

How the Insurance Industry is Embracing MAHA

BY KELLY HOOPER, MADI ALEXANDER | 06/19/2026 05:00 AM EDT

PRO POINTS

- The Trump administration has adopted Health Secretary Robert F. Kennedy Jr.'s Make America Healthy Again movement – focused on combating chronic disease through nutrition, exercise and public health reforms – as the centerpiece of its health care agenda.
- Health insurers, long vilified by President Donald Trump for driving up health costs, have begun embracing key tenets of the MAHA movement, including its emphasis on wellness, prevention and addressing chronic disease. They're also aligning with the administration on efforts to reform prior authorization, the process requiring doctors to obtain approval before providing certain treatments, which federal officials view as key to reducing burdens on patients and advancing the MAHA agenda.
- Even as insurers expand access to MAHA-aligned medical care, they have drawn a line when it comes to embracing the movement's vaccine skeptical views. Instead, insurers have repeatedly affirmed they will “follow the science” on vaccines and do not plan to change vaccine coverage, despite efforts by Kennedy and the administration to scale back federally recommended childhood immunizations.

How We Got Here

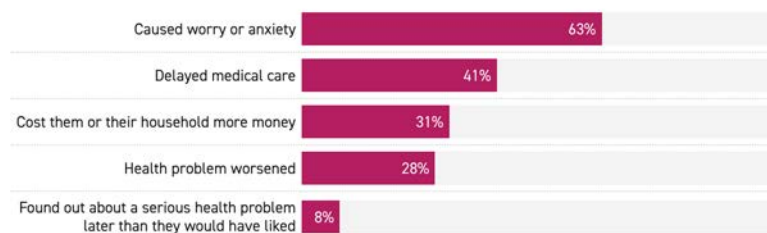
Despite tensions between the MAHA movement's food policy agenda and traditional Republican support for reducing industry regulation, the movement has struck a chord in Washington and beyond. Growing MAHA interest presents an opportunity for health insurers to work together with the Trump administration.

Although Trump has repeatedly criticized health insurers, calling them “money sucking Insurance Companies,” and said he'd pressure them to cut their rates, his “Great Healthcare Plan,” released in January, didn't include such reforms. Instead the president's interest in directly targeting the insurers' pricing seems to have waned.

Insurers have used that reprieve to highlight areas of cooperation with the administration. That includes entering into voluntary agreements with the Trump administration last year to overhaul prior authorization, the process through which physicians must obtain approval before providing certain services.

1 in 4 adults who received a prior authorization denial said their health condition worsened afterward

Impacts of receiving a prior authorization denial among surveyed adults with private insurance



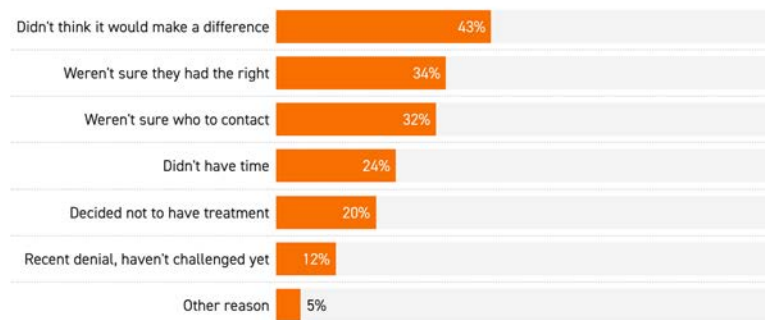
Note: Participants could choose more than one response. The survey ran from July 22 to Oct. 27, 2025, and included 6,353 adults age 19 to 64 with private insurance.

Source: Commonwealth Fund
Madi Alexander/POLITICO

Insurers use prior authorization to control costs and prevent unnecessary medical care, but doctors and patients have long argued that the process creates administrative burdens and can lead to denials, delays in treatment and worse health outcomes, particularly because many patients never appeal rejected requests.

The most common reason for not appealing a prior authorization denial: Patients didn't think it would make a difference

Percentage of adults who said they **did not appeal** a prior authorization denial, by reason for not appealing



Note: Among adults who received a prior authorization denial, 47 percent did not appeal the denial. Participants could choose more than one response. The survey ran from July 22 to Oct. 27, 2025, and included 6,353 adults age 19 to 64 with private insurance.

Source: Commonwealth Fund
Madi Alexander/POLITICO

Major insurers have pledged to streamline and simplify the prior authorization process, including standardizing the submission process and expanding real-time determinations. They've also reported progress toward their goal of reducing the number of services subject to prior authorization.

The Trump administration views these reforms as a key mechanism to bolster the MAHA movement. At a March forum hosted by AHIP, the health insurance industry's trade association, Medicare Director Chris Klomp argued that simplifying prior authorization could help rebuild providers' trust in insurers. If providers trust health insurers, Klomp added, they may be more willing to enter into value-based payment arrangements with insurers, where doctors are paid for care based on health outcomes.

What's Next

As they look to avoid becoming targets of White House health care reforms, health insurers are embracing chronic disease prevention and beginning to push MAHA-aligned efforts. Focusing on chronic disease prevention may be a win-win for insurers, who view shifts toward wellness initiatives and integrated care models as potential cost-savers, if they lead to healthier patients.

The changes include developing new integrated care models, where a health plan might bundle medical, behavioral health, pharmacy and social needs like food and transportation access, with the goal of targeting underlying

causes of diseases. Aetna, for example, plans to launch an autism-focused care model later this year that will connect enrollees to services addressing conditions that commonly occur alongside autism in children, including sleep disorders and mental health conditions.

Health insurers are also expanding their coverage of functional medicine, an approach that seeks to identify and address the underlying causes of illness. Functional medicine and telehealth provider Parsley Health announced in April that it was in-network with hundreds of commercial health plans nationally, including those at Aetna, Blue Cross Blue Shield, Centene, Cigna, Humana and UnitedHealthcare. Parsley's providers typically use extensive diagnostic testing to identify factors contributing to chronic disease and develop treatment plans that may include nutrition, exercise, sleep and stress-management interventions.

Since Trump returned to office, insurers have also placed greater emphasis on health and wellness offerings. UnitedHealthcare, the nation's largest health insurer, launched a direct-to-consumer marketplace last year with additional benefits available for purchase, including programs for weight-loss, mental health and women's health.

But insurers' embrace of MAHA appears to stop short of vaccines. Kennedy's push to overhaul federal vaccine policy could impact whether insurers are required to continue covering immunizations at no cost. Kennedy, a longtime vaccine skeptic, has not asked insurers to change their vaccine policies amid his push to change federal recommendations for which shots children receive. Still, insurers have made clear — at least for now — that they have no plans to adjust coverage for vaccines and pledged to follow scientific evidence on vaccine safety and efficacy from several data sources, like the American Academy of Pediatrics.



POWER PLAYERS

- **AHIP:** The health insurance trade group has highlighted its members' prior authorization commitments as evidence that insurers are working to reduce administrative burdens on physicians and patients. At the organization's annual conference in Las Vegas last week, multiple panels focused on insurers' efforts to target the underlying causes of chronic disease and reaffirmed the companies' commitments to rebuilding trust in vaccines and maintaining consistent coverage of shots.
- **Centers for Medicare and Medicaid Services:** The federal agency oversees health coverage for more than 160 million Americans and is helping shape how MAHA-related initiatives are implemented across the health system. The agency's innovation center is testing different payment models with a MAHA focus, including one focused on whole-person care for Medicare beneficiaries.
- **President Donald Trump:** Trump's ire toward health insurers appears to have cooled – for now – but the industry could find itself back under scrutiny with health care affordability emerging as a key issue for voters heading into the midterm elections. The president's health policy outline called for stronger price transparency requirements for insurers and providers, but whether he plans to target the companies more directly remains to be seen.