Many of us were on the edge of our seats on November 6th waiting to hear the results of this year’s elections. In addition to the presidential race and decisions on numerous ballot measures, voters cast ballots in 44 states for men and women running for 6,034 state legislative seats. Democrats rebounded some from 2010, when Republicans gained a record 24 state legislative chambers. This year, Democrats took back eight of those chambers and about 150 seats. Republicans gained four chambers previously controlled by Democrats and claimed the majority in both chambers of the Arkansas Legislature for the first time since Reconstruction.

The nation may have the lowest number of “divided” state legislatures—meaning one party holds one chamber and the other party holds the opposite chamber—in more than 30 years. The 2012 tally shows four such divided states—Iowa, Kentucky, New Hampshire and Virginia—down from eight states in the 2010 elections.

Although there were some tight races in this first election since the 2010 redistricting, the hard work is just beginning for many state legislators. In January, about half of all legislators will be freshmen or sophomores—either brand new to the office or will have served only two years. As
a result, state policymakers will have a steep learning curve. Since legislators must vote on the full range of state issues—from agriculture to zoning—it will be virtually impossible to be well versed on all of the hundreds of issues they’ll face during the next session. They will have to rely on others to help them cast informed votes, including their constituents, staff, colleagues and lobbyists.

Health policies will continue to be one of the most pressing issues in states as they continue to grapple with the Affordable Care Act (ACA) and as additional rules and regulations are announced at the federal level. Opposition to the law remains, with 20 states having some kind of law on the books to oppose implementation. Of questions on the 2012 ballot, in four out of five states—Alabama, Missouri, Montana and Wyoming—voters approved legislative measures intended to block implementation of the ACA within their borders. Voters in Florida voted against a measure intended to exempt their state from some of the ACA’s provisions.

With the Supreme Court’s ruling last June and with President Obama’s re-election, the ACA stands intact and states still have many decisions to make regarding its implementation, including whether to expand Medicaid. Given the recent recession, during which states collectively experienced a half trillion in budget gaps, states must continue to prioritize their limited resources. They also must take into account potentially significant spending cuts at the federal level.

Given the steep learning curve and budget challenges, it remains important to help inform state legislators on both sides of the aisle about the key roles they play in addressing the unique needs of the maternal and child health populations—women, children and families. Legislators need accurate and up-to-date information about the wide range of health issues that affect women, children and adolescents, ranging from their unique needs within the changing landscape of policy issues under the Affordable Care Act to the potentially cost-saving opportunities of investing in the health and well-being of women and children.

This is where health plans, health providers and advocates come in – they have the expertise and practical experience to play key roles in helping inform legislators about important maternal and child health issues. With all that is on their plates, legislators need to hear from experts in the field to help them make more informed decisions.