

Request for Proposals: Red-State Health Care Affordability Cohort

PROJECT OVERVIEW

Hospital prices make up the largest share of U.S. health spending and have climbed far faster than inflation, driving up premiums, out-of-pocket costs, and state budgets. In many markets, a small number of hospital systems dominate, using their market power to negotiate higher rates with insurers and charge patients more for the same services that cost far less elsewhere. Consolidation has also allowed hospitals to acquire physician practices and bill routine outpatient visits at higher hospital rates and charge facility fees, further inflating costs. As a result, Americans pay more per person for health care than residents of any other wealthy nation, while patients face unpredictable, unaffordable bills. These rising prices cause many people to delay or forgo needed care, worsening health outcomes and deepening inequities. The result is not just a health care problem — it's a price crisis.

States with conservative political environments are facing some of the most pressing challenges in this price crisis, impacting both health care affordability and access. These challenges have only deepened in the wake of federal funding cuts enacted under H.R.1. as many rural and economically vulnerable communities contend with rising health care costs that outpace both wages and state budgets. As federal progress stalls, these pressures will increasingly fall on states to address. Yet, red states are also uniquely well-positioned to lead in developing and advancing health care solutions aimed at reducing the underlying cost of care. Their history of pragmatic, fiscally conservative policymaking—focused on local control, market-driven reforms, and transparency—provides a strong foundation for innovative approaches to improving affordability and sustainability.

To this end, this cohort aims to build on that momentum by bringing together health policy advocates from red states to share strategies, align on best practices, and strengthen state-based capacity to design and advance policies aimed at reducing the underlying cost of care to ensure long-term sustainability and affordability. By learning from one another and leveraging shared experiences, participating states can chart a path toward meaningful, bipartisan solutions that make health care more affordable and accessible for their residents.

This is a competitive and targeted process. Applications will only be accepted from the following states:

- Arizona
- Georgia
- Kentucky
- Nevada
- Ohio
- Utah
- West Virginia
- Wisconsin
- Tennessee

This funding opportunity is open to partnerships in the nine states listed above. A minimum of three and a maximum of six partnerships will be funded, with no more than one funded partnership per state.

The deadline for submissions is Friday, January 2, 2026. Proposals should be submitted through this online form and include answers to questions laid out on the following pages.

Strong proposals will include:

- Organizations with a demonstrated track record of bipartisan health care policy-advocacy work.
- Demonstrated ability to drive successful bipartisan policy change and build strong relationships with key stakeholders.
- Demonstrated understanding of political opportunities for cost containment work in the state.
- Commitment and capacity to sustain advocacy post-grant period.

Budget: The selected organization in each state will be eligible for up to \$75,000 for a 15-month period from April 2026 to June 2027; 90% of the payments will be made at the start of the partnership with the final 10% released at the end of the partnership. Any funds used for lobbying purposes may not exceed \$15,000.

Travel: You may be expected to participate in one to two cohort in-person convenings during the grant period; in the event cohort participants are invited to attend an in-person convening, United States of Care will cover travel costs and related expenses.

If you have any questions about this funding opportunity please contact Brianna Miller, State Advocacy Manager, at bmiller@usofcare.org or Caitlin Westerson, Senior Director of State Policy and Advocacy, at cwesterson@usofcare.org.

PROPOSAL QUESTIONS

Applicants should answer the following questions and submit their proposals by 5:00pm EST Friday, January 2, 2026 through the online form. In answering the questions, please consider the full partnership period of April 2026 to June 2027. The questions are outlined below for your convenience.

For questions 11–20, please use the suggested response lengths as a guide; it is intended to support clarity, not to limit your response. For questions that are better demonstrated than described, we encourage you to include any supporting documents, such as campaign plans, advocacy collateral, past research, etc., that helps tell a fuller story. Documents can be emailed to bmiller@usofcare.org. Subject "R

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Your	Ora	anıza	ation

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	Organization Organization Name
2.	Organization's Website
3.	Contact Name
4.	Contact Phone and Email
5.	Organization's Primary State. Does your organization operate in any other states?
6.	What year was the organization founded?
7.	What is your organization's annual budget? Please submit your organization's most recent annual budget and most recent 990 form with your application.
8.	What type of organization are you? 501(c)(3) 501(c)(4) For-profit Other (please explain):
9.	Does your organization have any other affiliated organizations or companies? This includes any related entities such as a 501(c)(4), social welfare organizations, a for-profit company of which you are a subsidiary, etc. Yes-please explain: No
10.	What is your organization's staff size? ☐ Less than 10 Full Time Staff (or FTE equivalent) ☐ 10 - 50 Full Time Staff (or FTE equivalent)

☐ 50-100 Full Time Staff (or FTE equivalent)

	More than 100 Full Time Staff (or FTE equivalent)
afforda	our organization have experience in health care policy-advocacy bility and/or cost containment work? Yes, in health care affordability, especially work related to hospital pricing and/or provider consolidation. Yes, in health care affordability, but not work specifically related to hospital pricing and/or provider consolidation. Not yet, we've been searching for a way to start this work
	about your organization's mission, vision, and what principles guide ork. (200-300 words)
those t	how your organization's work advances healthier health care markets — hat promote fair competition, economic empowerment, and better nes for patients, employers, and communities. (200-300 words)
The goals of to pursue hose political envirance effect priorities. As similarities that effects of provadopting site anti-competit they're interested as some competitions.	his partnership are to strengthen the capacity of advocates in red states spital pricing policy reforms; share strategies that work in conservative onments to advance hospital pricing and affordability policies; and ctive coordinated messaging on affordability and hospital pricing policy such, USofCare is seeking partners interested in pursuing policies and t directly limit provider prices and/or address the potentially harmful vider consolidation. This includes policies such as limiting facility fees, neutral payments, establishing reference-based pricing, and limiting tive behavior. Applicants should have a general sense of which policy(s) sted in working on, however <u>adjustments will be allowed</u> during the dibased on the specific needs and dynamics of your state.
to purs	end, please select which policy(s) you are interested in working with us sue? (select all that apply) Adopting site-neutral payments Directly limiting hospital prices through rate setting, capping excessive prices, or establishing reference-based pricing (including in state employee health plans) Addressing the causes and harms of hospital consolidation by (a) requiring review and oversight of health care transactions, like mergers and acquisitions and/or (b) imposing consumer protective conditions on transaction approvals

Limiting anti-competitive contracting
Increasing ownership transparency
Protecting people from facility fees

USofCare would like to partner with selected applicants to lay the foundation for work on hospital pricing and consolidation in your state. In order to do this, we envision the following components to be included in our work together.

- 16. Tell us how you would approach the following (250-500 words):
 - Building or strengthening a coalition of allied stakeholders
 - Coordinating messaging across stakeholders
 - Incorporating community members into advocacy activities
 - Educating policymakers
 - Developing a policy-change strategy (i.e. "campaign plan")

Political Context, Campaign Experience, and Community Engagement

- 17. How has your organization engaged in bipartisan efforts to improve health care in your state? (100-200 words)
- 18. Please describe any specific strategies or partnerships you have used to build relationships with conservative stakeholders, policymakers, or community groups. We are particularly interested in examples of collaboration—across political or ideological lines—that have advanced efforts to reduce health care costs and ensure access to affordable care. (100-200 words)
- 19. Briefly describe the political context in your state, including the state of play around hospital and health care prices—and how any upcoming legislative or other political factors might influence the feasibility of this work. (100-200 words)
- 20. Please describe how you incorporate community input into your policy or advocacy work. (100-200 words)

 If you do not have experience with this type of community engagement work, please note if you would be interested in pursuing this strategy as part of your work.

Sustainability

21. Please describe how you anticipate sustaining the advocacy capacity built through this partnership after the project period concludes, including potential funding opportunities, institutional support, or integration into existing initiatives. (200-300 words).

Required Commitment

22. Selected partners will be asked to commit to several routine and ad-hoc activities as part of the partnership described above as a condition of funding. Please check each box below to confirm you are willing to commit to each of the following activities for the duration of the partnership.

project start date (approx. 5 pages with guidance from USofCare) Monthly strategy and planning calls with USofCare staff (approx. 12-15 total over partnership period)	
 Ad-hoc strategy and planning calls with USofCare staff and any vendors (such contractors that support communications or policy research) 	
 Quarterly multi-state convenings with other cohort members + kickoff and close-out convenings with other cohort members (approx. 6-8 total over partnership period) 	
 In-person event(s) for multi-state cohort members (with travel expenses covered by USofCare) 	
 Submission of a final report within 60 days of project completion (approx. 5 pages with guidance from USofCare) 	
23. For any commitments you are not able to commit to, please explain:	
Anticipated Support Needed Because this project is designed to build capacity in states, USofCare anticipates that partners selected to participate in this cohort may need additional support or resources they currently don't have access to.	
24. What areas of policy-advocacy support do you anticipate needing from United States of Care in order to be successful? (select all that apply) Understanding hospital finances bootcamp	
Policy technical assistance and/or policy analysis and researchMessaging and communications support	
Building collateral for stakeholder and/or policymaker educationConducting stakeholder and/or policymaker education	
 Infrastructure and/or administrative support to engage key allies or build a coalition Other (please explain): 	
Other 25. Is there anything else you would like us to consider in reviewing your proposal?	
26. Please submit your organization's annual budget and most recent 990 form to bmiller@usofcare.org Subject: "Red State Cohort"	