

SCORECARD

[2025]



Affordable Healthcare
Coalition of North Carolina

Released January 2026



The Affordable Healthcare Coalition of North Carolina is a non-profit, non-partisan grassroots organization committed to supporting policies and efforts that will lower healthcare costs for families and businesses in North Carolina.

We are a statewide coalition made up of businesses, organizations and individuals who are concerned about the rising cost of healthcare and prescription drugs.

We keep our members informed on what is happening in North Carolina that impacts their healthcare costs.

We advocate for policies that will make quality healthcare more affordable for individuals, families, and businesses in North Carolina.

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 affordablecarenc.com

THE 2025 AFFORDABLE HEALTHCARE SCORECARD

The Affordable Healthcare Coalition's Legislative Scorecard evaluates each member of the North Carolina General Assembly on his or her commitment to lowering healthcare costs for businesses, workers, and their families.

The Scorecard assesses legislation that impacts prescription drug and healthcare prices, addresses burdensome regulations that drive up costs, expands access to high-quality and affordable care, and increases the availability of quality health insurance options.

During the 2025 legislative session, 27 bills were scored. The Coalition supported 17 bills – each of which would have contributed to lower costs and higher-quality healthcare. 10 bills were opposed that would have raised costs for consumers.

Of the bills scored, three were enacted into law. These new laws:

- Increase transparency across the prescription drug supply chain and lower costs for consumers.
- Expand access to high-quality, affordable health insurance options for small businesses, workers, and their families.
- Increase access to affordable flu testing and treatment.

No bills opposed by the Coalition became law.

HOW GRADES ARE DETERMINED

Final grades are based on multiple factors, including floor and committee votes, bill sponsorships and co-sponsorships, and a member's engagement and effort throughout the legislative session to advance or oppose measures that lower healthcare costs.

- Members were notified in advance when a bill was selected for scoring.
- Lawmaker grades range from A+ to F.
- Lawmakers earning A+ grades are crowned Affordable Healthcare Champions.

BY THE NUMBERS

10 A+ Champions

27 Bills Scored

17 Bills Supported

10 Bills Opposed

3 New laws that lower costs & improve quality for consumers



CHAMPIONS

Affordable Healthcare Champion awards are given to those lawmakers who earn an A+ grade on the legislative scorecard.

HOUSE



Rep. Vernetta Alston

SENATE



Sen. Phil Berger



Sen. Dan Blue



Sen. Danny Earl Britt, Jr.



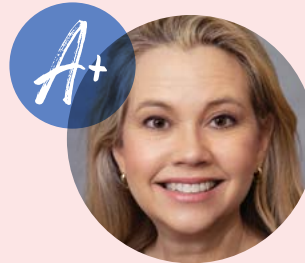
Sen. Jim Burgin



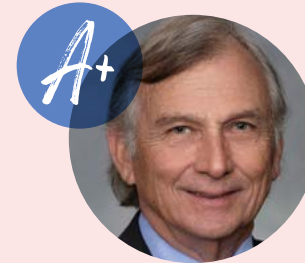
Sen. Kevin Corbin



Sen. Ralph Hise



Sen. Amy Galey



Sen. Bill Rabon



Sen. Benton G. Sawrey



“These Affordable Healthcare Champions delivered real results for North Carolina. By advancing cost-lowering reforms and stopping proposals that would have raised prices, they helped pass laws that reduce healthcare costs, expand access to care, and strengthen the quality of care for families and small businesses across the state.”

AUSTIN VEVURKA
Executive Director

SCORED LEGISLATION



GOVERNMENT MANDATES INCREASE HEALTHCARE COSTS (SB24/HB46) *SUPPORT*

Senate Bill 24 & House Bill 46 take major steps to address government mandates that raise healthcare costs. The legislation would ensure that if any new mandates are passed, an equal number must also be repealed to help offset the cost. In addition, the bill protects taxpayers and the State Health Plan by ensuring that any new mandate also contains funding to pay for its added cost.

SENATE SPONSORS: Burgin; Galey; Sawrey

HOUSE SPONSORS: Kyle Hall; Lambeth; Paré; Chesser



GOVERNMENT IMAGING MANDATE (HB297) *OPPOSE*

House Bill 297 would drive millions of dollars in premium escalation by imposing a new government mandate on businesses, workers, and taxpayers. The legislation mandates that individuals and businesses, through their insurance premiums, pay for advanced diagnostic imaging tests such as MRIs and breast ultrasounds at the same \$0 cost-share level as a preventive screening mammography. Patients should always get the care they need, and these screenings are already covered at standard benefit levels. HB297 goes against medical recommendations from the United States Preventive Services Taskforce. It could encourage overuse and misuse as tests such as MRIs and diagnostic breast ultrasounds are more expensive for patients – and more profitable for hospital systems.

SPONSORS:

Belk; Carney; White; Lambeth



PHARMACY TAX & HIGHER RX COSTS (HB163) *OPPOSE*

House Bill 163 would impose a new pharmacy tax on every prescription filled in North Carolina. The legislation increases dispensing fees by as much as 1000 percent, with no added benefit for the consumer. It prohibits paying pharmacies more who deliver on higher quality and better outcomes. And it imposes a government ban on a tool used by North Carolina businesses for price predictability on prescription drugs.

SPONSORS:

Rhyné; Blackwell; Huneycutt; Lowery



PATIENT-FOCUSED PRIOR AUTH REFORMS (SB315) *SUPPORT*

Senate Bill 315 makes patient-focused reforms to prior authorization, while ensuring continued patient safety and affordability. The legislation sets fair turnaround times for prior authorization reviews. And it increases transparency for prior authorization processes and procedures through important disclosure requirements. These commonsense reforms reduce the burden of prior authorization while ensuring that the tool can still be used to enhance patient safety and improve affordability.

SPONSORS:

Burgin; Galey; Sawrey



LOWER HEALTHCARE COSTS (SB316) *SUPPORT*

Senate Bill 316 will save North Carolinians hundreds of millions of dollars in healthcare costs while making billing practices fairer and more transparent. The legislation eliminates hidden hospital facility fees charged at non-hospital settings. It ensures that patients can ask for, and receive, a good faith estimate of their healthcare costs prior to receiving care. It puts consumer protections in place around medical debt collections. And it ensures that patients are notified prior to a procedure if they are going to be cared for by anyone outside of their insurance network.

SPONSORS:

Burgin; Galey; Sawrey



APRN FULL PRACTICE AUTHORITY (SB537/HB514) *SUPPORT*

Senate Bill 537 and House Bill 514 will increase access and lower costs by removing government regulations so high-skilled nurses can practice at the full level of their education and training. Removing this barrier could greatly expand access to care while saving more than \$650 million a year in healthcare costs, all without a sacrifice in quality. Importantly, the legislation would not allow Advanced Practice Registered Nurses to do anything that is beyond their scope of practice. It would simply remove an outdated and burdensome government regulation that requires these nurses to meet with a “supervising” physician every six months and pay the physician a fee.

HOUSE SPONSORS: White; Lambeth; Setzer; Cunningham

SENATE SPONSORS: Hise; Adcock; Corbin



CON REPEAL (HB455/SB370) *SUPPORT*

Through increased competition, these bills will lower prices for consumers, increase innovative care models, and improve quality. House Bill 455 and Senate Bill 370 would repeal North Carolina’s outdated Certificate of Need (CON) laws. CON laws limit the number of medical facilities that can operate in any given area. For a new clinic to enter the market, it must petition the government and demonstrate a “need” for another facility of its type. This limits the kind of competition that can drive costs down and increase access to innovative care. These bills will help create an environment where competition can lead to lower prices and better care for patients.

HOUSE SPONSORS: Kidwell; Ward; Pike

SENATE SPONSORS: Sawrey; Galey; Jarvis



END RX MARKUPS (SB517) *SUPPORT*

Senate Bill 517 will significantly lower the cost of prescription drugs by ensuring federal discounts are passed onto the consumer. The legislation prohibits hospital systems and other “covered entities” from obtaining drugs at discounted rates through the federal 340B program, and then selling them to consumers at a markup. The 340B program was created by the federal government to help uninsured and low-income patients get medicine at an affordable cost. Under the program, drug manufacturers are required to sell their products at a steep discount to select “340B covered entity” hospital systems so those savings can be passed on to the patient. However, reports have shown that hospital systems often place steep markups on the drugs for financial gain. SB517 would stop this practice.

SPONSORS:

Galey; Burgin; Sawrey



SMALL BUSINESS PREMIUM INCREASES (HB156/SB218)

OPPOSE

House Bill 156 and Senate Bill 218 will cause premium increases for small businesses. The legislation would allow small businesses with just five employees to self-fund their health insurance. Premiums for North Carolina small businesses on the fully insured marketplace are increasing by as much as 19 percent in 2025 due, in part, to businesses moving off the marketplace for “alternative coverage” options such as those created by the legislature reducing small group size from 25 to 12 in 2024.

HOUSE SPONSORS: Paré; White; Humphrey; Tyson

SENATE SPONSORS: Johnson; Galey; Moffitt



HOUSE BILL 434 (HB434) OPPOSE

House Bill 434’s prior authorization reforms would have an overall negative impact on patient cost and safety. The legislation exempts providers from prior authorization if 80 percent of their claims are approved. North Carolinians should not be comfortable with only a four-out-of-five success rate from their providers. It fails to address the underlying problem that healthcare costs are too high. And it adds administrative requirements and restrictions that will put patients at risk for increased costs and safety gaps.

HOUSE SPONSORS:

Bell; Reeder; Cotham; Campbell



SCRIPT ACT (SB479) SUPPORT

Senate Bill 479 will lower the cost of drugs, increase transparency across the supply chain, and provide much-needed support to independent pharmacies. The legislation enhances transparency into PSAsOs, PBMs, and pharmaceutical manufacturer pricing. It supports independent pharmacies by allowing them to be reimbursed at higher amounts, by allowing them to decline to fill prescriptions when taking a loss, and by stopping PSAsOs from requiring they purchase more expensive drugs from specific wholesalers. It will lower drug costs for consumers by requiring they receive prescription drug rebates at the point of sale.

SPONSORS:

Sawrey; Britt; Galey



NAME BRAND RX MANDATE (HB824) OPPOSE

House Bill 824 mandates that consumers and businesses pay for expensive brand name opioid use disorder drugs when less-costly generics are available. There are multiple forms of buprenorphine/naloxone used to treat opioid use disorder. They can range from around \$150 dollars for a generic to upwards of \$500 for brand name varieties. There is no added clinical value with the more expensive drug. Under this bill, insurers and businesses would be required to cover a prescribed \$500 brand name drug even if an equally effective, less expensive generic equivalent is available. This would cause drug costs to increase, which in turn means higher premiums and higher employee contributions to their company’s health plan.

SPONSORS:

White; Huneycutt



PHYSICIAN FREEDOM (SB673) *SUPPORT*

Senate Bill 673 will allow physicians more freedom to move to independent practice, which will help increase competition and lower costs. The legislation prohibits noncompete clauses for physicians practicing at a hospital system. Physician noncompete clauses can impact consumer affordability and access to care. By prohibiting them, physicians would have the freedom to practice at more affordable settings, and in areas where care may not be as accessible.

SPONSORS:

Burgin; Mayfield



HIGH COST AMBULANCE MANDATE (HB489) *OPPOSE*

House Bill 489 mandates you pay significantly elevated and unreasonable rates for ground ambulance transportation. The bill mandates that out-of-network ground ambulances be paid 400 percent of the current Medicare rate. The impact of a rate that is four-times greater than Medicare would mean patients with high-deductible plans receive significantly higher bills until they reach their deductibles, and everyone, regardless of their plan, would pay higher premiums to further cover this inflated cost. Costs for consumers would rise further as ambulance service providers go out-of-network to get the government-mandated 400 percent of Medicare reimbursement, as the rate would be substantially higher than current in-network rates.

SPONSORS:

Loftis; Potts; Huneycutt; Lambeth



RX TRANSPARENCY (HB624) *SUPPORT*

House Bill 624 will increase transparency into the prices consumers pay for their medicine. The bill requires that consumers be notified of any price increases that are 10 percent or greater 60 days prior to those increases taking place. It also requires a justification for the price increase. Prices for new drugs, along with justifications, must also be provided.

SPONSORS:

Crawford; Clark; Cervania; Belk



TESTING MANDATE (HB567) *OPPOSE*

House Bill 567 mandates costly and unnecessary lab testing that is of little to no benefit to the patient. Specifically, the bill broadly defines biomarker testing and mandates that all tests are covered even if they are not needed or useful for the patient. Mandates such as these are both costly and unneeded. Health plans routinely cover useful tests and update coverage when new evidence demonstrates a benefit. Covering unproven and potentially inaccurate tests can also lead to a cascade of other harmful, unnecessary, and costly procedures, treatments, and follow-ups.

SPONSORS:

Wheatley; Penny; Campbell; Moss



PROSTHETIC DEVICE MANDATE (HB906) *OPPOSE*

House Bill 906 mandates individuals, through their premiums, pay for an unlimited number of prosthetic devices at unlimited costs. It is important that individuals have access to prosthetic devices that meet their inclusive individual needs. As written, however, House Bill 906 would mandate individuals, through their premiums, pay for an unlimited number of devices at unlimited costs. The bill also fails to require that prosthetics be fitted by a reputable and licensed prosthetic professional or prohibit financial relationships between prosthetists and prosthetic companies even though there is evidence of fraud, waste, and abuse in this area.

SPONSORS:

Bell; White; Campbell; Reives



HOUSE BILL 434 (SENATE AMENDED) *SUPPORT*

House Bill 434, as amended, includes important prior authorization reforms and will lower healthcare costs by more than \$200 million a year. The legislation requires insurers clearly disclose and communicate prior authorization policies and tightens turnaround times that are already required by law. It eliminates hospital facility fees charged to patients at non-hospital settings. And it allows patients to get an accurate estimate of any charges they will be obligated to pay before receiving care, with the final bill not exceeding five percent of that estimate.



TEST AND TREAT INFLUENZA & STREP (SB335) *SUPPORT*

Senate Bill 335 expands access to quality healthcare at lower-cost settings. The bill allows trained, licensed pharmacists to test and treat patients for the flu and strep throat. Individuals often have greater access to pharmacies and visit them more frequently than doctor's offices. Pharmacists can also provide these important services at reduced costs for their customers.

SPONSORS:

Sawrey; Galey; Burgin



HOUSE BILL 67 (SENATE AMENDED) *SUPPORT*

House Bill 67, as amended, expands access to care and lowers costs. The legislation expands access to quality healthcare at lower-cost settings by letting trained, licensed pharmacists test and treat patients for conditions like the flu.



SB479 (HOUSE AMENDED) *OPPOSE*

Senate Bill 479 as amended increases drug costs, reduces transparency, hurts independent pharmacies, and hurts businesses. The legislation mandates a price floor at which all pharmacies must be reimbursed for any drugs they purchase. This will increase costs for businesses and consumers. It does not enforce transparency requirements for PSAOs, and allows PSAOs to force independent pharmacies to purchase more expensive drugs when less costly alternatives may be available. It extends the benefits narrowly tailored to help rural pharmacists and those in pharmacy deserts, to large national chains. And it eliminates a tool often used by businesses to have price predictability on prescription drugs.



SMALL BUSINESS LOWER HEALTHCARE COSTS (SB449 PCS) *SUPPORT*

Senate Bill 449 includes a key provision to help small businesses across North Carolina access high-quality, affordable health insurance. The legislation would allow small businesses with two or more employees to join together to purchase health insurance as one large group. This would enable small employers to lower premiums by spreading medical costs across a broader pool of participants, and increase bargaining power with insurers to secure better rates and coverage options.



SCRIPT ACT (SB479 CONFERENCE REPORT) *SUPPORT*

The Senate Bill 479 conference report will lower the cost of drugs, increase transparency, and provide much-needed support to independent pharmacies. The legislation enhances transparency into PSAOs, PBMs, and pharmaceutical manufacturer pricing. It supports independent pharmacies by allowing them to be reimbursed at higher amounts and by stopping PSAOs from requiring they purchase more expensive drugs from specific wholesalers. It will lower drug costs for consumers by requiring they receive prescription drug rebates at the point of sale.

SENATE CONFEREES: Sawrey; Britt; Rabon

HOUSE CONFEREES: Rhyne; Potts; Campbell; Reeder; Bell

2025 Affordable Healthcare Scorecard Grades

HOUSE OF REPRESENTATIVES *sorted by grade*

NAME	PARTY	GRADE	NAME	PARTY	GRADE	NAME	PARTY	GRADE
Alston, Vernetta	D	A+	Clampitt, Mike	R	D	Prather, Lindsey	D	D
Crawford, Sarah	D	A	Clark, Tracy	D	D	Pyrtle, Jr., A. Reece	R	D
Ball, Cynthia	D	A	Cohn, Bryan	D	D	Quick, III, Amos L.	D	D
Chesser, Allen	R	B	Colvin, Mike	D	D	Riddell, Dennis	R	D
Hall, Kyle	R	B	Cunningham, Carla D.	D	D	Roberson, James	D	D
Hastings, Kelly E.	R	B	Davis, Jr., Ted	R	D	Ross, Stephen	R	D
Reives, II, Robert T.	D	B	Dew, Aisha O.	D	D	Sauls, John	R	D
Rhyne, Heather N.	R	B	Dixon, Jimmy	R	D	Schietzelt, Mike	R	D
Blust, John M.	R	C	Echevarria, Brian	R	D	Scott, Paul	R	D
Brody, Mark	R	C	Eddins, Blair	R	D	Shepard, Phil	R	D
Brown Jr., Terry M.	D	C	Gable, Wyatt	R	D	Smith, Carson	R	D
Buansi, Allen	D	C	Gillespie, Karl E.	R	D	Smith, Charles	D	D
Cervania, Maria	D	C	Goodwin, Edward C.	R	D	Strickland, Larry C.	R	D
Dahle, Allison A.	D	C	Greene, Dudley	R	D	Torbett, John A.	R	D
Greenfield, Julia	D	C	Hawkins, Zack	D	D	Turner, Brian	D	D
Hall, Destin	R	C	Helfrich, Beth	D	D	Tyson, Steve	R	D
Johnson-Hostler, Monika	D	C	Howard, Julia C.	R	D	Von Haefen, Julie	D	D
Kidwell, Keith	R	C	Humphrey, Chris	R	D	Ward, Bill	R	D
Lambeth, Donny	R	C	Iler, Frank	R	D	Warren, Harry	R	D
Lopez, Jordan	D	C	Jackson, PhD, Frances	D	D	Watford, Sam	R	D
Potts, Larry W.	R	C	Jackson, Neal	R	D	Wheatley, Diane	R	D
Price, Renée A.	D	C	Jeffers, B. Ray	D	D	Willingham, Shelly	D	D
Setzer, Mitchell S.	R	C	Johnson, Jake	R	D	Willis, David	R	D
Stevens, Sarah	R	C	Jones, Brenden H.	R	D	Winslow, Matthew	R	D
Adams, Jay	R	D	Jones, Abe	D	D	Zenger, Jeff	R	D
Ager, Eric	D	D	Liu, Ya	D	D	Belk, Mary	D	F
Almond, Jonathan L.	R	D	Lofton, Brandon	D	D	Butler, Deb	D	F
Arp, Dean	R	D	Longest, Tim	D	D	Campbell, MD, Grant L.	R	F
Baker, Amber M.	D	D	Majeed, Nasif	D	D	Carney, Becky	D	F
Balkcom, Jennifer	R	D	McNeely, Jeffrey C.	R	D	Cotham, Tricia Ann	R	F
Bell, IV, John R.	R	D	Miller, Charles W.	R	D	Harrison, Pricey	D	F
Biggs, Brian	R	D	Moss, Jr., Ben T.	R	D	Huneycutt, Cody	R	F
Blackwell, Hugh	R	D	Paré, Erin	R	D	Loftis, Donnie	R	F
Branson, Jerry "Alan"	R	D	Penny, Jr., Howard	R	D	Logan, Carolyn G.	D	F
Brisson, William D.	R	D	Pickett, Ray	R	D	Morey, Marcia	D	F
Brown, Gloristine	D	D	Pierce, Garland E.	D	D	Reeder, MD, Timothy	R	F
Brown, Kanika	D	D	Pierce, Rodney D.	D	D	Rubin, Phil	D	F
Budd, Laura	D	D	Pike, Joseph	R	D	White, Donna McDowell	R	F
Cairns, Celeste C.	R	D	Pittman, Dante	D	D			
Carver, Todd	R	D	Pless, Mark	R	D			

2025 Affordable Healthcare Scorecard Grades

SENATE *sorted by grade*

NAME	PARTY	GRADE	NAME	PARTY	GRADE
Berger, Phil	R	A+	McInnis, Tom	R	A
Blue, Dan	D	A+	Moffitt, Timothy D.	R	A
Britt, Jr., Danny Earl	R	A+	Measmer, Chris	R	A
Burgin, Jim	R	A+	Newton, Buck	R	A
Corbin, Kevin	R	A+	Overcash, Brad	R	A
Galey, Amy	R	A+	Sanderson, Norman W.	R	A
Hise, Ralph	R	A+	Sawyer, Vickie	R	A
Rabon, Bill	R	A+	Settle, Eddie D.	R	A
Sawrey, Benton G.	R	A+	Adcock, Gale	D	B
Alexander, W. Ted	R	A	Applewhite, Val	D	B
Barnes, Lisa S.	R	A	Batch, Sydney	D	B
Brinson, Bob	R	A	Bradley, Woodson	D	B
Craven, Jr., David	R	A	Chaudhuri, Jay J.	D	B
Daniel, Warren	R	A	Everitt, Terence	D	B
Ford, Carl	R	A	Grafstein, Lisa	D	B
Garrett, Michael	D	A	Lowe, Jr., Paul A.	D	B
Hanig, Bobby	R	A	Meyer, Graig	D	B
Hollo, Mark	R	A	Mohammed, Mujtaba A.	D	B
Jackson, Brent	R	A	Robinson, Gladys A.	D	B
Jarvis, Steve	R	A	Salvador, DeAndrea	D	B
Johnson, Todd	R	A	Smith, Kandie D.	D	B
Jones, Dana	R	A	Theodros, Caleb	D	B
Lazzara, Michael A.	R	A	Waddell, Joyce	D	B
Lee, Michael V.	R	A	Chitlik, Sophia	D	C
Mayfield, Julia	D	A	Murdock, Natalie S.	D	C

2025 Affordable Healthcare Scorecard Grades

HOUSE OF REPRESENTATIVES *sorted by name*

NAME	PARTY	GRADE	NAME	PARTY	GRADE	NAME	PARTY	GRADE
Adams, Jay	R	D	Eddins, Blair	R	D	Pierce, Rodney D.	D	D
Ager, Eric	D	D	Gable, Wyatt	R	D	Pike, Joseph	R	D
Almond, Jonathan L.	R	D	Gillespie, Karl E.	R	D	Pittman, Dante	D	D
Alston, Vernetta	D	A+	Goodwin, Edward C.	R	D	Pless, Mark	R	D
Arp, Dean	R	D	Greene, Dudley	R	D	Potts, Larry W.	R	C
Baker, Amber M.	D	D	Greenfield, Julia	D	C	Prather, Lindsey	D	D
Balkcom, Jennifer	R	D	Hall, Kyle	R	B	Price, Renée A.	D	C
Ball, Cynthia	D	A	Hall, Destin	R	C	Pyrtle, Jr., A. Reece	R	D
Belk, Mary	D	F	Harrison, Pricey	D	F	Quick, III, Amos L.	D	D
Bell, IV, John R.	R	D	Hastings, Kelly E.	R	B	Reeder, MD, Timothy	R	F
Biggs, Brian	R	D	Hawkins, Zack	D	D	Reives, II, Robert T.	D	B
Blackwell, Hugh	R	D	Helfrich, Beth	D	D	Rhyne, Heather N.	R	B
Blust, John M.	R	C	Howard, Julia C.	R	D	Riddell, Dennis	R	D
Branson, Jerry "Alan"	R	D	Humphrey, Chris	R	D	Roberson, James	D	D
Brisson, William D.	R	D	Huneycutt, Cody	R	F	Ross, Stephen	R	D
Brody, Mark	R	C	Iler, Frank	R	D	Rubin, Phil	D	F
Brown, Gloristine	D	D	Jackson, Neal	R	D	Sauls, John	R	D
Brown, Kanika	D	D	Jackson, PhD, Frances	D	D	Schietzelt, Mike	R	D
Brown Jr., Terry M.	D	C	Jeffers, B. Ray	D	D	Scott, Paul	R	D
Buansi, Allen	D	C	Johnson, Jake	R	D	Setzer, Mitchell S.	R	C
Budd, Laura	D	D	Johnson-Hostler, Monika	D	C	Shepard, Phil	R	D
Butler, Deb	D	F	Jones, Brenden H.	R	D	Smith, Carson	R	D
Cairns, Celeste C.	R	D	Jones, Abe	D	D	Smith, Charles	D	D
Campbell, MD, Grant L.	R	F	Kidwell, Keith	R	C	Stevens, Sarah	R	C
Carney, Becky	D	F	Lambeth, Donny	R	C	Strickland, Larry C.	R	D
Carver, Todd	R	D	Liu, Ya	D	D	Torbett, John A.	R	D
Cervania, Maria	D	C	Loftis, Donnie	R	F	Turner, Brian	D	D
Chesser, Allen	R	B	Lofton, Brandon	D	D	Tyson, Steve	R	D
Clampitt, Mike	R	D	Logan, Carolyn G.	D	F	Von Haefen, Julie	D	D
Clark, Tracy	D	D	Longest, Tim	D	D	Ward, Bill	R	D
Cohn, Bryan	D	D	Lopez, Jordan	D	C	Warren, Harry	R	D
Colvin, Mike	D	D	Majeed, Nasif	D	D	Watford, Sam	R	D
Cotham, Tricia Ann	R	F	McNeely, Jeffrey C.	R	D	Wheatley, Diane	R	D
Crawford, Sarah	D	A	Miller, Charles W.	R	D	White, Donna McDowell	R	F
Cunningham, Carla D.	D	D	Morey, Marcia	D	F	Willingham, Shelly	D	D
Dahle, Allison A.	D	C	Moss, Jr., Ben T.	R	D	Willis, David	R	D
Davis, Jr., Ted	R	D	Paré, Erin	R	D	Winslow, Matthew	R	D
Dew, Aisha O.	D	D	Penny, Jr., Howard	R	D	Zenger, Jeff	R	D
Dixon, Jimmy	R	D	Pickett, Ray	R	D			
Echevarria, Brian	R	D	Pierce, Garland E.	D	D			

2025 Affordable Healthcare Scorecard Grades

SENATE *sorted by name*

NAME	PARTY	GRADE	NAME	PARTY	GRADE
Adcock, Gale	D	B	Johnson, Todd	R	A
Alexander, W. Ted	R	A	Jones, Dana	R	A
Applewhite, Val	D	B	Lazzara, Michael A.	R	A
Barnes, Lisa S.	R	A	Lee, Michael V.	R	A
Batch, Sydney	D	B	Lowe, Jr., Paul A.	D	B
Berger, Phil	R	A+	Mayfield, Julia	D	A
Blue, Dan	D	A+	McInnis, Tom	R	A
Bradley, Woodson	D	B	Measmer, Chris	R	A
Brinson, Bob	R	A	Meyer, Graig	D	B
Britt, Jr., Danny Earl	R	A+	Moffitt, Timothy D.	R	A
Burgin, Jim	R	A+	Mohammed, Mujtaba A.	D	B
Chaudhuri, Jay J.	D	B	Murdock, Natalie S.	D	C
Chitlik, Sophia	D	C	Newton, Buck	R	A
Corbin, Kevin	R	A+	Overcash, Brad	R	A
Craven, Jr., David	R	A	Rabon, Bill	R	A+
Daniel, Warren	R	A	Robinson, Gladys A.	D	B
Everitt, Terence	D	B	Salvador, DeAndrea	D	B
Ford, Carl	R	A	Sanderson, Norman W.	R	A
Garrett, Michael	D	A	Sawrey, Benton G.	R	A+
Grafstein, Lisa	D	B	Sawyer, Vickie	R	A
Hanig, Bobby	R	A	Settle, Eddie D.	R	A
Hise, Ralph	R	A+	Galey, Amy	R	A+
Hollo, Mark	R	A	Smith, Kandie D.	D	B
Jackson, Brent	R	A	Theodros, Caleb	D	B
Jarvis, Steve	R	A	Waddell, Joyce	D	B



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