

**Committee on Energy and Commerce**

**Opening Statement as Prepared for Delivery  
of**

**Subcommittee on Health Ranking Member Diana DeGette**

***Hearing on “Lowering Health Care Costs for All Americans: An Examination of the  
Prescription Drug Supply Chain”***

**February 11, 2026**

We will hear from our witness panel today about how complex the drug supply chain and drug pricing has become. It’s true—we have a convoluted system that does too much to reward pricing games and too little to reward effectiveness and true innovation.

I’m proud of the work that House Democrats have done to make drugs more affordable. In the Inflation Reduction Act, Democrats made it so that drug companies could not raise their prices faster than inflation. Gone are the days of double-digit price increases on lifesaving drugs year after year.

Democrats also fought for Medicare Drug Price Negotiations, and these negotiations have already lowered the cost of the ten most expensive drugs in Medicare starting this year. For example, four million seniors take Eliquis for blood clots, and thanks to the IRA, Medicare secured a 56 percent discount off list price.

Next up are certain popular GLP-1 drugs, which will be discounted 71 percent beginning in 2027. Other high-cost therapies will be discounted as much as 85 percent. All thanks to Congressional Democrats.

Meanwhile, the biggest drug companies are making backroom deals with the Trump administration in response to extortionate—and I would contend illegal—tariff threats.

Unlike the Inflation Reduction Act, which created clear and predictable mechanisms for negotiating drug prices and capping out-of-pocket costs, the public has no idea exactly what backroom agreements between drugmakers and the White House entail.

I think we would all be very interested in learning more about the President’s deals with drug companies. If they’re worth the paper they’re written on, they need to be made public. We’re here today to talk about affordability.

If this majority were being honest with itself about affordability, we would do two things immediately. First, bring back ACA enhanced premium tax credits. This is the easiest way to lower health care costs for millions of Americans, including Ellen Allen, whom this committee heard from in our last hearing.

Second, repeal H.R.1, Republicans' Big Bad Bill. H.R. 1 included a provision to exclude certain high-cost drugs from Medicare drug price negotiations, costing the American people \$8.8 billion dollars. That means persistently high prices for the American people of drugs that have been on the market for years.

The Big Bad Bill also set up 15 million people to lose their health insurance. That will obviously make health care unaffordable for those 15 million people, but it affects everyone else too.

Why? Because just because someone is uninsured doesn't mean they don't get sick. And uninsured people end up going to emergency rooms, one of the most expensive settings of care. When they can't pay, since this majority took away their health insurance, the costs are passed down to people with private insurance.

And the Big Bad Bill will add \$443 billion to hospitals' uncompensated care costs through 2034. That's a huge cost that will be borne by people in every single one of our districts. I think we all agree that it is cheaper to prevent than treat, and to treat early than treat late.

So why did this majority pass legislation that doctors, hospitals, policy experts, and most importantly patients all agree will let Americans get sicker and poorer?

Meanwhile, this majority has turned a blind eye to grant cancellations, political interference, and instability at the agencies that are the backbone of America's biomedicine ecosystem, which has been the envy of the world.

As we talk about the pharmaceutical supply chain today, let's remember where every treatment and cure starts: as a research project seeking to understand biology.

The GLP-1 drugs that I mentioned earlier started that way—they would not have been discovered, developed, tested, and commercialized without our basic research infrastructure. They came out of research that might have sounded ridiculous—a study of Gila monster venom. But that research led to drugs that are now helping millions of people.

We need to preserve and foster that kind of research and that curiosity.

We cannot allow it to be stifled by the aggrieved contrarians that are inexplicably leading—and destroying—our most precious public health institutions.