Great American Health Alliance

STRATEGY MEMO: The Path to Victory for Health Reform

FROM: Great American Health Alliance
TO: President of the United States, Members of Congress, and Allies
RE: Leveraging Reconciliation 3.0 to End "Sick Care" and Empower Americans
DATE: Monday, June 1, 2026

A Once-in-a-Generation Opportunity

Americans are being crushed by costs. The price of healthcare, groceries, housing, and energy has consumed household budgets at a pace not seen in a generation. Voters are demanding structural change that puts money back in their pockets and control back in their hands.

Capitol Hill has a precise, immediate mechanism to answer this demand. As Congress finalizes Reconciliation 2.0 and moves into the Reconciliation 3.0 phase of the 119th Congress, a unique legislative window will open. Because reconciliation allows for expedited budget legislation, the heavy lifting of drafting policy has already occurred. Existing, vetted legislative proposals can be combined into this single, fast-moving vehicle, which is currently slated for a final House floor vote by July 17, 2026.

To capitalize on this momentum, the Great American Health Alliance is mobilizing to ensure this package includes the most significant healthcare reforms in decades. In this political environment, health care is no longer a secondary affordability issue; it is the definitive one. In survey after survey, out-of-pocket medical costs—premiums, deductibles, co-pays,[1] and prescription prices—rank at or near the top of what American families say they cannot afford.[2] [3]

This is the reality Congress will face in November 2026. The candidates and the party that utilize this reconciliation window to own the healthcare affordability message will secure a structural advantage in every competitive district in the country. Those who do not will be left on defense, fruitlessly relitigating why the current system costs so much and delivers so little.

The mandate is clear: **79% of likely voters** believe the current system is in crisis[4] or facing major problems, and they are demanding a shift from renting to owning their health. The process on the Hill is already moving—the only question is whether members will seize it.

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[1] The Commonwealth Fund, "Biennial Health Insurance Surveys," The Commonwealth Fund, https://www.commonwealthfund.org/series/biennial-health-insurance-surveys.
[2] Kaiser Family Foundation, *Americans Challenges with Health Care Costs*, KFF, https://www.kff.org/public-opinion/kff-health-tracking-poll-health-care-costs-and-the-midterms/.
[3] Gallup, *One-Third of Americans Cut Back to Cover Healthcare Expenses*, Gallup, https://news.gallup.com/poll/702596/one-third-americans-cut-back-cover-healthcare-expenses.aspx
[4] Great American Health Alliance, Survey of Likely Voters, conducted by McLaughlin & Associates, January 22–25, 2026, 1, https://cdn.prod.website-files.com/696f9f6a02951df4bb0a667c/697c03783fcb060e083f374b_Great%20American%20Health%20Alliance%20Survey%20-%201-30-26.pdf.

The Voter Mandate

In January 2026, the Great American Health Alliance (GAHA) commissioned McLaughlin & Associates to survey 1,600 likely voters on healthcare attitudes and reform priorities. The results confirm that voters are demanding a fundamentally different model.

Broad Support for Healthier Spending Accounts (HSAs)

When GAHA's model—personal health accounts funded directly by the federal government, portable for life, and usable for both medical expenses and wellness investments—was described to voters, the baseline support was immediate:

- 73% support Healthier Spending Accounts, while only 17% oppose.[5]
- 72% say these accounts should be available to all Americans (37% call it extremely important).[6]
- 76% support direct federal deposits into personal accounts instead of sending money to insurance corporations.[7]

A Truly Bipartisan, Demographic-Spanning Solution

This is a potent persuasion message that performs decisively across every segment, making it an invaluable tool for protecting moderate members in swing districts:

By Category	Demographic Breakdown	Favorable Support
By Party	Republicans	82%
By Race	White	74%
By Age Group	18-34	76%

Overall, 67% of likely voters say they are more likely to vote for a congressional candidate who supports Healthier Spending Accounts. This includes 60% of Democrats and 62% of Independents, giving candidates a defining edge where House control hinges on a handful of swing districts.

Legislative Pillars for Reconciliation 3.0

The groundwork for meaningful healthcare reform has already been laid. Comprehensive legislative proposals exist; the critical next step is integrating these established solutions into a cohesive strategy. This platform connects four interlocking affordability pillars designed to shift the healthcare system from serving institutions to serving individuals. These ready-to-adopt solutions should be fully integrated into the June committee markups to deliver impactful, immediate reform.

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[5] Great American Health Alliance, 2.
[6] Great American Health Alliance, 4.
[7] Great American Health Alliance, 3.

Pillar 1: Personal Financial Control (HSAs for All)

- **The Goal:** Decouple HSAs from high-deductible health plans and make tax-free, liquid, consumer-managed accounts available to every American—including gig workers, the self-employed, and those between jobs.
- **The Affordability Case:** The current HSA structure acts as a wealth-building tool exclusive to the already-well-insured, locking out those without traditional employer plans. Universal HSAs put health wealth-building opportunities in everyone's hands.
- **The Mandate:** **86% of voters** support allowing health dollars to roll over and grow tax-free for life.[8]

Pillar 2: Real Transparency ("Plain English" Prices)

- **The Goal:** Require hospitals and providers to disclose actual dollar rates for services in language patients can understand, effectively ending surprise billing.
- **The Affordability Case:** Opacity is the healthcare system's core business model. Forcing providers to compete transparently on price breaks this model and drives costs down.
- **The Mandate:** **85% of voters** say real price transparency is "extremely or very important," and **80%** want the ability to shop and compare costs across providers.[9]

Pillar 3: Market Control (Affordable Drug Prices)

- **The Goal:** Leverage direct-to-consumer platforms, including TrumpRx and similar market mechanisms, to lower prescription drug costs while preserving domestic pharmaceutical innovation and supply chain security.
- **The Affordability Case:** Prescription drugs are the single most visible pain point in healthcare affordability because the current system protects intermediaries over patients. Market-based reform forces prices down to levels seen in peer nations.
    - To address these affordability pressures, the administration has significantly expanded its direct-to-consumer digital infrastructure. In May 2026, the administration announced a major scaling of the TrumpRx discount program, adding 600+ generic medications to the platform and further expanding the platform's utility.[10]

- **The Mandate:** Prescription drug affordability consistently ranks as a top district concern, backed by the **76% of voters** expressing intense concern over out-of-pocket costs.[11] Additionally, if the recent

[8] Great American Health Alliance, 3.

[9] Great American Health Alliance, 2.

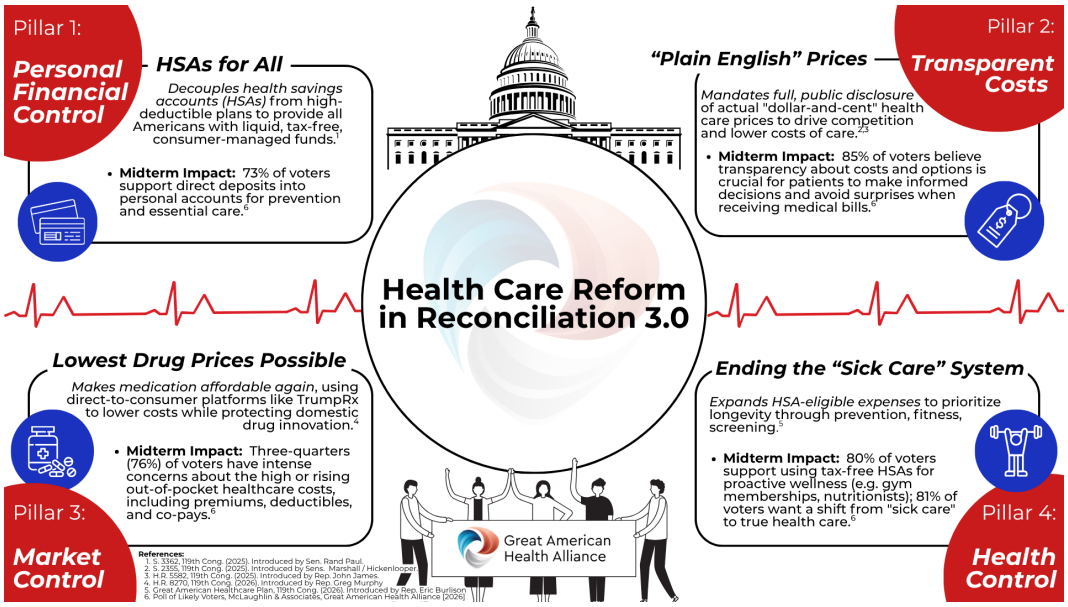
[10] White House, "FACT SHEET: President Donald J. Trump Announces Expansion of TrumpRx.gov to Bring Americans Transparency and Choice on Everyday Medicines," https://www.whitehouse.gov/fact-sheets/2026/05/fact-sheet-president-donald-j-trump-announces-expansion-of-trumprx-gov-to-bring-americans-transparency-and-choice-on-everyday-medicines/.

[11] Great American Health Alliance, 1.

expansion of TrumpRx is not codified into law, Americans will once again be met with unreasonable price increases for medications.

Pillar 4: Ending "Sick Care" (The Wellness Economy)

- **The Goal:** Expand HSA-eligible spending to include proactive wellness investments: gym memberships, fitness programs, nutritional supplements, mental health services, over-the-counter medicines, and preventive health technology.
- **The Affordability Case:** The cheapest healthcare is the healthcare you never need. Shifting dollars toward preventing chronic diseases keeps patients out of emergency rooms and avoids expensive long-term prescriptions, creating immense structural savings.
- **The Mandate:** **80% of voters** explicitly support spending health dollars on proactive wellness and preventative measures.[12]



[12] Great American Health Alliance, 3.

The Legislative Path to Victory

The window to act is narrow and strictly defined. Reconciliation 3.0 moves through three sequential phases before reaching the House floor under the Speaker Johnson / Dr. Mehmet Oz (CMS Administrator) timetable:

Phase	Key Dates	Milestone	Action Item
Phase 1: The Budget	NOW – June 12	House Budget Committee drafts the FY27 resolution; Senate must adopt identical text.	Ensure "Healthcare Affordability" directives are strongly framed and HSA provisions are explicitly scoped into Ways & Means instructions.
Phase 2: The Markup	June 15 – July 3 ***CRITICAL WINDOW***	Energy & Commerce and Ways & Means mark up bill text. District Work Period likely cancelled.	Deploy expert testimony, coalition letters, and member-by-member outreach. Provisions not included here are nearly impossible to add later.
Phase 3: The Vote	July 13 – July 17	Rules Committee finalizes the rule; floor debate and final passage vote occur.	Arm every member with the data showing 82% Republican and 67% overall voter support. Target wavering members with localized polling.

Marching Orders

The Memorial Day Recess window (May 25-29) is our first high-leverage action moment. Members are back in their districts, staff are accessible, and the budget resolution is not yet locked in. We must saturate district offices using the following strategic mandates:

Lead with Affordability

- Every single interaction must lead with constituent cost burdens, not complex policy architecture.
- **The Pivot:** Open with: "Three-quarters of your constituents are intensely worried about what they pay for healthcare. This is the bill that gives them relief." Then pivot to the policy.
- **The Frame:** Use the "renting vs. owning" equity narrative to frame HSAs as an affordability tool first and a health tool second.

Distribute the Polling Strategically

- Deliver the McLaughlin & Associates data to show that supporting HSAs is a net positive across their entire constituency. Use the 60% Democratic and 62% Independent support figures to show moderate members how this platform shields them from swing-voter

backlash. Remind fiscal hawks that 79% of voters agree that spending more on the status quo will not fix the problem.

Advocate for Comprehensive Legislation (H.R.8324)

- Amplify legislation that would accomplish all aforementioned pillars. Introduced by Rep. Eric Burlison, The Great American Healthcare Plan (H.R.8324) focuses on a patient-first approach to solving health care.
- We must reach out to Congressional leadership to make them aware of the bill and incorporate it into Reconciliation 3.0 .

Expert Bench for Messaging, Polling & Policy

Reporters covering the reconciliation deadline and congressional staff navigating complex markups need credible, technical guidance *quickly*. The GAHA expert network is fully mobilized for immediate deployment:

- **John Desser:** VP and Head of Government Affairs at HealthEquity; expert on HSA scalability and portable accounts.
- **John McLaughlin:** CEO/Partner at McLaughlin & Associates; Trump campaign pollster/advisor since 2011; executed poll of likely voters with GAHA.
- **Andrew Bremberg:** Former Domestic Policy Council Director; architect of federal health policy.
- **Joel White:** Partner at Monument Advocacy; leading voice on health practice and market reform.
- **Daniel Perrin:** Founder of the HSA Coalition; the foremost authority on expanding personal health accounts.
- **Keith Nahigian:** President of the Great American Health Alliance.
- **Hannah Anderson:** Senior Director of Healthy America Policy at America First Policy Institute; former Deputy Chief of Staff for Policy at the Department of Health and Human Services; leading voice on policies included in President Trump's Great Healthcare Plan.
- **Stuart Polk:** Vice President at McLaughlin & Associates; executed poll of likely voters.

The Bottom Line

2026 is the affordability election. Voters have decided that the healthcare status quo is broken and unacceptable, and they are ready to reward candidates who bring structural change.

Reconciliation 3.0 is the vehicle; the June committee markups are our moment. If this passes by August recess, members can go home for August recess having delivered the most significant pro-consumer healthcare reform in a generation—carrying a message that 67% of voters will reward at the ballot box.

The window is open. The mandate is clear. The time to act is now.