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POLITICAL CHECKPOINT

2026



Healthcare on the Campaign Trail

HEALTHCARE PLAYED MORE OF A SUPPORTIVE ROLE IN BROADER THEMES OF AFFORDABILITY

“Premiums are so expensive (esp ACA)”	**AFFORDABILITY**
“Kicking people off Medicaid”	**COVERAGE**
“Make sure the program works for the people who truly need it”	**PROGRAM INTEGRITY**
“Hospitals going to be hurt, especially in rural areas”	**FEDERAL FINANCING**
“Make sure companies like [insert Insurer] don’t deny you”	**PRIOR AUTHORIZATION**

Political Checkpoint: The Midterms

MEET THE EXPERTS



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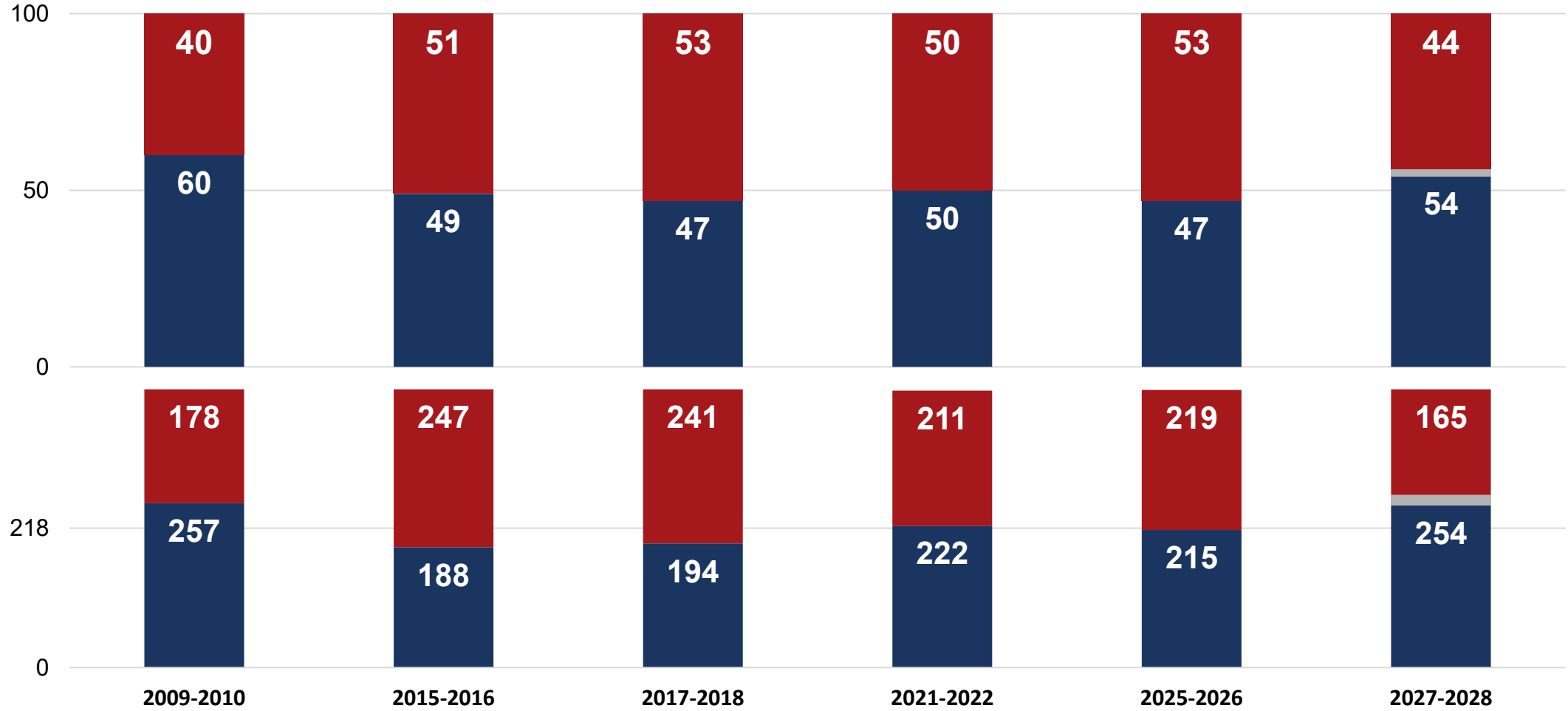


Jennifer Colamonico, Vice President Strategy & Communications
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120th Congress: Margins Matter

Majorities Over Time

2009-2010:	2015-2016:	2017-2018:	2021-2022:	2025-2026:	2027-2028:
Full Democratic Control	R Congress and D POTUS	Full Republican Control	Full Democratic Control	Full Republican Control	Democratic Congress, Republican POTUS
ACA passed	Reconciliation used but vetoed	Repeal & Replace failed TCJA passed	IRA passed (not BBB)	OBBBA passed	



Senate HELP Committee Leadership

SENIORITY, OTHER COMMITTEE ROLES, AND MIDTERM OUTCOMES WILL IMPACT WHO LEADS THE COMMITTEE.

Sen. Bernie Sanders (I-VT)



Current Ranking Member, Senate HELP Committee

HEALTH CARE AGENDA

- Drug pricing reform and Medicare for All
- Heavy administration oversight focus
- May oppose UFA reauthorization or look to constrain industry and lower drug prices
- Supports community health centers and addressing access issues

Sen. Rand Paul (R-KY)



Current Chair, Senate Homeland Security and Government Affairs Committee

Sen. Lisa Murkowski (R-AK)



Possible Ranking Member, Appropriations

Sen. Josh Hawley (R-MO)



Possible Ranking Member, Senate HELP Committee

Also in play:

- **Republican openings** (Senators Armstrong, Cassidy, Collins, Marshall, Tuberville, and Husted are not returning to Congress in 2027)

Senate Finance Committee Leadership

LEADERSHIP LIKELY TO REMAIN THE SAME; PARTY CONTROL WILL IMPACT COMMITTEE DIRECTION

Sen. Ron Wyden (D-OR)



Current Ranking Member, Presumed Chair
Senate Finance Committee

HEALTH CARE AGENDA

- Currently building health care agenda through stakeholder feedback, RFI process
- Push for reversing/increasing oversight of OBBBA, MFN deals
- Seniors, long-term care
- Expanding IRA-negotiated drugs
- Interested in addressing consolidation and corporate influence in health care

Sen. Mike Crapo (R-ID)



Current Chair,
Presumed Ranking Member
Senate Finance Committee

Also in play:

- **Republican openings** (Senators Blackburn, Cornyn, Cassidy, Daines, Marshall, and Tillis are not returning to Congress in 2027)
- **Democratic opening** (Senator Smith)

House Energy & Commerce Leadership

A KEY DEMOCRATIC LEADERSHIP ROLE ON THE COMMITTEE OPENS IN THE 120TH CONGRESS

Rep. Frank Pallone, Jr.



Current Ranking Member,
Presumed Chair
House Energy & Commerce
Committee

HEALTH CARE AGENDA

- HHS oversight, with scrutiny of changes to vaccine policy
- OBBBA rollback

Rep. Brett Guthrie (R-KY)



Current Chair,
Presumed Ranking Member
House Energy & Commerce
Committee

HEALTH CARE AGENDA

- Medicaid program integrity
- Rural health and telehealth access
- U.S. innovation

Rep. Raul Ruiz



Possible Chair,
House Energy & Commerce Health
Subcommittee

HEALTH CARE AGENDA

- HHS oversight
- Health workforce and teaching health centers

Rep. Morgan Griffith (R-VA)



Current Chair,
Presumed Ranking Member
House Energy & Commerce Health
Subcommittee

HEALTH CARE AGENDA

- Rural health and rural hospitals
- Medicare payment reform
- Substance use disorders and response

House Ways & Means Leadership

LEADERSHIP IS IN FLUX FOR HEALTH SUBCOMMITTEE

Rep. Richard Neal (D-MA)



Current Ranking Member,
Presumed Chair
House Ways & Means Committee

HEALTH CARE AGENDA

- Health care consolidation
- Expanding IRA drug pricing provisions

Rep. Jason Smith (R-MO)



Current Chair,
Presumed Ranking Member
House Ways & Means Committee

HEALTH CARE AGENDA

- Tax-exempt hospital oversight and transparency measures
- Rural health
- Clinician payment reform

Rep. Mike Thompson (D-CA)*



Possible Chair,
House Ways & Means Health Subcommittee

HEALTH CARE AGENDA

- Champion of Medicare dental, vision, and hearing coverage
- Telehealth

Rep. Adrian Smith (R-NE)



Possible Ranking Member,
House Ways & Means Health Subcommittee

HEALTH CARE AGENDA

- Rural health

*Race results pending

Three Paths Forward for a Democratic Congressional Majority

OVERSIGHT, BUDGET RECONCILIATION, AND MUST-PASS VEHICLES SHAPE THE HEALTH POLICY AGENDA

PATH 1

Oversight

Robust approach in the House and Senate

EXPECTED FOCUS AREAS

- **Vaccine policy changes:** personnel, stakeholders and scientific justifications
- **Trump Rx & MFN agreements:** conflicts of interest and the DTC platform
- **OBBBA:** coverage-loss hearings and CMS implementation oversight
- **HHS cuts & fraud:** funding and staff changes (NIH, CDC, HRSA, AHRQ); Medicaid enforcement probe

PATH 2

Budget Reconciliation

A test vote that previews the 2029 agenda

WHAT DEMOCRATS HAVE OUTLINED

- Reinstate expired enhanced ACA subsidies
- Medicare-like option in ACA Marketplaces
- Expand IRA drug price negotiation
- Revise or repeal OBBBA Medicaid reductions
- **Precedent:** Full ACA repeal passed by both chambers in 2015–16; vetoed Jan. 8, 2016

PATH 3

Must-Pass Vehicles

Opportunities for bipartisanship

THREE POTENTIAL 2027 VEHICLES

- **Federal debt limit**: Early-mid-summer based on current projections; extraordinary measures could delay default 6–9 months
- **Appropriations:** Fiscal year 2027 and health extenders Sept. 30, 2027
- **FDA user fee:** reauthorization deadline Sept. 30, 2027

The "Lame Duck" Session of the 119th Congress

AFTER THE MIDTERMS, CONGRESS WILL STILL HAVE A LOT TO GET DONE WITH THE FEW WEEKS OF LEGISLATING THAT WILL REMAIN IN THE 119TH CONGRESS.

REMAINING LEGISLATIVE ITEMS

MUST PASS

- FY 2027 Funding
- Medicare extenders
- Mandatory funding for Community Health Centers, National Health Service Corps, and Special Diabetes Programs

HIGH PRIORITY

- "Doc Fix" (PFS increase)

OTHER POSSIBLE ITEMS

- Negotiated public health reauthorizations (PAHPA, OAA, other public health reauthorizations)
- Price transparency measures

PENDING NOMINEES



DR. HEIDI OVERTON
FDA COMMISSIONER
AWAITING HELP COMMITTEE VOTE



DR. NICOLE SAPHIER
SURGEON GENERAL
AWAITING SENATE VOTE



DR. TIMOTHY WESTLAKE
SAMHSA ADMINISTRATOR
AWAITING SENATE VOTE



CHRIS KLOMP
DEPUTY SECRETARY OF HHS
AWAITING SENATE VOTE



SEAN KAUFMAN
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)
AWAITING SENATE VOTE

Democratic Health Agendas Have Been Long in the Making

100-DAYS MEMO AND WYDEN RFIs ALREADY DETAIL THE LEGISLATION OF INTEREST TO DEMOCRATS

House Democrats Cost-of-Living Workgroup Memo

- Workgroup formed in June
- 84-page health agenda built with **139 members and 145 stakeholder groups**
- Targets legislation for first **100 hours**, first **100 days**, and **year one** of a majority.
- Key themes include reversing OBBBA, breaking up health care consolidation, strengthening Traditional Medicare and "reclaiming MAHA"





Senate Finance-Wyden RFIs



- In the works since February
- **80+ meetings with ~250 advocates and experts**
- Policy menus **preview Senate Finance focus**
- Three RFIs in 2026: **drug pricing (Jun), coverage (Jul), long-term care (Oct)**
- Key themes include universal coverage and long-term care access, including through establishing a public option

Policy Outlook: Coverage Reforms

Congress

- **ACA:** Democrats are likely to use budget reconciliation for:
  - Reinstating enhanced ACA subsidies
  - Enrollment pathway in non-expansion states
  - Medicare-like option
  - Strengthening MLR/additional profit or administrative-cost limits
  - Repealing OBBBA enrollment verification provisions
- **OVERSIGHT:** Sen. Wyden has identified health plans as an oversight target for 2027 agenda, with consolidation and premium increases a major focus.

The Administration

- **WASTE, FRAUD, AND ABUSE:** Continued concern over perceived ACA fraud and enrollment issues, with continued DOJ, OIG and CMS activity likely.
- **CMS:** Will continue to use authority to promote ACA alternatives such as: IHCRA, HSAs, AHP, STLD plans.
- **ACA:** CMS will continue to contemplate getting rid of silver loading as an affordability measure.

Policy Outlook: Medicaid

Congress

- **OBBBA:**
  - Democrats' first move will be full repeal/block/ delay effective dates for major provisions
    - Community engagement requirements
    - Medically frail
    - State directed payments
    - Provider tax
- **CMS OVERSIGHT:**
  - Investigating CMS' waste, fraud, and abuse actions, including Medicaid payment deferrals

The Administration

- **OBBBA IMPLEMENTATION:** CMS will continue to issue regulations and guidance, provide technical assistance to states
  - DOJ appeal of medical frailty ruling likely
- **WASTE, FRAUD, AND ABUSE:**
  - Significant Oz focus
  - Target areas:
    - Long-term care
    - Personal care
    - Home and community-based services.

Policy Outlook: Drug Pricing

Congress

- **IRA:** Democrats could seek to use IRA expansions as reconciliation pay-for:
  - More drugs negotiated, or negotiated earlier;
  - International price indexing
- Outside of reconciliation, Democrats could seek IRA extension to commercial market

- **OVERSIGHT:** Continued oversight of MFN deals

The Administration

- **IRA IMPLEMENTATION:** Assertive IRA implementation likely continues, with continued downward pressure on prices

- **MFN:** Continued MFN deal-making and related activity likely, including CMMI models

- **340B:** Further oversight and reforms where feasible

Policy Outlook: FDA User Fees

Congress

- **HELP COMMITTEE:** Senator Sanders could present a challenging dynamic for passage as HELP Chair, but there is likely to be leadership pressure for passage.
- **POLICY RIDERS:** "Policy riders" could include:
  - Direction on clinical trials
  - Patient and consumer protections
  - Rare Pediatric Disease PRV Reauthorization

The Administration

- **SUPPORTIVE:** Support for reauthorizing the user fees and accompanying commitment letters is likely. However, they may raise objections to certain policy riders particularly if they are out of scope or curtail a risk-proportionate approach.

Key Takeaways: Federal Health Policy

120TH CONGRESS

1. **Get ready for a deluge of Democratic policy ideas**
   Pent up ideas and priorities that weren't advanced under Republicans.

2. **Reconciliation is crucial**
   Could be a once-in-a-decade opportunity to debate coverage, even if it gets vetoed.

3. **Bipartisanship is possible**
   After key Democratic priorities have been advanced.

4. **More opportunities for education**
   New members and committee leaders mean more chances to educate.

5. **Expect the Administration to use every minute**
   The Trump Administration will use every authority to advance or protect its policy priorities.

State Control Before 2026: Who Held Power

ALL 50 STATES BY GOVERNOR AND LEGISLATURE PARTY CONTROL, PRE-ELECTION

16	3	7	1	23
Democratic trifectas	D governor + split legislature	Other divided: D gov + R leg (5); R gov + D leg (2)	R governor + split legislature	Republican trifectas

D Trifecta (16)	D Gov, Split Leg (3)	D Gov, R Leg (5)	R Gov, D Leg (2)	R Gov, Split Leg (1)	R Trifecta (23)
CA	PA	AZ	NV	AK*	AL
CO	MI	KS	VT		AR
CT	MN	KY			FL
DE		NC			GA
HI		WI			ID
IL					IN
ME					IA
MD					LA
MA					MS
NJ					MO
NM					MT
NY					NE
OR					NH
RI					ND
WA					OH
VA					OK
					SC
					SD
					TN
					TX
					UT
					WV
					WY

Source: Ballotpedia, party control of state government as of Nov. 2, 2026 (23 R trifectas, 16 D trifectas, 11 divided). *Alaska's legislature is run by a bipartisan coalition. Nebraska's nonpartisan legislature is counted R; Minnesota House was tied under a power-sharing agreement.

State Control After 2026: Who Holds Power

ALL 50 STATES BY GOVERNOR AND LEGISLATURE PARTY CONTROL, INCLUDING 19 NEW GOVERNORS

22	4	6	0	18
Democratic trifectas	D governor + split legislature	Other divided: D gov + R leg (4); R gov + D leg (2)	R governor + split legislature	Republican trifectas

D Trifecta (22)	D Gov, Split Leg (4)	D Gov, R Leg (4)	R Gov, D Leg (2)	R Gov, Split Leg (0)	R Trifecta (18)
CA	AK*	IA	NH		AL
CO	GA	KS*	VT		AR
CT	NC	KY			FL
DE	TX	OH			ID
HI					IN
IL					LA
ME					MS
MD					MO
MA					MT
NJ					NE
NM					ND
NY					OK
OR					SC
RI					SD
WA					TN
VA					UT
MI					WV
MN					WY
NV					
PA					
WI					
AZ					

Sources: Ballotpedia, NCSL and MultiState post-election tallies (Nov. 5–6, 2026; unofficial). *Alaska chambers are coalition-led and Alaska and Kansas governor races were not yet called (both lean D); Kansas legislature is R-controlled. Nebraska's nonpartisan legislature is counted R. Arizona legislature calls pending.

Six Health Trends Across 2026 Governor Platforms

AFFORDABILITY DOMINATES; FEDERAL MEDICAID CHANGES SET THE AGENDA FOR WHOEVER WON

Cost of care is the lead message

Six in 10 voters worry about affording care; health costs tie gas prices as the top economic concern. Candidates of both parties open with affordability.

OBBBA implementation lands on new governors

Medicaid work requirements and eligibility checks arrive as terms begin (NE live May 2026; IA Dec. 1; AZ Jan. 1). Democrats pledge to mitigate or litigate; Republicans frame them as integrity tools.

Medicaid expansion is back on the table

Holdout states (GA, KS, TX) feature open expansion fights. Expect different levels of urgency in expansion discussion.

Program integrity as a governing theme

Fraud, waste and audits anchor GOP platforms (OH, KS, OK, AZ, PA) but also appear in Democratic plans (MN).

Transparency, PBMs and drug prices

Bipartisan toolkit: posted cash prices, PBM rebate pass-through, drug affordability boards, bulk purchasing and Rx programs (FL, NV, MI, OH, MN, NM).

Rural access, workforce and behavioral health

Rural hospital closures, Rural Health Transformation dollars, psychiatric bed shortages and provider pipelines show up in nearly every race.

Sources: KFF polling via Forbes (Oct. 27, 2026); KFF Health News (Oct. 17, 2026); Nebraska Public Media (Oct. 10, 2026); KCCI (Oct. 27, 2026); ABC15 (Oct. 27, 2026); candidate platforms cited on state slides.

State Health Policy Considerations

"AFFORDABILITY," inclusive of healthcare, was a universal driver of election results

HR1 / OBBBA implementation will be front and center for all states, regardless.

Medicaid	ACA	Funding Cuts	Prices
Work requirements start January 2027, risking coverage.	Enhanced subsidies expired; premiums rise.	Hospital payment limits phase down from 2028.	Cost shifting raises employer premiums.
Financing limits phase in from 2028.	Only some states run their own exchanges; the rest use HealthCare.gov.	SNAP cost shifts to states begin 2027–2028.	Drug prices stay a top consumer concern.

Sources: P.L. 119-21 (H.R. 1); HMA analysis

EVERY STATE WILL GRAPPLE WITH THESE ISSUES

Governors Will Shape The Response, Not The Underlying Federal Constraints

GUBERNATORIAL DISCRETION

CONTROL Governors and agencies act directly	Agency leadership	Budget recommendations	Implementation posture	Administrative investment	Program-integrity priorities	Stakeholder engagement	
INFLUENCE Needs legislative or federal agreement	Community engagement exemptions and supports	Section 1115 waiver strategy	State plan amendments	Provider rates	State-directed payments	HCBS investments	Eligibility outreach and systems
CONSTRAINT Governors cannot change alone	Federal statutory requirements	Federal financing limits	CMS approval standards	Legislative appropriations	State statutes	Judicial decisions	

THE TAKEAWAY

Gubernatorial elections matter most for implementation philosophy, budget priorities, agency leadership, and the willingness to use state resources.

Sources: P.L. 119-21 (H.R. 1); CMS-2454-IFC; HMA analysis

Ohio

Governor-elect Amy Acton

Legislature: Republican House, Republican Senate

Campaign rhetoric: "I will protect against attacks on Medicaid and Medicare from Columbus and Washington."



Response to federal policy

- State directed payments: federal caps phase down from 2028
- ~770,000 Ohioans in Medicaid expansion (of 3M+ total enrollees)
- 160,000+ Ohioans dropped ACA coverage since 2025
- Provider tax limits: up to $7.33B budget shortfall

New state priorities

- Cut Medicaid red tape, shorten approval wait times
- Ohio Rx: use Medicaid's single PBM to lower drug prices
- 11 rural hospitals at risk of closure; price transparency push
- Day-one medical debt relief

Sources: Health Policy Institute of Ohio (Mar 2025, Mar 2026); Policy Matters Ohio (Jul 2026); KFF/HFMA (Aug 2026); Acton for Governor health care plan.
Photo: U.S. Air National Guard photo by Senior Airman Gwendalyn Smith, Public domain, via Wikimedia Commons



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Texas

Governor-elect Gina Hinojosa

Legislature: Democratic House, Republican Senate

Campaign rhetoric: "My healthcare position is to ensure every Texas child has quality healthcare… the way we do that is by expanding Medicaid."



Response to federal policy

- State directed payments: CMS approved ~$12B, grandfathered to 2028, then phased down to 110% of Medicare
- 16% uninsured, highest in the U.S.; 5M+ Texans, ~1M children
- One of 10 non-expansion states, and the largest
- Large ACA marketplace enrollment (down 4% YoY)

New state priorities

- Coverage expansion: 1.1M eligible; up to $10B/yr in federal funds at 90% match
- Senate hurdle: expansion needs legislation; "trigger bill" tied to federal changes floated
- Ban insurers' bad-faith claim denials
- Lifting of abortion ban



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Sources: Texas Tribune (Nov 2026); KFF Health News (Nov 2026); HFMA (Sept 2026); Holland & Knight (Jun 2026)..
Photo: By RRC1701 - Own work, CC0, https://commons.wikimedia.org/w/index.php?curid=171055405

Georgia

Governor-elect Keisha Lance Bottoms (D – flip)

Legislature: Democratic House, Republican Senate

Campaign rhetoric: "I truly believe that [Medicaid expansion] is an issue we can get bipartisan support with."



Response to federal policy

- One of 10 states without Medicaid expansion; 1M+ adults uninsured
- Pathways work-requirement waiver expires Dec. 31, 2026
- Pathways enrollment far below ~240,000 estimated eligible
- Enhanced ACA subsidies expired; 1.3M+ on Georgia Access in 2026

New state priorities

- Replace Pathways with full ACA Medicaid expansion
- Up to ~500,000 Georgians newly eligible
- Day-one agency prep for expansion
- Needs General Assembly approval; bipartisan push

Sources: Augusta Chronicle/Capitol Beat (Nov 9, 2026); AJC (Nov 2026); CBS Atlanta (Nov 5, 2026); GPB News; Georgia Recorder (Oct 2026); Georgia Pathways (pathways.georgia.gov); CoveredUSA (May 2026).
Photo: Brandon Bell, REUTERS



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Key Takeaways: State Health Policy

LOTS OF NEW PEOPLE – WILL TAKE SOME TIME TO SETTLE INTO ROLES

1. **Federal law sets the limits**
   Plans and providers should plan around H.R. 1 rules, whoever the governor is.

2. **Affordability drives agendas**
   Expect state priorities to center on premiums, drug prices and medical debt.

3. **State financing pressure is building**
   Provider tax and directed payment limits will squeeze budgets and provider rates.

4. **Governors don't act alone**
   Legislatures and statewide officeholders of other parties will also have a say.

5. **Watch 2027: work requirements and budgets**
   Jan 2027 work requirements and new state budgets set the first real tests.

2027 Policy and Government Affairs Toolkit

Select the tools that best fit the policy objective, market, audience, and decision window.

Policy intelligence
Monitor federal and state developments, guidance, and reimbursement.

Federal engagement
Build agency and Hill relationships through meetings, letters, and testimony.

Member education
Educate new members, governors, and their staff on health policy issues and priorities.

Evidence + analysis
Use data, budget, market, access, workforce, and outcomes evidence.

Comments + participation
Respond to RFIs, submit comments, and participate in demonstrations.

Visibility + communications
Use briefings, roundtables, hearings, site visits, op-eds, and media.

Policy development
Develop policy proposals, white papers, and legislative language.

Market Prioritization
Identify which states and markets present opportunities and risks.

Stakeholder alliances
Mobilize providers, payers, employers, advocates, and coalitions.

Strategic counsel + tracking
Coordinate actions, plan ahead, and track policy progress.

Executive alignment
Connect policy priorities to leadership, strategy, and investment.

Questions?
We can help.

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