COMMITMENT to SENIORS

January 21, 2026

The Honorable Brett Guthrie
Chairman
The House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Jason Smith
Chairman
The House Committee on Ways and Means
1139 Longworth House Office Building
Washington, D.C. 20515

Dear Chairman Guthrie, Chairman Smith, and Members of the House Committee on Energy and Commerce and House Committee on Ways and Means:

Ahead of your hearings with health insurance CEOs this week, I am writing to urge you to address the critical issue burdening America's seniors: rising health care costs and the role insurers play in exacerbating this challenge. We ask you to examine in this hearing how insurance companies are profiting at the expense of patients, making health care increasingly unaffordable for seniors. It's time to hold the leaders of these health cartels accountable.

The Affordable Care Act (ACA), while originally intended to expand access to coverage for Americans, has created a system that consistently rewards large insurers and their pharmacy benefit manager (PBM) subsidiaries while leaving patients to shoulder rising premiums and out-of-pocket expenses. Over time, the ACA has obscured the true unaffordability of health care, diverting more than half a trillion dollars in taxpayer funds to massive insurance conglomerates rather than alleviating the financial burden on Americans. Furthermore, extending these subsidies or even voting to make them permanent would cost taxpayers nearly $350 billion. Given that only one-third of these funds directly reduce consumer costs while the rest flow directly into the pockets of insurers, this is not a viable solution.

The affordability crisis is a real and growing issue affecting seniors nationwide. Health care costs are rising more than three times faster than wages, and by 2032, in some cases, it's expected that nearly 40% of the average American family's income will go to premiums alone. ACA premiums and deductibles have more than doubled since the ACA's enactment, outpacing both employer-sponsored plans and inflation. In 2026, the average ACA family premium is expected to exceed $27,000. While vulnerable seniors continued to face escalating costs, the largest insurance companies reaped massive financial windfalls, illustrated by the nearly $150 million paid to the CEOs of the largest insurance companies. Not to mention UnitedHealth, one of the biggest beneficiaries, is currently under criminal investigation by the Department of Justice for allegedly overbilling Medicare.

Moreover, some of the strongest voices advocating for the extension of these subsidies, like AARP, have significant financial relationships with major insurers. A recent report revealed that AARP pocketed $9 billion via UnitedHealth in 2024 alone, raising serious questions about whether the best interests of seniors or insurers are being prioritized.

Americans deserve quality health care, but increasing vertical integration and mass consolidation have allowed insurer conglomerates to continuously deliver low-quality care without facing any accountability. The three largest PBMs, owned by three large insurers, not only pocket discounts meant for seniors, but also steer patients toward their own physicians and pharmacies, often prioritizing corporate interests over what is best for the patient. Instead of doubling down on a broken system, we urge Congress to rein in the big insurers gaming the system and pursue reforms that would actually lower costs for seniors and taxpayers, such as addressing insurer-PBM pricing abuses, prior authorization delays, and coverage denials. To deliver real relief for Americans, Congress must restore transparency, accountability, and competition to the health insurance industry.

Thank you for your time and consideration.

Sincerely,

Jon Decker
Executive Director
American Commitment