Federal Election Results and Prospective Democratic Health Care Agenda

November 5, 2026

NOTE: The Strategic Health Care team will be scheduling a more detailed webinar later this month that will take a closer look at what to expect in health care changes from the new Democratic Congress. We will also review key committees impacting health care policy and who is expected to be leading those panels.

Overview

Democrats have secured majorities in both chambers of Congress in the November 3 midterms, ending unified Republican control effective with the 120th Congress on January 3, 2027. Counting continues in some races; reported totals are preliminary. As of November 4, reporting places the Democratic Senate caucus at at least 54 seats and the party beyond the 218-seat threshold in the House. The election represents an explicit opportunity—but not an unrestricted mandate—to address health care affordability and coverage. President Donald Trump retains the veto, and Senate procedural rules will constrain major bills. [1–3]

Democratic leaders are putting cost-of-living relief ahead of ideological health system restructuring. On November 4, incoming House Speaker Hakeem Jeffries identified reversing Medicaid cuts and renewing expired ACA premium tax credits as priorities; Senate Democratic Leader Chuck Schumer said the first task is to reduce household costs. House Democratic Whip Katherine Clark described the party's winning campaigns as centered on affordability. [4–5]

Election Results and Political Meaning

Democrats flipped the Senate through victories including North Carolina, Ohio, Iowa, Kansas, Maine, South Carolina and Texas, while winning the House majority. Their success extended into historically Republican states. The precise final House margin remains unsettled; it will determine how easily leadership can move legislation amid differences between centrists and progressives. [1–3]

A November 4 KFF analysis finds that midterm voters trusted Democrats over Republicans to handle health care by 49% to 30%, a 19-point advantage. Higher premiums following expiration of enhanced ACA tax credits and Medicaid reductions in the 2025 reconciliation law were prominent campaign issues. This creates pressure for early, visible action on insurance premiums and access, particularly among swing-district Democrats. [6]

What Leaders Said on November 4

Jeffries described the result as a demand for affordability and accountability, promising efforts to restore ACA tax credits and reverse Medicaid reductions. Schumer declared that lowering costs would be the Senate's first priority. Both have emphasized achievable household relief; neither has announced a finalized bicameral legislative package. A House Democratic health care working group

has, however, already prepared an extensive menu of proposals for the first 100 hours, 100 days and first year. [4–5, 7]

Expected Legislative Priorities: First 100 Days

- Restore enhanced ACA premium tax credits. Likely an opening House vote, potentially with permanent renewal requested. Credits expired at the close of 2025. Renewal would target marketplace premium affordability and coverage retention; passage into law requires a deal with the White House. [7–9]
- Reverse 2025 Medicaid financing and eligibility changes. Democrats intend to challenge funding reductions and coverage restrictions in H.R. 1, including community-engagement requirements and other enrollment barriers. An outright repeal faces presidential resistance; appropriations or narrower implementation delays may be more practical negotiating targets. [7–9]
- Lower prescription drug costs. The Democratic blueprint proposes extending negotiated Medicare drug prices to commercial insurance and pursuing pharmacy benefit manager reform, including structural separation proposals. These are concrete affordability themes but vary in prospects for bipartisan agreement. [7–8]
- Reduce barriers to treatment. Potential measures include tighter Medicare Advantage prior-authorization and network standards, step-therapy reforms, and ending the WISeR prior-authorization demonstration in traditional Medicare. [7–8]
- Restore research and public-health protections. The working group advocates release of withheld NIH funding and safeguards for vaccine policy and scientific decision-making. Oversight hearings could begin even where legislation cannot be enacted. [7–8]

Additional Proposals for the First Year

House Democrats have discussed a public insurance option, Medicare buy-in or reduced eligibility age, and Medicare for All. These are distinct alternatives—not an agreed party program. A vote on one or more could define the 2028 debate, but enacting wholesale coverage reform is improbable under a Republican president and a caucus divided over the appropriate federal role. [7–9]

Other proposals include caps on some out-of-pocket spending and medical debt protections; permanent Medicare telehealth flexibilities; expanded graduate medical education, particularly in rural and underserved areas; additional primary and behavioral health access; and greater protections against health care consolidation and private-equity practices. A physician payment “doc fix” and FDA user-fee reauthorization offer nearer-term vehicles for cross-party bargaining. [7–8]

What Congress Can Actually Deliver

Democratic majorities can set committee agendas, hold hearings, subpoena executive officials, pass bills in both chambers and negotiate funding provisions. They cannot unilaterally override a presidential veto: doing so requires two-thirds in each chamber. Most non-reconciliation Senate legislation also remains vulnerable to the 60-vote cloture threshold. Consequently, oversight and chamber votes are highly probable; broad Medicaid repeal, permanent ACA subsidies and universal coverage expansions are materially less certain. [3, 7]

Implications for Hospitals and Health Systems

The election is favorable to the hospital community on Medicaid coverage and coverage-related uncompensated care, but it is not a guarantee of favorable Medicare payment policy. Health system executives should distinguish Democratic coverage-expansion objectives from the party’s separate interest in directly reducing provider prices. [7–8]

- Medicaid and ACA: Restoration or delay of coverage restrictions would help stabilize payer mix and lower uninsured volumes, particularly for safety-net and rural hospitals. Watch legislative language on state financing, provider taxes, directed payments and eligibility implementation rather than assuming full repeal. [7–9]
- Hospital payments and consolidation: Site-neutral Medicare reimbursement, restrictions on consolidation and private-equity ownership, and greater scrutiny of outpatient facility prices could advance as cost offsets or bipartisan savings proposals. These measures could adversely affect hospital outpatient revenue. [7–8]
- Medicare Advantage and workforce: Prior authorization, network adequacy, physician payment, telehealth and 14,000 proposed additional residency positions may present constructive advocacy opportunities. [7–8]
- Oversight and appropriations: Expect hearings about federal drug-pricing agreements, vaccine policy and administration of health programs; health-related measures may ride on government funding and other must-pass bills. [7]

Assessment and Recommended Positioning

The strongest prediction is a two-track agenda: rapid votes and investigations to demonstrate responsiveness to voters, paired with negotiations over narrower measures that deliver measurable affordability or access gains. The biggest policy uncertainty is not whether Democrats prioritize health care—they clearly will—but which proposals can attract enough Republican support and presidential approval to become law.

For hospital advocates, immediate priorities are to support Medicaid/ACA coverage restoration while preparing evidence on the patient-access consequences of site-neutral payment and other provider savings. Coalitions should emphasize specific premium, access, rural-service and uncompensated-care outcomes, and seek bipartisan compromises through early-2027 appropriations and authorization vehicles.

Sources (accessed November 4, 2026):

[1] AP, “Democratic sweep of Congress,” Nov. 4, 2026 (apnews.com/article/9c5c4c5283f58b1ae0786e2f410c21a0).
[2] Ballotpedia, “Democrats win U.S. House and Senate majorities,” Nov. 4, 2026 (news.ballotpedia.org).
[3] Becker’s Hospital Review, “Democrats gain control of Congress: 5 midterm takeaways,” Nov. 4, 2026.
[4] Spectrum News, “Schumer, Jeffries say reducing cost of living is job No. 1,” Nov. 4, 2026.
[5] Anadolu Agency, “House Democratic leader vows lower costs,” Nov. 4, 2026.
[6] KFF, “Midterm Voters Give Democrats a Big Advantage to Handle Health Care,” Nov. 4, 2026.
[7] Axios, “Democrats will face a health care stress test,” Nov. 4, 2026.
[8] ASGE, “House Democrats Outline Health Care Agenda Ahead of Midterms,” Oct. 1, 2026.
[9] AP, “House Democrats plan a first 100-days agenda,” Oct. 14, 2026.