

Testimony of Brian Whorley

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Economic Growth, Energy Policy, and Regulatory Affairs
and
Health Care and Financial Services

Subcommittees of the

U.S. House of Representatives Committee on Oversight & Government Reform

On

“Lowering the Cost of Healthcare: Technology’s Role in Driving Affordability”

December 10, 2025

SPOKEN TESTIMONY

My name is Brian Whorley, I'm the CEO & Founder of Paytient.

I founded Paytient because I believe the most powerful way to remake the healthcare market and systemically lower the *prices we pay* is by increasing & returning economic purchasing power to the one stakeholder in the system most sensitive to and capable of discerning value - the patient.

Our goal is to improve the ability of employers and patients to simply purchase and pay for care - ideally paying not just transparent, but transactable, cash prices directly to providers whenever possible with help from pioneers like HealthEquity and Mark Cuban Cost Plus Drugs.

Today, we serve 6,000 employers who want the capital efficiency of lower cost health plans while also ensuring that the 96% of their employees who never reach their out-of-pocket maximum have an easier way to pay cash and pay less for care. We don't do this work alone. We are grateful for partners such as Elevance, Blue Cross Blue Shield of Arkansas, Cigna, Centene, Gravie, Sidecar Health, and Humana who have been investing with us, for years, to improve affordability of the out-of-pocket experience for ACA, Governmental and Employer health plan members and providers.

I'm proud to say Paytient also provides the software that powers the Medicare Prescription Payment Plan, or M3P, for nearly 22 million Medicare beneficiaries. The Medicare Prescription Payment Plan is a bipartisan healthcare payment innovation that gives 54 million seniors the option for their insurer to pay their out-of-pocket costs upfront at the pharmacy counter. Seniors receive a statement at month-end to review for accuracy and then pay in full, like most do, or choose to smooth their payment over the plan year to better fit their household budget. This innovation gives 54 million seniors financial security and the ability to personalize payment in a way that works for their budget. It is a pragmatic approach to make healthcare more accessible and affordable that recognizes the ability to pay a \$600 out-of-pocket cost is not the same for every senior.

Importantly, *cost smoothing improves affordability without removing individual responsibility*. This bipartisan innovation is catalyzing change in the employer insurance market, where brokers, consultants, employers and insurers are realizing that health plans that include cost smoothing create the ability to have lower-cost health plans coupled with better financial experiences for patients and providers. The market is moving toward hybrid healthcare plans that have the efficiency of simply paying cash in full or over time for low cost, routine care, coupled with the security of insurance coverage and payment rails for rare care. We are entering a time of two markets, and technology has an important role to make care more affordable in both.

Please consider four suggestions to expand the use of existing in-market technology to immediately improve healthcare affordability.

1) Ensure seniors are automatically protected from unaffordable out-of-pocket costs by auto-enrolling them in the Medicare Prescription Payment Plan

- Every insurer in the country has successfully launched and operationalized the Medicare Prescription Payment Plan.
- Seniors like the financial protection, convenience and ability to review their monthly statements for accuracy before they mail in a check to pay for care.
- Plans can and should automatically enroll seniors in 2027 instead of laboriously requiring sick seniors to call, opt-in and delay their care.

2) Encourage insurers to expand payment smoothing to include medical costs

- Why should seniors only be able to smooth their pharmacy claims over time but not their larger, more costly and unpredictable medical expenses? Allow insurers to expand the Medicare Prescription Payment Plan to smooth medical claims for seniors, providing real relief.
- Expand payment smoothing to ACA and employer plans.
- Uncompensated care from payment smoothing should be clearly characterized as equivalent to a medical loss and counted 'below the line.'

3) Allow seniors to access the benefit in real-time

- Seniors should be able to opt-in in real-time when they need help most - at the pharmacy counter - instead of waiting 24 hours and making a return trip to the pharmacy.
- The technology exists to allow seniors opt-in in real-time or near-time, allowing them to take their medications when they need to.

4) Improve the economic purchasing power of Americans by allowing employees to receive and control more of their own healthcare dollars.

- Give employers and employees the *voluntary option* to receive the full cash value of what their employer would have spent on their health plan into a Roth version of the HSA that they can use to invest in their health, purchase insurance or simply pay for care directly to providers.

Thank you for this opportunity to share my testimony.

WRITTEN ADDENDUM

My name is Brian Whorley, I'm the CEO & Founder of Paytient - I'm here as a civic CEO who believes it is the dual responsibility of American businesses to not just prosper but to increase the prosperity and health of our nation and its people.

I founded Paytient because I believe the single most powerful way to remake the healthcare market and systemically lower the *prices we pay* is by increasing & returning economic purchasing power to the one stakeholder in the system most sensitive to and capable of discerning value - the patient.

When people have both the *Responsibility and Financial Ability* to purchase & pay for care - paying not just transparent, but transactable, cash prices directly to providers - the provider market responds: competition heightens, service and choice improve, quality increases and importantly, real prices fall. Contrary to prevailing opinion, healthcare, as an industry, does not have a natural immunity to the natural forces of healthy market function. In fact, there is real-world evidence that when patients pay for care directly, quality improves and prices fall. Let's consider LASIK, for example.

In the late 1990's, a LASIK procedure cost \$4,400¹. If the price of LASIK had risen at the healthcare inflation rate, its cost today would be \$8,000-\$10,000. Oddly, LASIK defied general and medical inflation trends. The price for a LASIK procedure today, in nominal dollars, is the same as it was in 1998 (~\$4,400). If we consider the 'time price', the number of hours someone needs to work to pay for a good, in 1998 it took ~550 hours of work to afford LASIK. Today, it takes ~244 hours (at the average hourly wage for unskilled workers). Today's procedure, which is much improved vs. 1998, is *twice as affordable*. Hundreds of thousands of Americans are accessing 2025-quality care at 1998 prices. Our goal is to enable more healthcare to be simply purchased and paid like LASIK.

Paytient is built as an insurer and employer-provided benefit that sits inside health plan deductibles and gives people an easier way to simply purchase and self-pay for care. Given that ~96% of commercially insured Americans don't reach their health plan's out-of-pocket maximum, people consider Paytient as an essential part of their health experience - enabling them to more easily access and afford care before their insurance takes over paying for all of their care. As medications and routine healthcare services evolve toward DTC cash pricing, employers will increasingly consider more capital efficient health plans that have a mix of cash pay and insured care - financially empowering patients to purchase generic and routine care within lower cost health plans that still provide the security of catastrophic coverage.

I am grateful for the Committee's bipartisan focus on this challenge and for the chance to share what we are learning from millions of real families. I look forward to your questions.

¹ https://crstoday.com/articles/2003-jun/0603_181-html