patient and provider experience within our health care system. We appreciate the Committee's efforts to ensure that patients have more information about their health coverage and costs.

Health care affordability solutions must reflect thoughtful, patient-centered policies and FAH members recognize and appreciate the commitment to advancing meaningful reforms to the health care system. Our members have demonstrated their commitment to Centers for Medicare and Medicaid Services' (CMS) transparency initiatives that seek to ensure payments reflect the actual cost of providing care and empower patients to make informed choices.

FAH member hospitals include acute, inpatient rehabilitation, behavioral health and Long-Term Care Hospitals (LTCHs) operating in urban and rural communities alike and we appreciate the Committee's continued focus on strengthening access to care for all patients. For example, policies that strengthen LTCHs as well as improve Medicare payment for Remote Patient Monitoring (RPM) help patients access the right care in the right settings. Supporting these initiatives promotes financial stability for rural providers and increases access to specialized and virtual care for all patients.

FAH members share the larger goal of improving patient access and affordability reflected in the bills before the Committee today and our comments below will reflect some practical and operational considerations that we believe will be constructive as the Committee moves forward with the legislation.

H.R. 3514, Improving Seniors' Timely Access to Care Act

FAH is increasingly concerned by the alarming practices of MA and other insurers that harm patients by restricting access to, and limiting affordability of, medically necessary care. This also places an additional burden on hospitals and caregivers, who often must divert time and resources in addressing these tactics.

The Improving Seniors' Timely Access to Care Act addresses shortcomings within the MA program by streamlining the prior authorization process and reducing the administrative burden on both patients and providers. These provisions would help ensure providers can care for their patients more effectively and efficiently while reducing unnecessary delays for patients needing care. FAH urges Congressional passage of this important legislation.

H.R. 9468, Saving Today's Acute-Care Resources (STAR) Act

LTCHs care for individuals with multiple complex, chronic conditions recovering from catastrophic illness or injury with clinical needs that often cannot be met in other post-acute care settings.

However, the LTCH field has been under stress due to the dual-rate payment system that limits full payment to beneficiaries who have either spent three days in an ICU prior to admission or received at least 96 hours of ventilator care.

Earlier this year, FAH partnered with the other national trade associations representing LTCHs to establish a set of policy principles designed to strengthen and expand LTCHs. We are pleased to see movement in key areas of interest.

The STAR Act takes a meaningful step toward strengthening the LTCH payment system. We particularly appreciate the bill's efforts to expand access for certain high-acuity beneficiaries and to improve pathways to LTCH care for beneficiaries transitioning from rural hospitals and communities where access to specialized post-acute services is often limited.

We are grateful that the STAR Act reflects many of these policy principles. Ensuring long-term access to LTCH care will require continued attention to additional broader payment and policy challenges facing LTCHs, including modernizing the 25-day average length of stay (ALOS) requirement. We believe the STAR Act is an important step forward and an important foundation for future policy development

FAH urges the Committee to pass the STAR Act and commends the effort to support LTCHs and the patients they serve.

H.R. 3108, Rural Patient Monitoring Access Act

Remote Patient Monitoring (RPM) technology enables health care providers to observe and treat patients from the comfort of their homes. RPM services increase access to care, especially in rural areas, improve health outcomes and have the potential to reduce long-term health care costs by avoiding unnecessary treatment in acute care settings. RPM services make patients and communities healthier by serving as an extension of a primary care clinician or specialist and are a way to ensure virtual support for patients between regular visits. Currently, Medicare payment for RPM services is low in states where the prevalence of heart failure, hypertension, and diabetes are above the national average. Medicare also pays less for RPM services in many rural areas because of geographic payment adjustments, though practice expenses are not lower in these areas.

FAH is supportive of H.R. 3108 and related efforts to help rural patients access the care they need. For rural residents who must travel farther to access health care services, RPM services can serve to prevent expensive ED visits or hospitalizations and to allow seniors to take control of their health and lifestyle habits with support from their provider virtually. Setting a minimum geographic payment index for RPM services allows more hospitals to invest in this vital program and support patients with chronic conditions in rural areas.

H.R. 9644, Medicare Advantage MLR Transparency Act

Patient out-of-pocket costs are dictated primarily by insurers' benefit design and coverage decisions, which is why meaningful transparency requires health plans to provide accurate, real-time information before care is delivered. This is particularly important for MA enrollees, who face high rates of prior authorization denials. Yet, transparency into prior authorization practices alone is insufficient to capture the full picture of how health plans affect patient access and premium value. Understanding whether premium dollars are reaching patients requires equal visibility into how insurers allocate their overall spending.

The Medicare Advantage MLR Transparency Act proposes requiring MA plans to report on their total revenue, percent of revenue spent on incurred claims, as well as non-claims costs, and differences between their MLR numerator and denominator. FAH is supportive of increased transparency in Medicare Advantage, specifically for MA plans that own other entities like PBMs or physician groups to ensure that policymakers, regulators and patients have a clear understanding of how premium dollars are spent. MLR rules should function as an effective consumer protection in today's highly consolidated marketplace. We encourage the Committee to consider additional reporting measures to ensure the data collected from MA plans clearly indicates the level of medical spending occurring within vertically integrated organizations.

H.R. 9645, Health Care Price Certainty for All Americans Act

FAH members remain committed to health care transparency and believe that patients deserve reliable information about their out-of-pocket costs, as well as transparent information about the services patients receive. As CMS continues to promulgate new iterations of transparency requirements, FAH has emphasized the importance of stability in transparency reporting requirements to benefit hospitals and groups that utilize hospital transparency data.

Many of the bill's requirements related to posting standard charges and prices for each item and service furnished by the hospital, gross charges, discounted cash price, payor-specific negotiated charges and de-identified maximum and minimum negotiated charges are largely aligned with current CMS reporting requirements.

However, other provisions in the bill may benefit from additional stakeholder feedback, specifically those related to physically posting price information, to align the goals of patient convenience and usefulness with the proposed requirements.

FAH continues to review the bill text and will engage with the Committee to provide feedback and insight from our members as work on this legislation continues.

We appreciate the opportunity to provide comments on the bills before the Committee. As you move forward with these legislative proposals, FAH shares your commitment to policies that help patients access meaningful and accurate information about their health care coverage and costs. We are pleased to see the critical focus on patient access and affordability, and we look forward to working together as you consider this legislation.