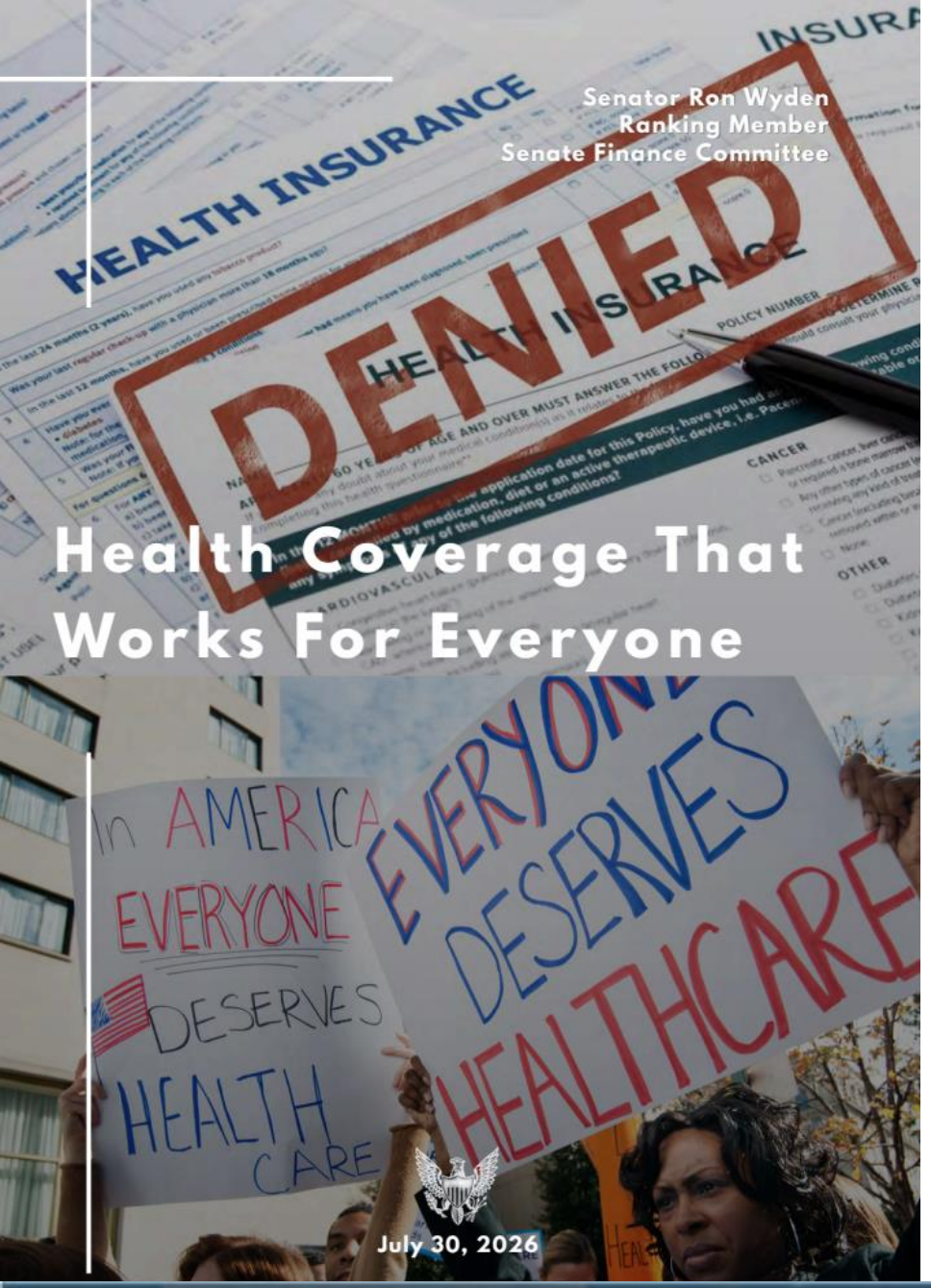

On July 30, SFC Dems released a Request for Information to solicit feedback on policy questions and proposals to **reform and improve health care and coverage**.

Responses are due by October 2, 2026. The RFI and related policy conversations **will inform Senate Democrats' platform on health system and coverage reform** ahead of their next opportunity for control of the White House, Senate, and House. SFC staff have committed not to publish written comments, but comments will be shared with participating Senators' offices.

The RFI is organized into three sections. **Major takeaways** are listed below, and additional **detail on select policies and questions** are listed on the following slide.

For more, see TCG's reference guide to the RFI, here.

Section 1: Reversing Republican Cuts and Reimagining a Better Path

Section 1 primarily focuses on reversing Republican health care policies, improving the existing commercial insurance market, and considering broad-strokes reform to enrollment, cost, and coverage. **Universal coverage** proposals are discussed in depth, including **public-option policies** and other reforms that would coexist with a private market as well as **single-payer proposals.**

Section 2: Making Health Care Simpler for Families

Section 2 focuses on making health insurance easier to get, understand, and use by addressing topics related to benefits, barriers to care, and administrative burden. **Prior authorization** and the **delay or denial of care** are core themes in this section.

Section 3: Taking on Corporate Greed

Section 3 focuses on taking on what the working group describes as corporate greed and profiteering by insurance companies, including issues related to profits, gaming, and vertical integration. **Ownership structures** and **the role of private equity** both feature in this section, as well as ways to **modernize medical loss ratio (MLR) rules** and address concerns about **third-party administrators** in the employer market.

Section 1: Reversing Republican Cuts and Reimagining a Better Path

- Ensuring people can easily afford and enroll in coverage
  - ACA Marketplace reforms
  - Affordability determinations
  - Federal rate review, and capping premium rates
- Addressing "unsustainable" increases in deductibles and out-of-pocket (OOP) costs
  - Strengthening benefit design
  - Deductibles, OOP caps, and coinsurance
- Increasing coverage options, including expanding a Medicare-type option to all Americans
  - Addressing existing coverage gaps
  - Development of a public option, including Medicare or Medicaid buy-in
  - Establishing a single-payer system
- Eliminating substandard "junk" insurance plans
- Protecting consumers from surprise tax liability from excess premium tax credits created by higher-than-expected income

Section 2: Making Health Care Simpler for Families

- Simplifying and standardizing plan options and benefits
  - Networks and provider directories
  - Minimum requirements for plan designs and benefits
- Ensuring patients do not face hurdles or delays in accessing care
  - Prior authorization and claim denials
  - Claims adjudication and consumer appeal rights
- Increasing plans' accountability for practices that delay or deny care and generate profit
  - Payment delays and billing deadlines
  - Direct primary care and direct contracting
  - Oversight and regulation in the employer market
- Simplifying the process to get and keep insurance
  - Addressing fraud (including broker fraud) while preserving efficient enrollment systems

Section 3: Taking on Corporate Greed

- Ensuring federal funds provided to plans support patient care
  - Stock buybacks and executive compensation
  - Private equity involvement in health care
- Addressing insurer practices that increase prices, limit competition, and place "middlemen" between patients and care
  - Vertical integration and breaking up large companies
  - Intercompany transfers and eliminations
  - Transparency and reporting
- Eliminating MLR "gaming"
  - MLR and QIA reporting
  - "Loopholes" in MLR rules and reformulating MLR thresholds
- Addressing plans' and TPAs' behavior and role in the self-insured market
  - Increasing oversight, regulating contract terms, limiting the use of hidden fees and spread pricing
  - Evaluating the role of "middlemen"

**The information provided here is not comprehensive; additional questions and policies are detailed in the 86-page RFI*