



HOWARD BROWN HEALTH  
**POLICY PRIORITIES &  
RECOMMENDATIONS FOR 2026**



## EXECUTIVE SUMMARY

Howard Brown Health's Policy Priorities & Recommendations for 2026 outline urgent legislative and funding actions needed to preserve equitable access to care for LGBTQ+ communities and other medically underserved populations.

As a nationally recognized safety net provider, Howard Brown Health delivers comprehensive, affirming care to individuals disproportionately impacted by structural inequities, insurance instability, and discriminatory policy environments.

Together, these priorities call for decisive legislative action, sustained funding, and regulatory protections to ensure safety net providers can continue delivering high-quality, equitable, and affirming care.

These priorities include:

- **Sustaining support and funding for safety net providers**
- **Strengthening and preserving equitable access to gender-affirming care**
- **Reducing prior authorization burdens to improve access to care**
- **Improve healthcare access for aging populations**
- **Increasing behavioral health parity to ensure behavioral health access**

## Sustaining Support and Funding for Safety Net Providers

Community health centers (CHCs) across the country are under immense strain as rising costs, workforce shortages, and federal policy uncertainty threaten the nation's safety net and jeopardize care for millions of patients. Ongoing attacks on programs such as the 340B Drug Pricing Program continue to jeopardize CHC funding. Currently, the Health Resources and Services Administration has proposed to alter the 340B Program, shifting from upfront drug discounts to a back-end rebate model. This would place significant financial and operational strain on safety net providers that already operate on razor-thin margins.

**"A 340B rebate system also risks increasing patients' out-of-pocket costs [...] . For vulnerable populations who depend on CHCs for dependable, affordable care, the transition to a rebate model poses **serious risks to both health outcomes and financial stability.**"**

Under a rebate system, CHCs must pay the full price for drugs upfront and wait weeks or even months to navigate a complex reimbursement system for each drug manufacturer. This would force CHCs to divert funds needed for daily operations to purchase needed medications, creating serious financial instability. Many CHCs would need to hire additional administrative staff to manage the complex rebate requirements imposed by drug manufacturers, adding new costs that only deepen the financial strain.

Patients will ultimately bear the consequences of this shift to a 340B rebate system and the resulting financial instability. As CHCs face mounting financial pressure, access to care could become significantly disrupted, resulting in longer wait times, reduced services, and an overall decline in care quality. A 340B rebate system also risks increasing patients' out-of-pocket costs, as insurers and providers adjust to higher upfront drug prices despite the eventual rebates. Moreover, the added administrative complexity may make it harder for patients to obtain necessary medications in a timely manner. For vulnerable populations who depend on CHCs for dependable, affordable care, the transition to a rebate model poses serious risks to both health outcomes and financial stability.

These drastic changes to the 340B Program are occurring alongside recent cuts to federal healthcare funding. The “One Big Beautiful Bill Act,” signed into law on July 4, 2025, makes sweeping reductions to federal Medicaid funding, totaling an estimated \$1.035 trillion over the next decade. According to analyses by the Congressional Budget Office (CBO), these reductions will have far-reaching consequences for low-income families, disabled individuals, and seniors who rely on the program for essential care. The CBO estimates that 11.8 million people will lose Medicaid coverage because of the funding cuts, marking one of the most significant contractions of the program in its history and raising serious concerns about access to healthcare for some of the nation’s most vulnerable communities.

In order to address these ongoing attacks on the 340B Program and forthcoming cuts to Medicaid funding, we urge our elected officials to pass legislation protecting CHCs. For example, in Illinois, HB2371 SAM2 was proposed in 2025 but ultimately did not pass. This bill would provide protections for Illinois CHCs from manufacturer attacks on our 340B savings. Additionally, we urge federal elected officials to support legislation carving CHCs out from the 340B Rebate Pilot. In addition, CHCs and other safety net providers will need public and private funding support to fill gaps left by federal budget cuts.



## Strengthening and Preserving Equitable Access to Gender-Affirming Care



For many trans and gender-diverse patients, accessing necessary gender-affirming care (GAC) is a long and difficult process. Recent federal attacks on GAC are creating a climate of fear and instability for providers, patients, and families. These attacks include Executive Orders and subsequent regulatory actions that restrict access to care by threatening to withhold or terminate federal funding from institutions that provide GAC to minors. This has pressured many hospitals and clinics to scale back or even cease services that were already difficult to access.

At the same time, the Department of Justice has issued subpoenas to multiple health systems demanding information on patients receiving GAC, a move that has alarmed medical professionals and raised serious privacy concerns. Compounding this pressure, the Department of Health and Human Services is preparing to introduce proposed rules that could affect federal Medicaid reimbursement and eligibility for providers offering GAC, creating significant financial barriers for providers that remain committed to serving trans and gender-diverse patients. Similarly, HRSA has released updated funding guidelines that threaten to terminate CHC federal funding for those providing GAC. Together, these actions represent a coordinated effort to undermine medically endorsed treatment and chill the willingness of healthcare institutions to provide essential, evidence-based care.

In order to protect access to GAC, we urge our elected officials to take necessary steps to ensure that healthcare providers are able to continue providing necessary medical care for trans and gender-diverse populations. For example, in Massachusetts, lawmakers recently passed legislation creating the **Affirming Health Care Trust Fund**, a special revenue fund to help cover services, provider liability, and research around GAC in the state. State funding support of this nature will be essential to ensure that care can be continued despite threats of reduced federal funding for GAC providers. Other states have also introduced legislation to allow for insurance coverage of a 12-month supply of hormone medications for GAC, similar to coverage for birth control. We urge our elected officials to consider such legislation in Illinois.

## Reducing Prior Authorization Burdens to Improve Access to Care

Medical prior authorizations (PAs) represent a persistent and well-documented barrier to timely and equitable access to needed medications. Although originally designed to promote the appropriate use of medical resources and control costs, the PA process frequently results in delays or denials of medically necessary treatments, medications, and procedures. Such administrative obstacles have been shown to adversely affect clinical outcomes, particularly among patients with chronic or complex conditions, for whom treatment continuity and timely intervention are critical. These challenges are especially pronounced in the management of specialty medications, behavioral health services, and preventive interventions such as pre-exposure prophylaxis (PrEP). The cumulative effect of these barriers contributes to increased stress, diminished trust in the healthcare system, and, in some cases, the exacerbation of existing health disparities.

“An AMA physician survey conducted in late 2024 found that [...] 94% reported that PA requirements **negatively affect patient clinical outcomes**; 23% [...] directly resulted in a patient’s hospitalization; 82% [...] sometimes lead patients to abandon a recommended course of treatment.”

Concerns regarding the clinical and operational impact of PAs have been extensively documented by professional organizations. According to the American Medical Association (AMA). Empirical data from an AMA physician survey conducted in late 2024 found that among respondents, 94% reported that PA requirements negatively affect patient clinical outcomes; 23% indicated that PAs have directly resulted in a patient’s hospitalization; 82% stated that PAs often or sometimes lead patients to abandon a recommended course of treatment. Collectively, these findings provide strong evidence that the current PA system imposes substantial barriers to effective, efficient, and equitable care delivery.



At Howard Brown, our care delivery and insurance navigation teams have seen firsthand how PA complexities have limited access to medications for our patients, particularly for patients seeking access to diabetes, Hepatitis C, and HIV medications, as well as hormone therapy for GAC. PA barriers exist in both private and public insurance plans, and are exacerbated by poor communication between insurance plans and providers regarding PA changes, often resulting in erroneous coverage denials. This delays medication access and can contribute to worsened health outcomes.

Reform efforts aimed at reducing or modernizing PA processes are therefore essential to safeguard patient outcomes, support physician autonomy, and promote a more responsive and patient-centered healthcare system. We encourage state lawmakers to revisit legislation such as HB2584, introduced in 2025, which would ban PA requirements for HIV treatment and prevention medications, or HB5051, introduced in 2024, which would eliminate PA requirements for any drug prescribed to a patient for 6 or more consecutive months.

## Improving Healthcare Access for Aging Populations

A continued gap exists in both the inclusion of LGBTQ+ older adults in health research, and in the availability of studies examining their developmental and lifespan needs. Our Education and Research teams at Howard Brown Health are being funded by the Patient-Centered Outcomes Research Institute (PCORI) to explore patient-centered Clinical Comparative Effectiveness Research (CER) priorities identified specifically by a cohort of LGBTQ+ older adult patients. Our research has identified areas of necessary research focus to improve health outcomes and wellbeing of LGBTQ+ older adults, including community connection and socialization, physical health, mental health and emotional wellness, and financial health. This highlights the importance of programs like **Illinois's Multi Sector Plan for Aging** and creating long-term solutions that will implement and properly fund programs that tackle healthcare, housing, transportation, and other social determinants of health for older adults.

## Increasing Behavioral Health Parity to Ensure Behavioral Health Access

Despite recent progress, such as the Illinois General Assembly's passage of HB1085 to strengthen mental health parity and expand access for individuals with private insurance, significant barriers to true behavioral health coverage parity remain. A major factor driving behavioral health providers out of insurance networks is insufficient reimbursement rates, which make it financially unsustainable for many professionals to participate. As a result, patients often struggle to find in-network therapists or mental health providers, facing long wait times or high out-of-pocket costs. This is especially true for those seeking behavioral health care coverage under Illinois Medicaid. Many insurance plans also remain non-compliant with federal parity laws, continuing to impose unequal treatment limits and administrative burdens on behavioral health services as compared with physical health services. Ensuring enforcement of parity laws, raising reimbursement rates, and expanding network adequacy are essential steps toward achieving genuine mental health equity and improving behavioral health disparities.

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