



October 2, 2026

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Re: Senate Finance Committee Request for Information, "Health Coverage That Works for Everyone"

Dear Ranking Member Wyden:

The U.S. Chamber of Commerce ("the Chamber") appreciates the opportunity to respond to the Senate Finance Committee's Request for Information on health coverage reform. The Chamber is the world's largest business federation, representing businesses of all sizes, sectors, and regions, including employers that provide health coverage to millions of American workers and their families.

Employer-provided coverage is more than a health benefit—it is one of the nation's most important workforce investments. Employers offer health coverage to attract and retain talent, improve workforce productivity, strengthen local economies, and remain competitive in a global marketplace. As Congress considers reforms, policymakers should build upon the strengths of employer-provided coverage while addressing affordability, improving access, reducing unnecessary administrative burden, and fostering continued innovation.

These comments are organized around three priorities that, together, reflect the Chamber's core recommendation to the Committee: preserving and strengthening employer-provided coverage as the foundation for affordability, reducing the administrative complexity that drives up costs without improving care, and protecting the market-based competition and innovation that deliver long-term value. The Chamber respectfully offers the following comments in response to the Committee's Request for Information.

Section 1: Enrollment, Coverage, and Costs

Preserve and Strengthen Employer-Provided Coverage

Employer-provided coverage remains the cornerstone of the American health care system. Nearly 180 million Americans receive coverage through an employer, making it the single largest source of health insurance in the country. For employers, health coverage is not simply an employee benefit. It is a strategic investment that supports recruitment, retention, workforce participation, productivity, and long-term economic growth.

A [2025 Avalere Health analysis](#) commissioned by the Chamber found that employer-provided coverage generated approximately \$439 billion in productivity gains in 2025 alone

through reduced absenteeism and increased presenteeism. The study also demonstrated significant returns on investment for employers of every size, particularly small businesses.

Congress should preserve employer flexibility to design benefits that meet the needs of diverse workforces while maintaining the long-standing tax treatment that has supported employer-sponsored coverage for decades. This flexibility depends on strong ERISA preemption: employers with workers across multiple states rely on a uniform federal framework to design and administer benefits consistently. Subjecting ERISA plans to a patchwork of state-level regulation would undermine the administrative efficiency and consistency that make employer-provided coverage workable at scale. Congress should also ensure that ERISA's fiduciary framework continues to provide plan sponsors and administrators with clear, consistent standards for plan administration, particularly as courts regularly confront questions regarding fiduciary obligations in this area.

Simplifying Enrollment and Reducing Administrative Complexity

The Chamber supports efforts to simplify enrollment and improve consumers' understanding of their coverage options. Administrative complexity remains one of the most significant, and most solvable, contributors to rising health care costs, creating unnecessary costs for employers, employees, health plans, providers, and patients alike without improving health outcomes. As the Committee considers proposals related to enrollment modernization and standardized enrollment processes, broader administrative simplification reforms should:

- Preserve the central role employers play in sponsoring and administering health coverage;
- Maintain voluntary participation for employer-sponsored plans;
- Eliminate duplicative eligibility verification and reporting requirements;
- Improve coordination among payroll, enrollment, and benefits administration systems;
- Increase standardization of administrative transactions and improve interoperability and secure electronic exchange of health information;
- Simplify claims processing; and
- Reduce administrative burden without creating new federal mandates or compliance obligations for employers.

Modernized enrollment tools and standardized data exchange can improve efficiency while preserving employer flexibility and consumer choice.

Improving Affordability

The Chamber shares the Committee's concern regarding the affordability of health coverage. The scale of this challenge is significant and growing. According to the [2025 KFF Employer Health Benefits Survey](#), average annual premiums for employer-sponsored family coverage reached \$26,993 in 2025—a 6% increase over the prior year and a 26% increase over the last five years. Workers contributed an average of \$6,850 toward family coverage out of their paychecks, while employers absorbed the remaining share of the premium, a direct and growing cost on employer balance sheets. These costs are not abstract: workers in firms with 10

to 199 employees face average family premium contributions of \$8,889 per year—a real strain on household budgets, and illustrative of a broader dynamic playing out across employers of every size as healthcare costs increasingly outpace their ability to absorb them without cost shifts to workers or reducing other investments. The system is under increasing strain, and Congress must act to address the underlying cost drivers before these pressures evolve into a broader crisis.

A critical but often overlooked factor in this cost burden is the dominant role the federal government plays in the health care market. The United States government is the single largest purchaser of health care in the country, with Medicare and Medicaid together covering more than 150 million Americans. The rates, rules, and structural decisions embedded in those programs do not stay within their four corners—they ripple outward into the commercial market and directly affect the costs employers face. When Medicare and Medicaid underpay, providers often shift costs to private payers, including employer-sponsored plans. When those programs change coverage rules, utilization patterns, or reimbursement structures, the effects cascade into the employer-sponsored market in ways that are rarely accounted for in the legislative process. Congress should give explicit consideration to these ripple effects when making Medicare and Medicaid policy changes and should evaluate proposed reforms not only for their impact on federal beneficiaries, but for their downstream consequences on the employers and workers who bear the cost of the nation's coverage system.

However, affordability challenges cannot be solved solely through changes to benefit design or additional federal mandates. Rising health care costs are driven by a complex combination of factors, including medical inflation, increasing utilization, workforce shortages, chronic disease trends, and other underlying market dynamics.

Section 2: Simplifying Health Care for Families

Prior Authorization

Beyond enrollment and benefit design, reducing administrative complexity also requires addressing utilization-management tools such as prior authorization. The Chamber supports meaningful, balanced, and evidence-based prior authorization reform that reduces unnecessary delays and administrative burden on patients and providers. Used appropriately, prior authorization delivers real value for both employers and patients, containing costs that would otherwise be passed on through higher premiums, helping identify and fill gaps in care, and ensuring that patients receive the right treatment, at the right time, in the right setting. The Chamber supports:

- Timely prior authorization decisions;
- Greater transparency regarding coverage criteria;
- Electronic prior authorization and standardized workflows;
- Efficient appeals processes; and
- Appropriate use of technology, including artificial intelligence, to support administrative efficiency while ensuring that clinical decisions remain under the oversight of qualified health care professionals.

The Chamber opposes blanket prohibitions on prior authorization that would eliminate a critical tool for managing costs and ensuring appropriate care. The costs associated with such restrictions are ultimately borne by employers and workers through higher premiums. Thoughtfully designed reforms can improve patient experience while helping employers manage rising health care costs.

Leveraging Innovation

Innovation offers a complementary path to reducing administrative burden and improving affordability over the long term. Employers increasingly rely on telehealth, digital health technologies, remote patient monitoring, behavioral health tools, and artificial intelligence to improve access, enhance care coordination, and support healthier workforces. Congress should continue to encourage innovation while promoting interoperability, protecting patient privacy, and ensuring that new technologies improve quality, efficiency, and access to care.

Conclusion

The Chamber appreciates the Committee's willingness to engage stakeholders across the health care system as it considers future reforms. As policymakers evaluate proposals to improve health coverage, the Chamber specifically encourages Congress to:

1. Preserve and strengthen employer-provided coverage as the foundation of the American health care system.
2. Improve affordability by addressing the underlying drivers of health care costs while preserving employer flexibility in benefit design.
3. Reduce administrative burden through modernization, interoperability, and streamlined administrative processes.
4. Encourage innovation and competition to improve quality, enhance value, and expand consumer choice.

The Chamber stands ready to work with the Committee on bipartisan, market-based solutions that help ensure that employers can continue providing high-quality health benefits to millions of American workers and their families.

Sincerely,



Lexi Branson
Vice President, Health Policy
U.S. Chamber of Commerce