BILL ANALYSIS | Healthy America and Government Affairs

The Great Healthcare Plan & Related Bills

September 16, 2026

THE GREAT HEALTHCARE PLAN IN CONGRESS

President Trump announced the Great Healthcare Plan on January 15, 2026, ensuring that patients have the information and tools they need to take back their health. To do this, Congress has introduced a variety of bills to codify the Great Healthcare Plan into law.

LOWERING INSURANCE PREMIUMS

Pharmacy Benefit Managers (PBMs) are the "middlemen" hired by employer health plans to manage drug benefits, but these health plans often pick their PBMs based on their own brokers or consultants' advice. The problem is that PBMs pay brokers kickbacks to help direct businesses their way regardless of the best deal for the employer and the patient These perverse incentives have gone unaddressed since the passing of the Patient Protection and Affordable Care Act (ACA). Now, the Great Healthcare Plan will stop sending big insurance companies billions in extra taxpayer-funded subsidy payments and instead will send that money directly to eligible Americans to allow them to buy the health insurance of their choice.

Give Americans their Health Dollars

- **H.R. 6703, Lower Health Care Premiums for All Americans Act.** This bill, passed by the U.S. House of Representatives in December 2025, takes several actions to lower the cost of private health insurance for Americans. Specifically,
  - Increases access to Association Health Plans, amending ERISA to let employers maintain a single group health plan regardless of the industry and further prohibiting the plan from denying coverage or raising premiums based on any health status-related factor.
  - Establishes Custom Health Option and Individual Care Expense (CHOICE) Arrangements as a codified version of ICHRAs, creates an exception allowing employees to use pre-tax dollars to pay their share of the premium even if they bought their plan on the ACA Exchange.
  - Requires PBMs to report to group health plans the rebates, fees, alternative discounts, or any compensation received from applicable entities.
  - Funds cost-sharing reduction payments for plans beginning in 2027.

End PBM Kickbacks to Brokers

- **H.R. 7895, PBM Kickback Prohibition Act.** This bill amends the Employee Retirement Income Security Act (ERISA) of 1974 to prohibit a PBM compensating (directly or indirectly) a broker, consultant, or advisor in return for influencing an insurer to that PBM.
  - Related Research: Profits Over Patients: The PBM Business Model Under Scrutiny, Congressional Testimony.

HOLDING BIG INSURANCE COMPANIES ACCOUNTABLE

The ACA required health plans to spend a certain amount of their revenue on medical care and gave them certain limits on non-medical care. While well-intended, the policy had an unintended consequence of removing the incentive to negotiate lower costs on behalf of Americans. To fix this, the Great Healthcare Plan requires greater transparency into how health insurers are spending patients' dollars, and how much they go to overhead costs or profit.

Publish Costs of Overhead vs. Claims Payments & Creates the Plain-English Standard

- **H.R. 9397, Premium Transparency Act.** The legislation gives more pricing information to patients who are shopping for a health insurance plan. Specifically, the bill requires: plan. Specifically, the bill requires:
  - Health insurance plans to publicly post the percent of total premium revenue they spend on medical care, non-medical care, and all other costs (and a description of those other costs). These plans are also required to post the percent of patients' premium payments they keep as profit.
  - Obamacare plans are required to post this alongside other pricing information for consumers shopping on the individual health exchanges.
  - Health insurers are required to post information about their health plans in plain English, rather than technical jargon.

Display Claim Denial Rates

- **H.R. 9396, Prior Authorization Accountability Act.** The legislation requires all private health insurance plans to publicly report information on medical care subject to prior authorization, including approval and denial rates. Specifically, the bill requires:
  - Private insurance to post all items and services which were subject to prior authorization, including:
    - The percentage and number of prior authorization requests both approved and denied and whether they were initially approved or denied.
    - The percentage and number of resolved appeals and the time elapsed between a prior authorization request and its resolution or denial; and whether prior authorization requests were approved or denied solely through artificial intelligence or other specified decision-support technology.

- **H.R. 3514, Improving Seniors' Timely Access to Care Act of 2025.** This legislation requires Medicare Advantage plans (Part C) to establish electronic prior authorization systems and further publicly report data on prior authorization outcomes. Specifically, the bill requires Medicare Advantage plans to submit the following information to the Secretary of HHS to publish on CMS's website:
  - The percentage and number of prior authorizations requests denied, and of those denied how many were appealed and what was the outcome of those appeals.
  - The average and median time elapsed between prior authorization requests and determination.
  - The percentage of denied prior authorization requests through the utilization of artificial intelligence.

MAXIMIZE PRICE TRANSPARENCY

When a patient goes to the doctor, hospital, or gets a lab test or scan, he typically has no idea what it will cost until he gets the bill, thereby making it hard for the patient to know the best financial option beforehand. Some hospitals and medical centers might post some data online regarding pricing, but that data is usually buried in files that are difficult to understand. During the first Trump Administration, the Centers for Medicare & Medicaid Services required hospitals and insurers to post prices online, and the Great Healthcare Plan requires them to go further, posting the requirements in a public place.

Post Prices on the Wall

- **H.R. 9390, Prices on the Wall Act of 2026.** This legislation requires healthcare facilities to post their prices on the wall, in a manner specified by the Secretary.

- Hospitals, ambulatory surgical centers, laboratories, and imaging services (e.g., X-rays)
  - Only applies to "shoppable services" care; for example, something that can be scheduled in advance (not emergency care).
- Facilities are required to post the discounted cash price. If no cash price exists, they are required to post the median cash charged to self-pay individuals over the previous 3 years for services. Laboratories and imaging providers must post the gross charge.

Price Transparency in Every Healthcare Setting

★ **H.R. 9393, Lower Costs, More Transparency Act of 2026.** This legislation aims to promote price transparency in the healthcare sector. Requiring facilities like hospitals, imaging services, ambulatory surgical centers, and group health plans to publicly disclose prices starting January 1, 2028, using a method and format established by the Secretary.

- Hospitals are required to post standard charges, including the prices for at least 300 "shoppable services" incorporating the discounted cash price or median cash price.
  - Imagining services, clinical labs, and ambulatory surgical centers are also required to post cash prices for shoppable services.
- Group health plans shall provide a participant with information on the amount of cost-sharing (e.g., deductibles, copays, and coinsurance) for specific items or services, including any prior authorization requirements using a real-time self-service tool.
  - Group health plans are required to publish machine-readable files of their negotiated rates (i.e., how much they pay doctors or hospitals for services) and drug payment data.