

October 2, 2026

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

**Re: Request for Information: Health Coverage that Works for Everyone**

**Submitted by: American Commitment**

Dear Senator Wyden and Members of the Senate Finance Committee Minority Staff:

American Commitment respectfully submits the following comments in response to the Committee's Request for Information (RFI), "[Health Coverage that Works for Everyone](#)." For the reasons outlined below, we urge the Committee to address the harmful, anti-competitive practices stemming from increased vertical integration across the health care system without expanding government control or imposing additional burdens on the patients these reforms are intended to serve.

Vertical integration has allowed large health care conglomerates, like UnitedHealth Group, to amass unprecedented size and influence across nearly every aspect of the health care system. These conglomerates are far more than insurers. UnitedHealth, for example, operates through subsidiaries such as Optum across physician and care delivery, pharmacy benefit management, pharmacy services, and numerous other areas of the health care market.

This consolidation creates a financial incentive for UnitedHealth to favor affiliated entities. In fact, a [recent study](#) found that UnitedHealth pays providers within its affiliated Optum network 17 percent more than the relative price paid by competing insurers, with that disparity growing in markets where UnitedHealth has a greater market share.

The problem is that these incentives increasingly position UnitedHealth and its counterparts to prioritize their own bottom lines over the interests of the patients they are meant to serve. A House Oversight Committee investigation found that the nation's largest PBMs have leveraged their vertically integrated market positions to engage in anticompetitive practices, steer patients toward affiliated pharmacies, and use opaque pricing tactics to [overcharge](#) health plans by hundreds of millions of dollars.

These practices mean that patients, especially seniors, face higher costs and fewer choices at the pharmacy counter. Patients should have the freedom to choose where they get their care and medicines at every step of the process. Lawmakers must increase transparency and competition to ensure a free health care market where independent doctors and pharmacies are able to serve patients without being squeezed out by big insurer-PBMs.

The broken health care system for seniors is further compounded by UnitedHealth's financial entanglement with the AARP. What is supposed to be an independent organization advocating on behalf of American seniors has instead developed financial incentives that raise concerns about whose interests

are being served. Through AARP's longstanding relationship with UnitedHealth, the organization receives royalties from UnitedHealthcare-branded Medicare products. Commitment to Seniors, an initiative of American Commitment, reported that in 2024, AARP received a payment of [over \\$9 billion](#) from UnitedHealth.

The result is a problematic dynamic in which AARP benefits financially from promoting products tied to this insurer conglomerate, even though UnitedHealth may not be the best choice for every senior. As policymakers continue to examine the importance of transparency and patient-first practices in the health care system, relationships like that of AARP and UnitedHealth also deserve greater scrutiny.

American Commitment shares many of the Committee's concerns regarding anti-competitive insurer practices, but proposed solutions should focus on reining in opaque practices instead of expanding government involvement in health care. Proposed Medicare and Medicaid buy-ins, single-payer health care, and other similar proposals that stifle competition do little to address the problematic industry practices outlined above. Government-set price controls could [decimate R&D spending and result in hundreds fewer new drug approvals](#), many of which could be lifesaving for seniors.

Instead, reforms should promote market competition, increase price transparency, and cut down the red tape keeping patients from physician-recommended care—such as excessive prior authorization—while ensuring that health care decisions remain with seniors and their trusted doctors.

Thank you for your time and consideration.

Sincerely,

Jon Decker  
Executive Director  
American Commitment