



The best hospital advocacy starts before there's a bill

By **Michael Petrone** | October 2026

By the time a bill affecting hospitals or healthcare comes before a state legislature, a significant amount of work has already been done behind the scenes. Someone has probably spent considerable time educating the bill's sponsor about the issue and making a case for a preferred point of view.

Policy ideas reach legislators from many directions, and interested parties work year-round to shape how policymakers understand healthcare issues. Employers bring their concerns about rising costs, while advocacy organizations provide research and policy proposals. [Payors have been particularly effective at advancing a healthcare affordability narrative](#) that focuses attention on hospital prices and consolidation. Repeated often enough, those arguments can begin to define both the problem and the range of solutions policymakers consider.

[Allowing others to define the economics of healthcare](#) makes the hospital's starting position harder to overcome. Advocacy efforts that begin once legislation is already under consideration enter a conversation already underway. The parties that advocated for the bill's introduction may already be building support for its passage. Legislators may have formed opinions about the problem, know the terminology, and understand the evidence supporting the proposal.

Hospital advocacy should follow ideas across state lines

State legislatures are becoming increasingly active in areas connected to healthcare affordability. Hospitals are drawing particular attention, with lawmakers looking at prices, consolidation, and policies intended to change how or how much hospitals are paid.

In 2025, [at least 42 bills addressing healthcare consolidation and competition were enacted across 21 states and Washington, D.C. Eleven states considered 27 facility-fee bills, nearly twice the number considered the year before.](#) Indiana and Vermont enacted commercial hospital price-cap policies, while Washington and New Mexico adopted caps affecting public employee plans.

Policy ideas travel. Watching what's happening in other states can provide an early look at the policy ideas that may be headed your way. In 2025, for example, the [National Academy for State Health Policy released model site-neutral payment legislation specifically for state](#)

[policymakers](#). Advocates interested in bringing the idea to another state don't have to start from scratch.

By watching legislative activity in other states, hospital government affairs teams can learn:

- Which arguments resonate with policymakers
- What evidence they find persuasive
- Where hospitals have successfully changed the debate
- Where there's still work to be done

By the time a similar proposal reaches your state, you should already know a great deal about the case that will be made for it and how you'll respond.

Local evidence strengthens the statewide case

State hospital associations monitor legislation and represent provider interests every day. They coordinate advocacy across members that may have very different markets and priorities. National organizations such as the American Hospital Association add another layer of advocacy on issues including site-neutral payment and facility fees.

An association can explain what a proposed payment policy could mean for hospitals statewide. A health system can show what it could mean for care in a particular legislator's district.

The health system knows where access is already fragile and which services operate under financial pressure. It also knows which future investments depend on sustainable reimbursement. Those operating realities can turn an abstract policy argument about payment into a much more concrete discussion about what the policy could mean for care in the community.

That connection between reimbursement and access is becoming harder to ignore. [Hospital executives around the country are describing growing gaps between community needs and the resources available to meet them](#). Reimbursement pressure is one factor affecting their ability to sustain services and invest in capacity. A health system can show a legislator what those pressures look like locally and what could be at stake when payment policy changes.

The health system brings local relationships as well. Its physicians and employees are constituents, and community organizations already know its work. Those relationships give the hospital additional ways to make the local consequences understood.

Associations can make the industry case. Health systems can make the consequences local.

A legislative pause is time you can use

Virginia offers a useful example. Lawmakers considered site-neutral payment policy during the 2026 General Assembly and chose further study. [The Commonwealth is evaluating its All-](#)

[Payer Claims Database and how the data could be used to inform site-neutral payment policy.](#)

Findings are due December 1, and the issue could return during the 2027 session.

Virginia hospitals therefore know a policy question is active months before the next General Assembly convenes. They also know what evidence the state is studying.

Claims data can reveal prices and payment patterns. Hospitals have additional evidence about what happens behind those numbers. They understand the patients they treat and the infrastructure required to treat them. They can also identify where reimbursement changes could affect local access.

The months ahead give hospitals time to understand their own exposure and develop local evidence. They can begin helping policymakers understand the implications before the report arrives.

Build political influence when nobody is asking for your vote

Some of the most useful conversations with policymakers happen when there is no immediate vote attached to them.

During a contentious legislative session, everyone knows what the hospital wants. Months earlier, the conversation can start with how the health system actually works. A legislator has time to understand the pressures affecting the organization and ask questions without an immediate vote hanging over the discussion.

Hospitals can also deepen relationships with people whose perspectives may become important later. A physician can make a complicated care-delivery issue tangible. A local employer or community leader may bring credibility that the hospital cannot create simply by repeating its own argument.

Those relationships take time to develop. So does the understanding that makes them useful when a policy debate becomes contentious.

Hospital government affairs can't run on the legislative calendar

Payors and other sophisticated interests work year-round. They follow policy ideas as they develop and build relationships with people who can advance them. They also help policymakers understand issues long before a proposal receives a bill number.

Hospital government affairs teams should be watching the same horizon. Activity elsewhere can reveal an argument gaining political traction before it reaches their state. The months between sessions give them time to prepare their own evidence and strengthen the relationships they may eventually need.

A bill tells you an idea has already traveled a long way.

What was your organization doing while it traveled?