AAFP

AMERICAN ACADEMY of FAMILY PHYSICIANS

July 2, 2026

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Guthrie and Ranking Member Pallone:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 124,500 family physicians and medical students across the country, I write to applaud the Health Subcommittee for passing numerous pieces of legislation related to public health and increasing transparency in the health care system. The AAFP has endorsed a number of these bills, and we strongly urge their swift passage by the full committee.

Of the items passed by the Health Subcommittee, the AAFP is proud to have endorsed the following bills, each of which passed with a bipartisan voice vote:

- ***Advancing Lifesaving Efforts with Rapid Test strips for (ALERT) Communities Act* (H.R. 1561)**
- ***Helping Educators Respond to Overdoses (HERO) Act* (H.R. 7994)**
- ***Improving Seniors' Timely Access to Care Act* (H.R. 3514 / S. 1816)**
- ***Prior Authorization Accountability Act* (H.R. 9396)**
- ***Premium Transparency Act* (H.R. 9397)**
- ***Medicare Advantage Cost Transparency Act* (H.R. 9392)**
- **To amend title XVIII of the Social Security Act to increase data transparency for supplemental benefits under Medicare Advantage (H.R. 5243)**
- ***Transparency in Medicare Advantage Steering Act* (H.R. 9395)**

Legislation to Address Drug-Related Public Health Concerns

In 2022, more than 73,800 individuals across the country died from fentanyl overdoses. While that number has steadily declined since its peak, data from the U.S. Centers for Disease Control and Prevention shows that there were still more than 47,700 deaths from fentanyl overdoses in 2024.[i] Furthermore, the Drug Enforcement Administration (DEA) has reported a significant jump in xylazine-positive fatal overdoses in recent years. As noted by the DEA, "when combined with fentanyl or other synthetic opioids, xylazine can increase the potential for fatal overdoses."[ii]

In light of this ongoing crisis, the AAFP continues to advocate strongly in support of increased education and resources to support individuals experiencing substance use disorder and/or at-risk of overdose. This includes advocating for individuals to have information about and access to appropriate antidotes (e.g., naloxone) and harm reduction strategies (e.g., fentanyl strips), particularly patients who are at the greatest risk of an

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intentional or unintentional overdose. We are pleased to see that the Health Subcommittee passed two pieces of legislation that would work towards this goal.

The bipartisan ***ALERT Communities Act*** (H.R. 1561) would require research with respect to fentanyl and xylazine test strips, including a study around the impact of the availability and utilization of test strips in overdoses, overdose deaths, and engagement in substance use disorder treatment, and authorizes the use of grant funds for such test strips. This legislation is aligned with the AAFP's above policy position as research had demonstrated that access to and utilization of test strips for substances such as illicitly-manufactured fentanyl is associated with positive changes in drug use behavior and perceptions of overdose safety.[iii]

Additionally, the ***HERO Act*** (H.R 7994) would establish a grant program to provide schools with opioid overdose reversal drugs, such as naloxone, and to direct schools receiving federal funds to report to certain federal information systems any distribution of an opioid overdose reversal drug. In many states, the use of naloxone as a reversal agent for opioid overdose is standard practice for law enforcement and emergency medical service personnel (i.e., first responders and emergency department clinicians).[iv] Over the past two decades, naloxone has been increasingly provided to laypeople for use in an opioid overdose. In 2023, the Food and Drug Administration (FDA) approved the first over-the-counter naloxone nasal spray to help reduce drug overdose by increasing access to this lifesaving medication in the community.

One study from 2020 to 2022 found that while the rate of EMS-administered naloxone decreased by 6 percent, the rate of layperson-administered naloxone increased by nearly 44 percent.[v] All states provide for increased layperson access to naloxone, and most states provide legal immunity to individuals who administer naloxone for opioid reversal. The vast majority of states also have added Good Samaritan provisions for prescribers and laypeople.

Given the proven efficacy of naloxone, the AAFP advocates for the development of overdose education and naloxone distribution programs in the community, and, furthermore, we specifically advocate for co-location of naloxone where automated external defibrillators (AEDs) are required. Many states require the presence of AEDs in schools, meaning this legislation is directly in alignment with AAFP policy.

Legislation to Increase Transparency and Accountability of Medicare Advantage Plans

Family physicians care for patients across the lifespan, including older individuals and those with disabilities or other medical complexities. As a result, most of them contract with and/or otherwise interact with organizations that administer Medicare Advantage (MA) plans on a regular basis. A 2023 AAFP survey among family medicine practices found that 18 percent of their patients were covered by MA plans. At the same time, research is showing that parent companies of MA plans are playing a growing role in primary care practice acquisition and operation. A study from June found that payer-operated practices account for 4.2 percent of the national primary care market by service volume in 2023, compared to 0.78 percent in 2016. It also found that the prevalence of payer-operated primary care was positively associated with MA penetration; in 2022, payers operated 5.5 percent of the primary care market in counties with above-average MA penetration compared to 1.5 percent in counties with below-average MA penetration.[vi]

As MA enrollment and penetration has grown, however, so have concerns raised by family physicians about MA organizations (MAOs) and their tactics. MA plans are consistently cited as one of the biggest sources of burden by family physicians. Some MAOs subject physicians and patients to opaque, cumbersome prior authorization requirements and other onerous utilization management processes that lack medical justification and often only serve to delay necessary patient care. They include restrictive clauses in physician contracts and drag out payments for claims, impacting the financial stability of practices. They have gamed existing regulations and payment systems to reward themselves financially for adding unsubstantiated diagnoses to patient charts, without consulting the individual's primary care physician or providing the necessary services to care for said diagnoses.

To put it frankly: MAOs have taken it upon themselves to practice medicine, while at the same time making it increasingly difficult for trained, qualified physicians to do so. We believe Congress must pass policies to hold MAOs accountable and reform the program to better serve patients and alleviate the burden placed on physicians.

For years, the AAFP has advocated alongside the entire physician community in support of the *Improving Seniors Timely Access to Care Act* (H.R. 3514 / S. 1816). In 2024, the Centers for Medicare and Medicaid Services (CMS) issued final rules streamlining prior authorization processes across federal payers, including MA. However, Congressional action is still needed to enshrine these much-needed reforms into statute. This must-pass legislation would codify these changes to standardize prior authorization processes within MA plans. Specifically, it would require a standard electronic prior authorization process for MA prior authorization requirements and expand beneficiary protections to improve enrollee experiences and outcomes. It would also improve transparency across MA plans and address inappropriate coverage denials.

Final enactment of this legislation, which currently has more than 290 bipartisan cosponsors in the House, is long overdue. To meaningfully protect patients and ease burden on the physicians who care for them, the AAFP urges the full committee to swiftly advance the *Improving Seniors' Timely Access to Care Act*.

Additionally, the Health Subcommittee passed the below pieces of legislation which are incremental but important steps toward improving accountability and transparency of MA plans:

- The ***Prior Authorization Accountability Act*** (H.R. 9396) would require health plans and issuers that use prior authorization (PA) to publicly post and submit data to the U.S. Department of Health and Human Services on all items/services subject to PA, approval and denial rates by service, appeal rates and outcomes, processing times, and use of AI/decision-support tools.

- The ***Premium Transparency Act*** (H.R. 9397) would require private health insurers and MA plans to publicly disclose, in a consumer-friendly format, how premium dollars are spent beginning in 2027. Specifically, plans would have to report the percentage of premium revenue spent on medical claims, quality improvement activities, administrative costs, and the percentage retained rather than spent on patient care. MA plans would also have to disclose total revenue, claims spending,

non-claims spending, and the portion of revenue remaining after medical loss ratio (MLR) calculations.

- The ***Medicare Advantage Cost Transparency Act*** (H.R. 9392) would require MA plans to report payment amounts, beneficiary cost sharing, and the use of affiliated versus independent in-home health risk assessments in their encounter data submitted to the Centers for Medicare and Medicaid Services (CMS), beginning in 2027.

- **H.R. 5243**, sponsored by Representative McClellan, would increase data transparency for supplemental benefits in MA by requiring plans to report detailed enrollee-level utilization and spending data to CMS and making that data available for research and public use.

- The ***Transparency in Medicare Advantage Steering Act*** (H.R. 9395) increases oversight of agents and brokers in MA by requiring detailed reporting on their role and compensation in enrolling beneficiaries. Specifically, MAOs must report whether each enrollee was enrolled by an agent, broker or third-party and, if so, the amount and form of compensation for said enrollment. It also requires aggregate reporting of total compensation paid to all agents, brokers and third parties for enrollments.

Collectively, these bills represent a targeted effort to improve the integrity of the MA program by increasing transparency, strengthening oversight, and reducing barriers to care. The AAFP urges the full committee to advance each of these bills swiftly in order to make strides toward its stated agenda of improving access to care for patients, reducing administrative complexity for clinicians, and ensuring that patients and physicians have clear, accurate information to make health care decisions.

Thank you for your consideration of this letter. The AAFP looks forward to partnering with the Committee to ensure imminent passage of these pieces of legislation. Should you have any questions, please contact Natalie Williams, Senior Manager of Legislative Affairs, at nwilliams2@aafp.org.

Sincerely,

Jen Brull, MD, FAAFP
American Academy of Family Physicians, Board Chair

[i] USAFacts. (2025, October 24). Are fentanyl overdose deaths rising in the US? Accessed online at: https://usafacts.org/articles/are-fentanyl-overdose-deaths-rising-in-the-us/.
[ii] U.S. Drug Enforcement Administration. (2022, December 21). The growing threat of xylazine and its mixture with illicit drugs (DEA Joint Intelligence Report).
[iii] Nicholas C. Peiper, Sarah Duhart Clarke, Louise B. Vincent, Dan Ciccarone, Alex H. Kral, Jon E. Zibbell,

Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States, *International Journal of Drug Policy*, Volume 63, 2019, Pages 122-128, ISSN 0955-3959, https://doi.org/10.1016/j.drugpo.2018.08.007.

[iv] Jordan MR, Patel P, Morrisonponce D. *Naloxone*. StatsPearl [Internet]. StatsPearl Publishing. Treasure Island, FL.; 2024. www.ncbi.nlm.nih.gov/books/NBK441910/.

[v] Gage CB, Powell JR, Ulintz A, et al. Layperson-administered naloxone trends reported in emergency medical service activations, 2020-2022. JAMA Netw Open. 2024;7(10):e2439427.

[vi] Adler L, Crow S, Fiedler M, Frank R, Fernandez R, Lake D, Braun RT. The changing landscape of primary care: an analysis of payer-primary care integration. *Health Aff Sch*. 2025 Jun 11;3(7):qxaf120. doi: 10.1093/haschl/qxaf120. PMID: 40612500; PMCID: PMC12223493