End-of-2026 Health Policy Landscape

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Executive Summary

On September 2, President Donald Trump signed into law a bipartisan continuing resolution (CR) to fund the federal government through December 11, averting a government shutdown ahead of the September 30 deadline and pushing the next major funding fight into the post-election lame-duck session. With the near-term funding deadline resolved, congressional attention will increasingly turn to the year-end legislative agenda, including a number of health care policies that require action before the end of 2026.

Several health care programs and payment policies are scheduled to expire at the end of the year, including funding for Community Health Centers and the National Health Service Corps, Medicare clinical laboratory payment relief, and the temporary 2.5 percent Medicare physician payment increase. The December 11 funding deadline could provide a legislative vehicle to address at least some of these policies, as well as other bipartisan health priorities that have advanced during the 119th Congress.

Lawmakers also enter the final months of the Congress with a sizable group of bipartisan health bills that have already advanced through at least one chamber or congressional committee. While inclusion in a year-end package remains uncertain, legislation addressing issues such as rural health, prior authorization, biosimilars, and health care transparency has already demonstrated bipartisan support and could be positioned for further consideration if lawmakers pursue a broader health package alongside the expiring policies at the end of the year.

Looking further ahead, 2027 will bring another significant set of health policy deadlines, most notably the reauthorization of Food and Drug Administration's (FDA) prescription drug, generic drug, biosimilar, and medical device user fee programs. Congress will also need to revisit policies related to Medicaid DSH payments, CHIP, Medicare telehealth, and other federal health programs, making several of these issues potential priorities for the next Congress.

This special report provides an overview of near-term health extenders requiring congressional action, longer-term health policy deadlines through 2030, and bipartisan health care legislation that could be positioned for further consideration as part of an end-of-year package.

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HEALTHCARE EXTENDERS

Congress regularly extends funding and authorization for federal healthcare programs on a temporary basis, with extensions ranging from one or two years to several years. These provisions, commonly referred to as ***"health extenders,"*** are often addressed through broader appropriations or other must-pass legislation. Most recently, Congress addressed a number of expiring healthcare programs through the Consolidated Appropriations Act, 2026 (CAA, 2026), which President Trump signed into law on February 3, 2026. In addition to funding HHS for fiscal year 2026, the law extended or modified several federal health programs and advanced other healthcare policy provisions.

While health extenders generally receive bipartisan support, their consideration is often tied to broader legislative negotiations, creating uncertainty around the timing and duration of their renewal. **The charts below provide a forward-looking view of healthcare policies requiring congressional action, with a focus on near-term policies expiring by the end of 2026 as well as longer-term expirations through 2030.**

EXPIRING POLICIES

POLICY	DESCRIPTION	EXPIRATION
Temporary Adjustment to LTCH Site Neutral Payment Rates	Under Medicare's long-term care hospital (LTCH) payment system, certain discharges that do not meet specified clinical criteria are paid at a site-neutral rate rather than the standard LTCH rate. Since FY 2018, Congress has required a temporary 4.6 percent reduction to the IPPS-comparable amount used to calculate the site-neutral payment rate. This reduction expires on Sept. 30, 2026.	**9/30/2026**
Beau Biden Cancer Moonshot and NIH Innovation Projects	The 21st Century Cures Act established the NIH Innovation Account to provide nearly $4.8 billion in supplemental funding from FY 2017 through FY 2026 for major research initiatives, including precision medicine, the BRAIN Initiative, cancer research, and regenerative medicine. On Sept. 30, the dedicated Innovation Account funding expires and continued funding for these initiatives will therefore depend on regular NIH appropriations or additional congressional action.	**9/30/2026**
CHC Funding	Community Health Centers (CHCs) deliver primary care services to over 30 million Americans, including underserved and rural populations, through federally funded programs.	**12/31/2026**

POLICY	DESCRIPTION	EXPIRATION
National Health Service Corps Funding	The National Health Service Corps provides financial and other support to primary care providers in exchange for their service in underserved communities, primarily funded in conjunction with CHCs through the CHC Fund (CHCF).	**12/31/2026**
Special Diabetes Program	This program funds Type 1 diabetes research at the NIH and includes a separate program for diabetes care in American Indian and Alaska Native populations.	**12/31/2026**
Medicare Hospice Surveys	Under the IMPACT Act of 2014, every Medicare-certified hospice agency must undergo a standard on-site recertification survey at least once every three years.	**12/31/2026**
National Health Security Extensions	Certain national health security programs and authorities related to emergency preparedness and response activities and functions are routinely reauthorized each year.	**12/31/2026**
Oral Antiviral Drugs	Congress provided a temporary inclusion of treatments operating under an Emergency Use Authorization (EUA), such as certain COVID-19 oral antivirals, as covered by Part D plans.	**12/31/2026**
Clinical Lab Fee Cut Delay	The Protecting Access to Medicare Act (PAMA) of 2014 tied laboratory payment rates to market data reported by the industry. However, the 2017 data collection failed to provide an adequate and representative sample of private market rates, leading to severe payment cuts and prompting Congress to intervene. Lawmakers have postponed Medicare lab cuts for several years, citing concerns that the reductions, based on flawed data, could threaten patient access to lab services.	**12/31/2026**
Medicare CF / Physician Pay	After several years of consecutive mandated cut to the physician fee schedule (PFS) conversion factor (CF), which determines Medicare physician payments, OBBBA provided a one-time, flat 2.5 percent increase for CY 2026. This temporary pay increase will expire at the end of the year.	**12/31/2026**

POLICY	DESCRIPTION	EXPIRATION
A-APM Bonus Payment	The Advanced Alternative Payment Model (A-APM), a track within the Medicare Quality Payment Program, offers a five percent incentive to encourage the transition to value-based care. Initially intended as a temporary incentive, the A-APM bonus has been extended twice at reduced rates (3.5 percent in 2025; 1.88 percent in 2026).	**12/31/2026**
Reproductive and Family Health Programs	Several family and youth health programs are set to expire on December 31, 2026, including the Title V Sexual Risk Avoidance Education (SRAE) program, the Personal Responsibility Education Program (PREP), and funding for Family-to-Family Health Information Centers.	**12/31/2026**
NSA Implementation	The No Surprises Act (NSA), enacted in 2021, established new patient protections against surprise medical billing. Congress has provided dedicated funding to HHS each year to support implementation and enforcement of the NSA and other transparency provisions.	**12/31/2026**
Rural Facility Payment Programs	The Medicare-Dependent Hospitals (MDH) and Low-Volume Adjustment (LVA) programs provide Medicare support to strengthen rural health infrastructure and assist small rural hospitals that rely heavily on Medicare or serve low patient volumes.	**01/01/2027**
Geographic Floor Index	The Geographic Practice Cost Index (GCPI) floor raises the GCPI adjustments to the national average in certain areas to protect rural providers from lower reimbursements. The GCPI floor has been successfully extended every three years since 2003.	**12/31/2027**

OTHER CURRENT POLICIES

POLICY	DESCRIPTION	EXPIRATION
Funding for Medicare Quality Measure Efforts	CMS is responsible for advancing quality measurement that emphasizes outcomes rather than processes. To support this work, Congress provides funding for CMS to select measures and contracts with an outside consensus-based entity to help carry out certain tasks.	**09/30/2027**

POLICY	DESCRIPTION	EXPIRATION
Medicaid DSH Cut Delay	The Affordable Care Act (ACA) included a provision that scheduled reductions to the Medicaid Disproportionate Share Hospitals (DSH) allotments, gradually reducing the payments by $24 billion over a two year period. As Medicaid has not expanded as fully envisioned by the ACA, Congress has routinely delayed these cuts. In the CAA, 2026, Congress reduced the total payment cut to $8 billion and delayed implementation until FY 2028. While the size of DSH allotments for states is established through a formula outlined in statute, **Tennessee's DSH allotments** are specifically fixed in statute. The authority for Tennessee's allotments has been extended several times and is currently set to expire at the end of FY 2027.	**09/30/2027**
Maternal, Infant, and Early Childhood Home Visiting Programs	The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs provides funding for targeted and intensive home vising services to families residing in "at-risk communities."	**09/30/2027**
Telehealth Flexibilities	Some of the temporary telehealth flexibilities originating from the COVID-19 public health emergency (PHE) were extended through FY 2026, including: • Geographic and originating site waivers • Expanded provider types • FQHC / RHC distant site eligibility • Audio-only telehealth • Hospice face-to-face recertification flexibility	**12/31/2027**
FDA User Fee Reauthorization Act	FDA's user fee programs — covering branded drugs, biologics, generics, biosimilars, and devices — were first authorized under the Prescription Drug User Fee Act (PDUFA) in 1992. These programs are reauthorized every five years and often serve as legislative vehicles for other FDA priorities. The PDUFA, MDUFA, GDUFA, and BsUFA were last extended in 2022 and are currently authorized through FY 2027.	**9/30/2027**

POLICY	DESCRIPTION	EXPIRATION
CHIP	CHIP provides states with capped federal funding to cover children in low-income families who do not qualify for Medicaid. As a block grant program, CHIP requires regular extensions and reauthorizations by Congress.	**9/30/2027**
Teaching Health Center GME Funding	These centers offer graduate medical education (GME) programs, usually focused on primary care and behavioral health, in community settings to mitigate workforce shortages and improve access to care.	**9/30/2029**
Rare Pediatric Disease PRV Program	The Rare Pediatric Disease Priority Review Voucher (PRV) Program seeks to incentivize drug development for rare pediatric diseases by awarding PRVs to sponsors of such drugs upon approval by the FDA. Such vouchers entitle the holder to designate another product for expedited review.	**9/30/2029**
Virtual Medicare Diabetes Prevention Program Suppliers	The Medicare Diabetes Prevention Program (MDPP) Expanded Model is an evidence-based behavior change intervention to delay or prevent the onset of type 2 diabetes among people with Medicare. This voluntary model was certified for expansion in 2016 and is covered under Medicare Part B as a preventive service.	**12/31/2029**
OMUFA	The Over-the-Counter Monograph User Fee Act (OMUFA), established under the 2020 CARES Act, authorizes FDA to collect industry user fees to support the review and regulation of OTC monograph drugs. Last year, Congress reauthorized the program through FY 2030, providing FDA with continued funding for OTC monograph activities. The current authorization expires at the end of FY 2030 and will require congressional reauthorization to continue beyond that date.	**09/30/2030**
Acute Hospital Care at Home Waiver Flexibilities	Launched by the CMS during the COVID-19 public health emergency (PHE), the Acute Hospital Care at Home program permits eligible hospitals to deliver inpatient-level care to patients in their homes rather than in a traditional hospital setting. Under the program, participating hospitals must receive CMS approval and demonstrate that they can meet the same clinical, monitoring, and patient-safety requirements that apply to "brick-and-mortar" inpatient care.	**09/30/2030**

HEALTH LEGISLATION

Congressional committees have advanced a number of bipartisan healthcare bills in 2026 that could be positioned for further consideration before the end of this Congress. **The chart below highlights a select group of bipartisan healthcare bills introduced or considered in 2026 that have demonstrated bipartisan support and have either passed a chamber or advanced out of committee,** making them potential candidates for inclusion in a broader year-end or must-pass package. The chart also includes the Congressional Budget Office (CBO) score for each bill, where available.

TITLE	BILL	CBO SCORE	STATUS
Passed Both Chambers			
Accelerating Access to Critical Therapies (ACT) for ALS Reauthorization Act of 2026	**S.4472**	*n/a*	Passed the Senate, August 2026
	H.R. 8205	**$0**	Passed the House, July 2026
Kay Hagan Tick Reauthorization Act	**S.2398**	**$0**	Passed the Senate, August 2026
	H.R. 4348	**$0**	Passed the House, July 2026
DeOndra Dixon INCLUDE Project Act of 2026	**S.1838**	*n/a*	Passed the Senate, August 2026
	H.R. 3491	**$0**	Passed the House, July 2026
Stem Cell Therapeutic and Research Reauthorization Act of 2025	**S.4109**	*n/a*	Passed the Senate, June 2026
	H.R. 5160	**$0**	Passed the House, July 2026
Women and Lung Cancer Research and Preventive Services Act of 2025	**S.1157**	*n/a*	Passed the Senate, June 2026
	H.R. 2319	**$0**	Passed the House, April 2026
Passed One Chamber			
Charlotte Woodward Organ Transplant Discrimination Prevention Act	**S.1782**	*n/a*	Passed Committee, June 2026
	H.R.1520	***Under Review***	Passed the House, June 2025
Improving Care in Rural America Reauthorization Act of 2025	**S.2301**		Passed Committee, September 2025

	H.R.2493	***$390M over 10 years, subject to appropriation***	Passed the House, April 2026
Accelerating Access to Dementia and Alzheimer's Provider Training Act	S. 4036	***$48M over 10 years, subject to appropriation***	Introduced March 2026
	H.R. 3747		Passed the House, July 2026
NIH IMPROVE Act	S.3254	*n/a*	Introduced November 2025
	H.R.6238	***$0***	Passed the House, July 2026
Choices for Increased Mobility Act of 2026	S.247	*n/a*	Introduced January 2025
	H.R. 1703	***$0***	Passed the House, July 2026
To reauthorize and make improvements to Federal programs relating to the prevention, detection, and treatment of traumatic brain injuries, and for other purposes.	S.2898	*n/a*	Introduced September 2025
	H.R. 1493	***$0***	Passed the House, July 2026
Rural Community Hospital Demonstration Program Reauthorization	S.4460	*n/a*	Passed the Senate, May 2026
	H.R.8967	*n/a*	Introduced May 2026
National Plan for Epilepsy Act	S.494	*n/a*	Passed the Senate, August 2026
	H.R.1189	*n/a*	Introduced February 2026
Supporting Pregnant and Parenting Women and Families Act	S.4242	*n/a*	Introduced March 2026
	H.R. 6945	***$0***	Passed the House, January 2026
Older Americans Act Reauthorization Act of 2025	S.2120	*n/a*	Passed the Senate, July 2026
	No House Bill		
Health Care Efficiency Through Flexibility Act	*No Senate Bill*		
	H.R. 5347	***< $500K impact on spending***	Passed the House, June 2026
To amend the Public Health Service Act to reauthorize the telehealth network and telehealth resource centers grant programs.	*No Senate Bill*		
	H.R. 3419	***$164M over 10 years, subject to appropriations***	Passed the House, April 2026

Emergency Reporting Act	*No Senate Bill*		
	H.R. 5200	***$0***	Passed the House, April 2026
Passed One Committee			
Title VIII Nursing Workforce Reauthorization Act of 2026	**S.1874**	*n/a*	Passed Committee, July 2026
	H.R.3593	*n/a*	Passed Subcommittee, September 2025
INSULIN Act of 2026	**S.4189**	*n/a*	Passed Committee, August 2026
	H.R.6255	*n/a*	Introduced November 2025
Expedited Access to Biosimilars Act	**S.1414**	*n/a*	Passed Committee, July 2026
	H.R.9661	*n/a*	Introduced July 2026
Biosimilar Red Tape Elimination Act	**S.1954**	*n/a*	Passed Committee, July 2026
	H.R.5526	*n/a*	Introduced September 2025
Patients Deserve Price Tags Act	**S.2355**	*n/a*	Passed Committee, July 2026
	H.R.5582	*n/a*	Introduced September 2025
CLEAR LABELS Act	**S.3788**	*n/a*	Passed Committee, July 2026
	H.R.8269	*n/a*	Introduced April 2026
Rural Obstetrics Readiness Act	**S.380**	*n/a*	Passed Committee, July 2026
	H.R.1254	*n/a*	Introduced February 2025
Improving Seniors' Timely Access to Care Act of 2025	**S.1816**	*n/a*	Introduced May 2025
	H.R.3514	*n/a*	Passed Committee, July 2026
Essential Caregivers Act of 2026	**S.3492**	*n/a*	Introduced December 2025
	H.R.9641	**$0**	Passed Committee, July 2026
Ensuring/Equitable Community Access to Pharmacist Services Act	**S.2426**	*n/a*	Introduced July 2025
	H.R.3164	*n/a*	Passed Committee, May 2026
Provider Reimbursement Stability Act of 2026	**S.5180**	*n/a*	Introduced July 2026

	H.R.8163	*n/a*	Passed Committee, May 2026
Living Donor Protection Act of 2025	S.1552	***Under Review***	Passed Committee, March 2026
	H.R.4583	*n/a*	Introduced July 2025
Prices on the Wall Act of 2026	*No Senate Bill*		
	H.R. 9390	*n/a*	Passed Committee, July 2026
Medicare Advantage MLR Transparency Act	*No Senate Bill*		
	H.R.9644	*n/a*	Passed Committee, July 2026
Lower Costs, More Transparency Act of 2026	*No Senate Bill*		
	H.R.9393	*n/a*	Passed Committee, July 2026
Medicare Access to Rural Anesthesiology Act	*No Senate Bill*		
	H.R.9642	*n/a*	Passed Committee, July 2026