

**United States House of Representatives
Committee on Ways and Means
Full Committee Hearing with Health System CEOs**

*Testimony of Samuel N. Hazen
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Chairman Smith, Ranking Member Neal, Members of the Committee, thank you for the opportunity to testify. I am Sam Hazen, Chief Executive Officer of HCA Healthcare. I have been with the company for 43 years, previously serving as President and Chief Operating Officer, President of Operations, and President of our Western Group.

As it is for so many Americans, healthcare is personal to me. I was raised in the coal mining communities of rural Kentucky, and my mother and father lived there their entire lives. Access to care was often limited by distance, income, and infrastructure. Those experiences reaffirmed my commitment to making healthcare accessible and affordable.

I am proud to lead HCA Healthcare, a network of 190 hospitals and more than 2,500 sites of care that had 47 million patient encounters last year, including many in rural and underserved areas. Our hospitals provide critical, lifesaving services to our communities 24 hours a day. We care for everyone who comes through our emergency room doors, regardless of ability to pay. Last year alone, HCA Healthcare provided approximately \$4.5 billion in uncompensated care, including charity care and financial assistance for uninsured patients.

Supporting our commitment to our patients requires not only clinical capability, but also a strong and sustainable financial foundation. As a publicly traded company, we operate with a high degree of financial discipline and transparency, supported by a broad base of stakeholders made up of many of the Americans we serve as patients, including public pension funds, retirement systems, and our own employees.

Healthcare in this country is too expensive for too many people. Affordability is a barrier to care. Whether it is the price of a prescription, the growing weight of insurance premiums, or the burden of an unanticipated emergency room bill, the financial pressures associated with healthcare affect nearly every American household. These challenges are real, and they demand the urgent attention of everyone in healthcare.

The starting point is insurance coverage. When patients have reliable coverage, they seek care earlier and better manage chronic conditions, and they can often avoid the need for expensive and emergency-driven treatment. When coverage is not available or affordable, patients delay care, arriving at hospitals sicker and often in the most expensive setting—the emergency room. Ensuring patient access to Medicaid, Medicare, and the individual insurance marketplace is one of the most direct and efficient ways to lower healthcare costs.

We know, however, that coverage alone is not enough. Our job as providers is to control what we can, by focusing on our patients and improving the efficiency and quality of care while increasing transparency of their healthcare costs. When we do that, we reduce complications and unnecessary utilization and ultimately reduce costs for everyone.

There is more to be done, and we are committed to improving value for patients, investing in our communities, and engaging with policymakers about the challenges and tradeoffs. We look forward to working with you and healthcare stakeholders to implement balanced, evidence-based solutions that benefit our patients and taxpayers.

HCA Healthcare and Its Commitment to Patients and Communities

For almost 60 years, HCA Healthcare has played a pivotal role in communities across the country. Founded in 1968 in Nashville, Tennessee, we have grown from a single hospital into one of the nation's leading healthcare providers. Today, we operate a broad network of inpatient and outpatient facilities, all focused on providing patient-centered, high-quality care. Our facilities include acute care hospitals, surgery centers, freestanding emergency rooms, urgent care clinics, behavioral health facilities, and other points of care, supporting 47 million patient encounters last year. HCA Healthcare is also one of the largest providers of trauma care in the country. We dedicate significant capital—\$5 billion in 2025 alone—to expanding access, modernizing facilities, and deploying technologies that improve clinical outcomes and patient safety.

Rural Care and Outreach

We invest to support rural and underserved areas. In many places, our hospitals are among the largest providers of Medicaid services and uncompensated care, helping ensure that vulnerable populations have access to essential care regardless of their ability to pay. In harder-to-reach areas, we leverage our network to connect people with the care they need. In addition to operating 35 rural acute care hospitals throughout the country, initiatives like our HealthONE Rural Network help to provide access to highly specialized care quickly, without requiring patients to leave their communities.

Additionally, we recognize that improving outcomes requires work outside of our hospitals. Thus, we partner with local organizations, sponsor community health initiatives, and support programs that address underlying barriers to healthcare access. For example, our hospitals engage in extensive collaboration with community partners, including Federally Qualified Health Centers, free clinics, and local nonprofits to improve patient care, particularly after discharge. These partnerships provide comprehensive care for underserved populations, ensuring access to primary care, preventive services, and necessary social support. And last year we engaged more than 160 community organizations through intervention programs focused on maternal health outcomes, chronic disease management, and nutrition.

Crises and Disasters

Hospitals play a unique role in times of crisis. Our hospitals are designed to operate under extreme conditions and remain open and responsive throughout public health emergencies, natural

disasters, and other disruptions. When disasters strike, our focus is simple: care first. We coordinate across our network to move supplies, deploy caregivers, and support affected communities. For example, we used our national scale to support patients, clinicians, and communities during the COVID-19 pandemic. We expanded bed capacity, redeployed clinical staff across markets, and established system-wide protocols to manage surges while maintaining continuity of care for non-COVID patients. We also used data and clinical analytics capabilities to identify emerging trends, guide treatment approaches, and share real-time insights across our network. We simultaneously invested in personal protective equipment, testing infrastructure, and vaccination efforts, including hosting community vaccination sites and partnering with public health authorities. As public health conditions stabilized, **we returned approximately \$6 billion in CARES Act funding**, in recognition of the fact that those resources may have been needed elsewhere.

More recently, during Hurricane Helene, our colleagues maintained 24/7 hospital operations despite complete infrastructure failures in western North Carolina. That meant digging wells and running continuous water trucks to ensure a safe water supply; constructing a 6,500-foot dam to protect our facilities from flooding; housing staff who could not return to their homes in more than 500 hotel rooms; and coordinating constant fuel deliveries to power nearly a dozen electric generators. Our hospitals were a refuge, providing lifesaving care, stability, shelter, and support. I am proud of our colleagues for meeting the challenges in their communities. HCA Healthcare nurses, doctors, and other team members show up when it matters most—from the mass shooting in Las Vegas, to Hurricane Katrina, and other large disasters.

Financial Support for Those in Need

At HCA Healthcare, we are committed to maintaining financial assistance programs that make care more accessible and affordable for our patients. In 2025, HCA Healthcare provided approximately \$4.5 billion in uncompensated care, including charity care and financial assistance for uninsured patients—one of the largest financial assistance efforts in healthcare.

Our financial assistance programs are intended to help patients who have received hospital care focus on their health, in part by meeting them wherever they are on the income spectrum. Our hospitals across the United States maintain comprehensive financial assistance policies that include full 100% write-offs of patient balances for the most vulnerable (generally those with household incomes below 200% of the federal poverty level). We extend these policies further by providing sliding scale caps on out-of-pocket balances owed by patients, based on their annual household income. We work to make the financial assistance application process as simple as possible for our patients.

We also prioritize flexibility and fairness in how patients meet their financial obligations. For example, we offer interest-free payment plans tailored to individual circumstances, and **we do not report medical debt to credit bureaus, nor do we pursue litigation or liens against patients for unpaid bills.**

We understand that healthcare insurance and the hospital billing process can be confusing and stressful for patients. Our dedicated patient benefit advisors and financial counselors work with

patients to understand their specific financial circumstances and coverage options, identify available assistance, and apply for Medicaid or other coverage programs. We encourage patients to seek assistance as soon as issues or questions arise.

Price Transparency

Timely, understandable information about healthcare costs helps patients make informed decisions about their care. HCA Healthcare has been a leader in price transparency, publishing consumer-facing pricing information well before federal requirements were established and investing in tools that make that information more accessible and actionable.

Today, our hospitals offer patient-friendly price estimator tools that allow individuals to view expected out-of-pocket costs based on their insurance coverage, procedure, and location of care. We also provide comprehensive machine-readable files that are required by federal transparency rules as well as financial counseling services to help patients navigate their insurance coverage and payment options. For uninsured and self-pay patients, we furnish good faith estimates that outline anticipated charges in advance of care to reduce uncertainty and help avoid unexpected bills.

These efforts are part of our broader commitment to provide patients with clear, usable information. But they are only a partial solution. It is important to recognize the limits of provider-only transparency and communication. The out-of-pocket costs a patient may be required to pay depends not only on hospital charges, but also on insurance plan design, network status, deductibles, and other insurance plan-specific factors that only insurers know. Without real-time, integrated data from health insurers, even the most robust and well-intended provider tools will not provide a complete picture to patients.

Improving price transparency will, therefore, require coordinated action across the healthcare system. We support efforts to improve data sharing and standardize formats and to ensure that providers and payers are creating a consistent, accurate, and transparent framework for patients. We are committed to working constructively with policymakers, regulators, and other stakeholders to advance transparency, so that consistent, accurate, and truly useful information is provided to patients.

Education for Doctors, Nurses, and Caregivers

Ensuring access and meeting the growing demand for healthcare services requires sustained investment in workforce development and clinical education. We are the nation's largest sponsor of graduate medical education, with more than 5,800 residents and fellows in 385 accredited programs of various specialties at 85 teaching hospitals in 16 states. We also are making significant investments to expand the pipeline for skilled nurses. Our Galen College of Nursing is now one of the largest nursing school networks in the United States, with 25 campuses in 12 states and more than 19,600 students.

Beyond nursing, we have expanded workforce training programs through our Workforce Development Center of Excellence, which has supported more than 1,450 graduates and now

offers 28 programs in critical specialties such as imaging and sterile processing. Additionally, we invested more than \$50 million in tuition assistance and student loan support for our colleagues last year, including \$35 million to help 11,500 individuals pursue nursing degrees. These investments strengthen our workforce and help to ensure that the next generation of healthcare professionals will be there for patients and their communities.

Solutions to Improve Access and Affordability

We believe there are three key policies that can improve access and affordability: promoting affordable insurance coverage, fostering competition, and simplifying administrative and regulatory burdens. HCA Healthcare is prepared to engage with policymakers to identify and implement solutions that align with these goals.

Affordable Insurance Coverage

The availability of stable and affordable insurance is the key to determining how and when patients interact with the healthcare system and to improve outcomes, while also better controlling costs.

Insurance directly impacts patient behavior. Research consistently shows that covered individuals are much more likely to receive preventive services, maintain continuity of care, and manage chronic conditions. Conversely, uninsured individuals are more likely to delay or avoid costly healthcare; the result in such scenarios is predictable—conditions worsen, and treatments become more complex and costly.

We see these patterns every day. When coverage is unreliable or lost altogether, patients are more likely to seek care later and when sicker, often from emergency departments. That is not optimal for patients or the healthcare system.

Strong, stable coverage programs are essential. Medicaid, for instance, provides coverage to more than 65 million Americans, including many of the most vulnerable patients, while Medicare serves nearly 70 million seniors and individuals with disabilities. Ensuring these programs are adequately funded and that reimbursement remains aligned with the cost of care is critical to maintaining access.

Equally important is the individual insurance market. More than 20 million Americans now receive coverage through the health insurance exchanges, which have expanded access to affordable, market-based options. Policies that strengthen these markets are essential to reducing coverage gaps and promoting continuity of care.

Coverage stability also enables hospitals to support essential services, invest in workforce and technology, and remain prepared for emergencies. In many of the communities we serve, particularly in high-growth states like Florida and Texas, HCA Healthcare is among the largest providers of Medicaid services, underscoring both our commitment to vulnerable populations and the central role coverage plays in maintaining access to healthcare.

Competition

HCA Healthcare believes that fair competition, where hospitals compete on quality and outcomes, improves care delivery and lowers costs. Barriers to competition can drive up costs. One area where federal and state governments may help promote competition is through the elimination of certificate of need (CON) laws. CON laws were originally intended to help manage costs and prevent duplication of services, but decades of evidence suggest they often do the opposite, by limiting competition, constraining supply, and driving up prices. Revisiting these laws would encourage new entrants, foster innovation in care delivery, and help address capacity shortages in both fast-growing and underserved areas. Earlier this month, Tennessee became the latest state to enact legislation that would ultimately end CON.

Administrative and Regulatory Simplification

For coverage and competition to improve access and affordability, they must function properly at the site of care. Too often, insured patients face administrative barriers that delay or limit access, including prior authorization requirements, network restrictions, and payment disputes. In a 2024 survey by the American Medical Association, nine out of 10 physicians reported that prior authorization has a negative impact on patient outcomes and delays access to care, with nearly a quarter reporting that it led to an adverse clinical outcome for a patient. All the while, denials and delays have become more prevalent, increasing administrative costs and creating uncertainty for providers. These frictions directly affect patients, who experience delayed diagnoses, postponed procedures, and reduced access to timely care.

A well-functioning healthcare system requires accountability across all participants. Insurers, providers, and policymakers each play a role in ensuring that coverage and competition translate into real, timely access to medical services. That means aligning incentives around transparency, reducing unnecessary administrative burden, and ensuring that payment policies support the delivery of high-quality care. When that alignment is achieved, patients benefit from a system that is more responsive and efficient, and ultimately, more affordable.

Further, hospitals face an extensive and fragmented regulatory burden, with hundreds of various federal and state requirements. While these regulations are intended to ensure safe, high-quality care, their volume and overlap have significantly increased administrative demands and often limit efficiency. As a result of the complex regulatory overlay, clinicians and staff spend more time on administrative activities, driving up costs, creating barriers to care, and reducing the time available for direct patient care. Federal regulatory requirements should be better aligned across agencies, consistently applied, and regularly reviewed to ensure their benefits outweigh the administrative burden. We would encourage policymakers to focus on transitioning toward voluntary Medicare demonstration models, standardizing insurance-related administrative transactions, and migrating to streamlined digital quality reporting.

Conclusion

HCA Healthcare wants to partner with policymakers and other stakeholders to improve healthcare access and affordability. We believe the best way to improve the healthcare system is to ensure that all participants—patients, hospitals, doctors, pharmaceutical companies, health insurers,

regulators, and policymakers—work together. I look forward to today’s discussion about how we and others across the healthcare system can help to advance durable, patient-centered policies that expand coverage, strengthen access, promote transparency, and support innovation.