

Ask Your Candidate

A Healthcare Affordability, Access & Accountability Toolkit



Healthcare shouldn't force a choice between your health and your wallet.

Healthcare decisions made by elected officials affect whether families can afford insurance, see a doctor, obtain medications, protect their children from preventable disease, and access care in their communities.

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Doctors for America created this worklist as a non-partisan civic engagement tool to help voters ask candidates for local, state, and federal office direct questions about the healthcare issues affecting their families and communities.

Helping Americans ask informed questions about healthcare policy, access, coverage, accountability, and affordability.

Your health. Your family. Your community. Your questions:

Before you vote, ask candidates not simply **whether** they believe healthcare should be affordable and accessible, but **how they intend to make it so.**

Ask for specifics.

Ask who will benefit.

Ask who will pay.

Ask when it will happen.

And ask how we will know whether it worked.



Ask Your Candidate

What voters should know or think about	Ask your candidate
1. Healthcare is becoming harder to afford. Premiums, deductibles, copays, prescription costs, and other out-of-pocket expenses remain major concerns for American families.	What specifically will you do to lower what families actually pay for healthcare—not simply promise that costs will come down?
2. Health insurance can determine whether people obtain timely medical care. Losing coverage can mean delaying medications, preventive care, testing, or treatment until illness becomes more serious.	What will you do to expand access to meaningful health coverage rather than allow more people in our community to become uninsured or underinsured?
3. New Medicaid community-engagement requirements are scheduled to take effect no later than January 1, 2027, for many adults, creating new eligibility and reporting responsibilities.	How will you make sure eligible people can comply with the new Medicaid requirements without losing health insurance because of paperwork, reporting problems, disability, caregiving responsibilities, or administrative mistakes?
4. ACA Marketplace coverage became substantially more expensive for many people in 2026 after enhanced federal premium tax credits expired, and Marketplace enrollment declined.	What will you do for families who can no longer afford Marketplace insurance or have lost financial assistance but still cannot afford comprehensive coverage on their own?

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5. When large numbers of people lose insurance, hospitals, clinics, and medical practices—especially those serving vulnerable communities—face additional financial pressure from uncompensated care.	If Medicaid and Marketplace coverage decline, what is your plan to keep community hospitals, physicians, clinics, and other essential healthcare services financially viable and accessible?
6. Healthcare consolidation has accelerated. Government reviews have found that hospital acquisition of physician practices can increase prices and spending, while improvements in quality are not consistently demonstrated.	What will you do to preserve competition and independent medical practice and prevent healthcare consolidation from increasing prices or reducing patients' choices?
7. The same medical service can cost substantially more when it is billed through a hospital-owned outpatient facility rather than an independent physician office.	Why should patients or taxpayers pay substantially different prices for the same service simply because of who owns the building, and will you support greater price transparency and site-neutral payment policies?
8. Vaccination policy is increasingly debated while schools and communities still must prepare for outbreaks of vaccine-preventable diseases such as measles.	Do you support evidence-based school vaccination requirements, and what specifically should our community do if falling immunization rates lead to an outbreak?

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9. Drug manufacturers, insurers, hospital systems, pharmacy benefit managers, and other healthcare corporations have enormous financial influence, while patients ultimately experience the prices and restrictions those systems produce.	What specific policies will you support to ensure that negotiations with healthcare corporations result in measurable reductions in patients' costs rather than announcements, handshakes, or promises that never reach the family paying the bill?
10. Communities depend on reliable public-health information to identify infectious-disease outbreaks and other emerging health threats.	If federal public-health surveillance, staffing, or data collection becomes inadequate, what will you do to ensure that our state and local health departments can independently collect, analyze, and publicly report the information needed to protect our communities?
11. Physicians may face political, legal, institutional, or financial pressure when providing care according to established evidence-based medical guidelines. Doctors have an ethical obligation to put patients first.	If my doctor follows accepted evidence-based professional guidelines—including AMA, AAP, or other specialty-society recommendations—what protections will you support so that clinicians can care for patients without inappropriate political or corporate interference?

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What voters should know or think about	ASK YOUR CANDIDATE
12. No family should have to choose between seeing a doctor, buying food, paying rent, or keeping the heat on—and losing health coverage can ultimately have life-or-death consequences.	When people are forced to choose between healthcare, food, and housing, what will you do—not promise—to make healthcare affordable, protect coverage, and ensure that hospitals, insurers, drug companies, and large health systems put patients ahead of avoidable costs and barriers to care?

*This worklist is intended as a nonpartisan public-education and civic-engagement resource. It does not endorse or oppose any candidate or political party.

