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Where States Act, Coverage Loss Is Mitigated: A 50-State Survey as eAPTCs Expire

Vital Signs: 50-State Tracking

By Ellen Montz, PhD and Kyla Ellis

Key Takeaways

In a new 50-state survey, tracking the impact of enhanced premium tax credits (eAPTCs), Manatt Health found four key crucial takeaways for states, providers and payors:

- **Coverage affordability continues to plague Americans.** The expiration of the enhanced premium tax credits (eAPTCs) at the end of 2025 has led to the biggest reduction in Marketplace financial assistance since the Affordable Care Act (ACA)'s first open enrollment. Congress' decision to let the tax credits expire immediately significantly increased how much millions of consumers must pay to stay covered.
- **This "affordability shock" translates into two trends: coverage loss and "buy-down."** During the 2026 Open Enrollment Period, premiums increased sharply and consumers shifted into less protective coverage. Marketplace plan selections fell by roughly 1.2 million nationally—a clear warning sign of coverage degradation even among those who hope to remain enrolled.
- **Where you live now matters more than ever.** The biggest premium spikes, plan switching, and enrollment declines occurred in states using Healthcare.gov and in states without supplemental support—while State-Based Marketplaces and especially states with their own subsidy programs saw smaller premium increases and far greater enrollment stability.
- **The worst effects are likely still ahead.** Plan selection data are only the first read; many consumers will drop coverage later due to premium non-payment and budget strain. Effectuated enrollment, risk pool changes, and the durability of state subsidy programs will determine whether 2026 is a manageable transition—or the start of a longer erosion in Marketplace coverage.

About This Analysis

What are eAPTCs?

Enhanced premium tax credits (eAPTCs) for Affordable Care Act (ACA) Marketplace coverage—first enacted by the American Rescue Plan Act of 2021 and extended through 2025 by the Inflation Reduction Act—expired at the end of 2025 after Congress did not act to extend them. These enhanced subsidies, built atop the original subsidy levels passed under the ACA, further reduced or eliminated health coverage premiums for millions of enrollees, bringing ACA Marketplace coverage within reach for consumers who previously found it unaffordable. As a result, Marketplace enrollment doubled between 2021 and 2025, reaching record highs—over 24 million people.

This analysis looks at 2026 Open Enrollment Period (OEP) plan selection data released by the Center for Medicare & Medicaid Services (CMS). These data provide an early indicator of how consumers are responding to the expiration of eAPTC in 2026, after Congress failed to extend the enhanced subsidies. The analysis uses 50-state survey data to analyze national experience and compare outcomes across states, grouping them into categories according to Marketplace type and state policy actions to determine the impact of eAPTC expiration nationally and note trends in comparisons across states.

Notably, plan selection is just **one** measure of enrollment. **Effectuated enrollment** is the number of people who **pay** their premium for that plan selection to stay covered. Manatt will be analyzing effectuated enrollment data when it's available to examine 50-state Marketplace enrollment retention experience at the point of premium payment. Early indicators and related modeling suggest Marketplace coverage attrition is significant and may be accelerating. The State Marketplace Network recently reported that 900,000 consumers in State Based Marketplaces (SBMs) disenrolled during the first three months of 2026, a 24% increase over the same period last year. A separate report projecting final effectuated enrollment by the end of 2026 suggests as much as 25% decline in enrollment, year over year, which is in line with, if not larger than, estimates of coverage loss projected by the Congressional Budget Office, Urban Institute, and Kaiser.

Analysis of CMS 2026 OEP plan selection data validates these early indicators.

Impacts of eAPTC Expiration: 50-State Analysis of 2026 OEP Plan Selection Data
By State Marketplace Type

	All States	FFM/SBM-FP States	All SBM States[i]	SBMs States With Subsidy Programs[ii]
Gross Benchmark Premium Change	+26.3% Weighted average	+29.9% Weighted average	+18.6% Weighted average	+13.5% Weighted average
Net Premium Change[iii]	+58.1% Weighted average	+67.1% Weighted average	+48.3% Weighted average	+41% Weighted average (Federal subsidies only)
Enrollment Change	-4.9%	-5.4%	-3.9%	-1.2%
Change in Plan Selection				
Selecting Gold Plan[iv]	+24.1%	+29.4%	+12.6%	+14.2%
Selecting Silver Plan	-28%	-33%	-17.8%	-10.4%
Selecting Bronze Plan	+25.9%	+28.4%	+19.2%	+15.4%

Higher Costs, Lower Enrollment, Where You Live Matters

Nationally, the data show significantly different trends in consumer behavior in the 2026 OEP compared to previous open enrollment periods. Consumers left the market (reduction of 1.2 million in plan selections). Alternatively, they enrolled but "bought down" their coverage to plans with lower out-of-pocket cost protections to mitigate out-of-pocket premium increase; the average shift away from silver coverage was -28%.

The 2026 plan selection picture was driven largely by two factors: premium increases and whether states offered additional subsidies to offset the expiration of enhanced federal tax credits.

i. Illinois is included as an SBM state despite its transition between 2025 and 2026.

ii. Ten states (California, Colorado, Connecticut, Maryland, Massachusetts, New Jersey, New Mexico, New York, Vermont, and Washington) had state-based subsidies for plan year 2026.

iii. Based on average premiums after APTCs across all enrollees.

iv. Gold plan selection rose most significantly in states that participate in silver loading/premium adjustment. Depending on the aggressiveness of the policy, Gold plans may have a lower premium than Silver.

Premium Increases and Shifts to Lower Value Coverage Were Most Significant in Healthcare.gov States

Across the country, gross benchmark premiums rose sharply for 2026, and the net premium impact on consumers was even more pronounced. Nationally, average net premiums (what enrollees pay after federal tax credits) increased 58.1% from 2025 to 2026, more than double the 26.3% increase in gross benchmark premium, reflecting that consumers absorbed a greater share of premium costs after the expiration of eAPTCs.

That disparity was largest in states using Healthcare.gov, where both gross and net premium increases were highest (29.9% gross and 67.1% net). State-Based Marketplaces (SBMs)—which are generally more active in rate review and consumer engagement—saw more moderate increases (18.6% gross and 48.3% net). And states with their own subsidy programs had the smallest average premium growth (13.5% gross and 41% net). Importantly, the CMS data used here captures **federal** APTCs but not state-specific assistance, meaning net premiums are likely even lower in states that supplement federal subsidies.

Notably, the 58.1% national net increase—while still substantial—falls well short of the roughly 114% increase previously projected if enrollees stayed in their existing plans. The gap is best explained by plan switching: faced with higher monthly costs, many consumers moved out of Silver plans (which generally have higher premiums due to "silver loading"/premium alignment[v]) and into lower-premium alternatives. Nationally, Silver plan selection fell 28.0%, while Bronze and Gold selection rose 25.9% and 24.1%, respectively (with the largest shifts occurring in Healthcare.gov states).

This migration carries a hidden cost. Many Silver enrollees qualify for cost-sharing reductions (CSRs), which are only available on Silver plans and can reduce deductibles and out-of-pocket maximums by thousands of dollars. Moving to Bronze (or even to some Gold options, depending on state premium alignment policy) may lower monthly premiums, but it can also increase out-of-pocket exposure when care is needed. The tradeoff appears less pronounced in states with their own subsidy programs, but movement away from Silver was still notable across all market types.

The steepest declines came in states where gross and net premiums rose sharply, and no state subsidies were available. North Carolina lost 22% of Marketplace enrollees, followed by Ohio (19.5%), West Virginia (16.7%), and Indiana (16.5%).

v. Silver loading arose after Congress discontinued reimbursements to insurers for cost-sharing reductions (CSRs) in 2017. To compensate, some states have asked insurers to concentrate the unrecovered costs in Silver plan premiums, known as "silver loading" or premium adjustment. Because federal premium tax credits are tied to the cost of the benchmark Silver plan, higher Silver premiums produce larger tax credits—which enrollees can apply to any metal level. The practical effect is that Gold or Bronze plans can become unusually affordable relative to Silver, distorting normal plan selection patterns.

People Living in States With State-Based Marketplaces Generally Had Access to More Affordable Coverage

SBMs generally outperformed Healthcare.gov states, with an average enrollment decline of 3.9% compared to 5.4%, respectively. Georgia saw the largest SBM decline at 12.3%, followed by Maine (9.5%) and Kentucky (8.6%).

Notably, seven states grew plan selections by 3% or more: Rhode Island (+3.2%), Maryland (+3.4%), Connecticut (+3.7%), Massachusetts (+3.7%),[vi] Texas (+5.2%),[vii] Washington, D.C. (+7.5%), and New Mexico (+18.1%). Four of those seven states offer supplemental state subsidies—and that is likely no coincidence. Their growth suggests the individual market has not plateaued; demand for affordable coverage remains strong.

New Mexico Case Study: What Might Have Been

New Mexico offers the clearest case study of "what might have been" in terms of national enrollment had Congress extended enhanced subsidies. Its state subsidies were structured to largely replace expiring enhanced federal assistance. The result was not just stability, but substantial growth.

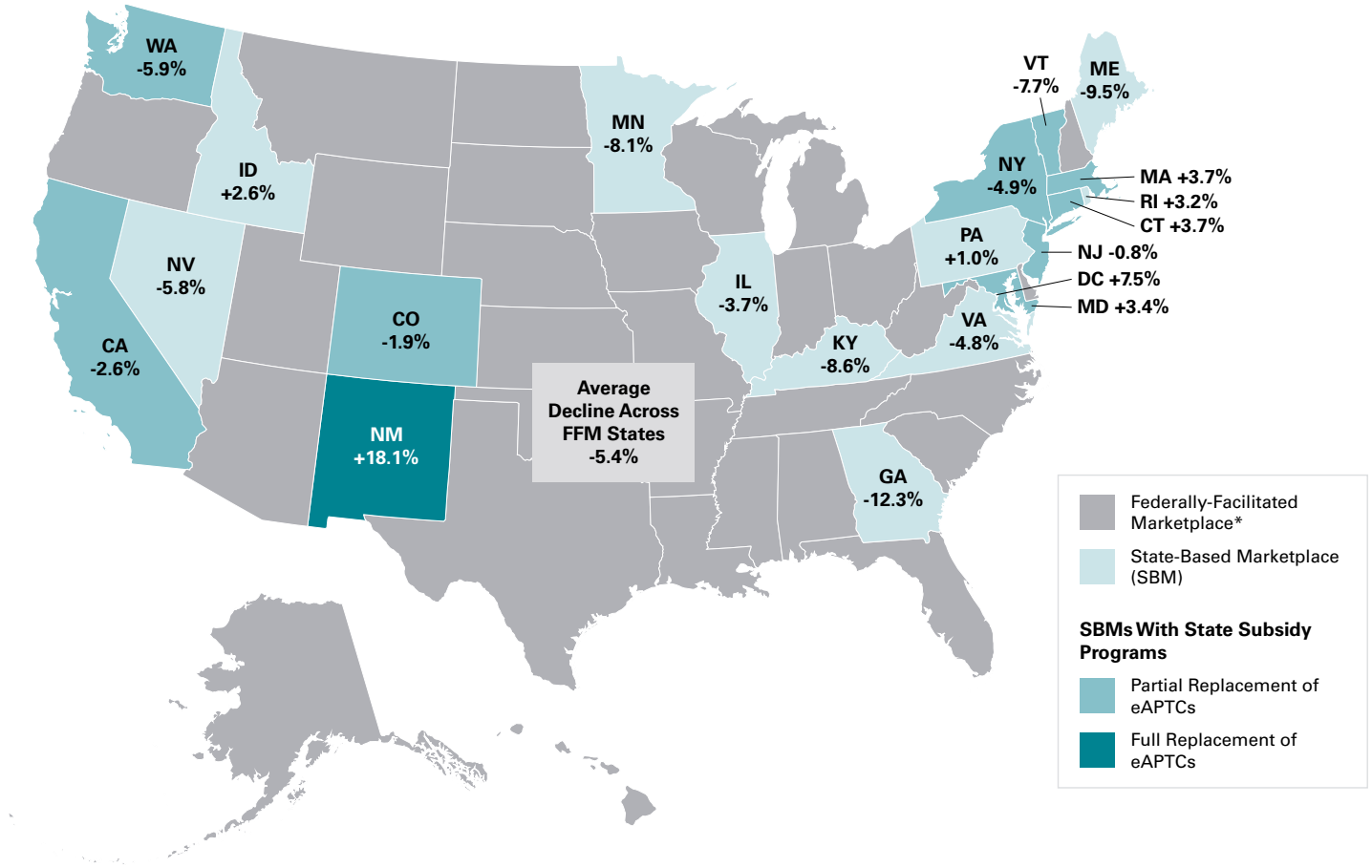
It also suggests that states' Marketplace policy meaningfully shaped both coverage affordability and enrollment stability for their residents. States with their own Marketplace subsidy programs in place to supplement eAPTCs came closest to maintaining stability in 2026 and some even experienced enrollment growth. As a group, these states faced smaller gross and net premium increases, less plan switching to lower value plans, and significantly smaller enrollment changes than states without their own subsidy programs.

In short, the early data show that the experience of consumers varied sharply depending on where they live and point to the growing role of state-level policy in shaping coverage outcomes as federal support changes.

vi. Massachusetts' ConnectorCare premium and cost-sharing subsidies predated eAPTCs. For 2026, the state allocated an additional $250 million to expand the program, though enrollees above 400% FPL lost access to ConnectorCare alongside the loss of federal subsidies since state eligibility was tied to receipt of federal APTC.

vii. Texas is the notable outlier. Despite offering no state subsidies, enrollment still rose 5.2%. Several factors are likely at play and are not readily apparent in the data alone, but Texas continues to have nation's highest uninsured rate and . the state has pursued a premium alignment rating structure, which has the resulted in higher increases in silver level plan premiums compared to bronze and gold, thereby mitigating some of the lost value of the eAPTCs. Texas saw the largest shift into Bronze plans, with Bronze plan selections rising 84%. Many consumers appear to be staying covered by trading down to lower-premium, less comprehensive plans.

Percent Change in 2026 Plan Selection, Compared to 2025
By Marketplace Type and State Subsidy Program Status



* Including SBMs on the federal platform.

What Can We Expect Next?

Plan selection data provide an early signal, but they do not capture what happens after consumers receive their first premium bill. As higher 2026 premiums take effect, enrollees are reassessing coverage choices and a meaningful share may discontinue coverage over the course of the year. Because most insurers provide a grace period for non-payment (typically up to 90 days for subsidized enrollees), additional disenrollment may emerge gradually rather than immediately.

A Hidden Cost for Consumers: Loss of Cost-Sharing Reductions

Enrollees eligible for Cost-Sharing Reductions (enrollees under 250% of the FPL) who move out of Silver plans—to either Bronze or Gold—looking for lower premiums lose access to cost-sharing reductions (CSRs), which are only available on Silver plans. CSRs reduce deductibles and out-of-pocket maximums by thousands of dollars for lower-income enrollees and provide greater cost-sharing protections for most enrollees than Gold plans. Enrollee awareness on the trade-offs is essential for helping people decide the best coverage at the lowest costs.

Several indicators will clarify the trajectory: **effectuated enrollment** (who pays and stays), the pace of midyear attrition, and shifts in the risk pool as healthier consumers are more likely to exit when premiums rise. Together, these data will show whether the 2026 Marketplace experience reflects a one-year affordability disruption or a longer period of enrollment erosion.

The 2026 results also underscore the stabilizing role of state-funded supplemental subsidies where they are available. In states that layered additional assistance on top of federal APTCs, consumers generally faced smaller net premium increases, less movement into plans with less cost-sharing protections, and more stable enrollment. Looking ahead, the key question is durability: state subsidy programs operate alongside competing budget priorities and broader economic uncertainty, and future adjustments to these programs could meaningfully change affordability and enrollment outcomes.

In sum, the end of enhanced premium tax credits created a significant affordability test for the Marketplace. The initial open enrollment results show many consumers worked to stay covered—often by switching plans—but the full impact will be reflected in whether coverage remains financially sustainable month to month.

Over the coming months, we will be tracking: (1) effectuated enrollment and disenrollment timing, (2) changes in plan mix and out-of-pocket exposure, (3) risk pool indicators and insurer responses in 2027 rate setting, and (4) the continuation or modification of state supplemental subsidy programs.

CMS 2026 OEP Plan Selection Data

50-State Data by State

State	Marketplace Type	Total Consumers Who Have Selected a Marketplace Plan, 2025	Total Consumers Who Have Selected a Marketplace Plan, 2026	% Change in Total Consumers Who Have Selected a Marketplace Plan, 2025–2026	Average Net Premium, After APTCs, 2025	Average Net Premium, After APTCs, 2026	% Change in Average Net Premium, 2025–2026	% Change in Gold Selection, 2025–2026	% Change in Silver Selection, 2025–2026	% Change in Bronze Selection, 2025–2026
United States		**24,319,713**	**23,130,860**	**-4.9%**	**$113**	**$178**	**58.1%**	**24.1%**	**-28.0%**	**25.9%**
Alabama	FFM	477,838	455,776	-4.6%	$65	$126	93.8%	-34.3%	-26.8%	57.9%
Alaska	FFM	28,736	26,079	-9.2%	$223	$344	54.3%	-20.1%	-30.4%	11.3%
Arizona	FFM	423,025	357,144	-15.6%	$113	$229	102.7%	-32.6%	-42.5%	29.5%
Arkansas	SBM-FP	166,639	160,307	-3.8%	$124	$162	30.6%	545.0%	-51.9%	19.6%
California*	SBM	1,979,504	1,927,371	-2.6%	$187	$264	41.2%	-10.2%	-10.7%	23.2%
Colorado*	SBM	282,481	277,238	-1.9%	$205	$318	55.1%	1.0%	-11.5%	4.9%
Connecticut*	SBM	151,151	156,745	3.7%	$223	$277	24.2%	-21.6%	9.2%	2.6%
Delaware	FFM	52,931	44,663	-15.6%	$217	$320	47.5%	-41.9%	-34.3%	29.9%
District of Columbia	SBM	14,930	16,053	7.5%	$610	$725	18.9%	5.8%	3.3%	15.1%
Florida	FFM	4,735,415	4,538,772	-4.2%	$67	$106	58.2%	212.6%	-28.4%	19.3%
Georgia	SBM	1,510,852	1,324,295	-12.3%	$74	$164	121.6%	-32.6%	-28.6%	39.0%
Hawaii	FFM	24,606	23,380	-5.0%	$252	$372	47.6%	-28.3%	-18.9%	30.7%
Idaho	SBM	117,373	120,426	2.6%	$129	$202	56.6%	-15.4%	-17.3%	21.8%
Illinois	SBM	465,985	448,568	-3.7%	$190	$230	21.1%	342.6%	-47.7%	2.7%
Indiana	FFM	359,240	300,049	-16.5%	$120	$222	85.0%	-35.7%	-20.2%	-8.0%
Iowa	FFM	136,833	123,304	-9.9%	$141	$235	66.7%	-10.1%	-39.8%	17.9%
Kansas	FFM	200,046	192,811	-3.6%	$106	$160	50.9%	-26.5%	-22.0%	33.1%
Kentucky	SBM	97,374	89,028	-8.6%	$180	$288	60.0%	-37.9%	-18.3%	17.2%
Louisiana	FFM	292,994	296,648	1.2%	$72	$144	100.0%	-3.7%	-25.5%	33.8%
Maine	SBM	64,678	58,523	-9.5%	$245	$340	38.8%	-20.3%	-30.5%	12.6%

State	Marketplace Type	Total Consumers Who Have Selected a Marketplace Plan, 2025	Total Consumers Who Have Selected a Marketplace Plan, 2026	% Change in Total Consumers Who Have Selected a Marketplace Plan, 2025–2026	Average Net Premium, After APTCs, 2025	Average Net Premium, After APTCs, 2026	% Change in Average Net Premium, 2025–2026	% Change in Gold Selection, 2025–2026	% Change in Silver Selection, 2025–2026	% Change in Bronze Selection, 2025–2026
Maryland*	SBM	247,243	255,612	3.4%	$184	$284	54.3%	-6.6%	10.0%	15.2%
Massachusetts*	SBM	389,191	403,624	3.7%	$ 198	$325	64.1%	-4.7%	2.5%	18.8%
Michigan	FFM	531,083	497,064	-6.4%	$131	$222	69.5%	-49.2%	-16.8%	10.7%
Minnesota	SBM	151,512	139,251	-8.1%	$307	$437	42.3%	-19.1%	-18.5%	7.7%
Mississippi	FFM	338,159	313,392	-7.3%	$41	$131	219.5%	-50.2%	-26.8%	77.4%
Missouri	FFM	417,000	365,734	-12.3%	$91	$173	90.1%	10.5%	-40.1%	25.2%
Montana	FFM	77,221	73,255	-5.1%	$151	$230	52.3%	-21.6%	-31.5%	5.8%
Nebraska	FFM	136,684	128,492	-6.0%	$114	$217	90.4%	-42.6%	-26.8%	15.1%
Nevada	SBM	110,687	104,286	-5.8%	$152	$234	53.9%	-19.1%	-19.1%	21.1%
New Hampshire	FFM	70,337	66,024	-6.1%	$230	$342	48.7%	-35.1%	-16.7%	20.2%
New Jersey*	SBM	513,217	509,192	-0.8%	$179	$277	54.7%	-14.7%	-11.8%	59.6%
New Mexico*	SBM	70,373	83,103	18.1%	$152	$299	96.7%	4.3%	53.1%	8.5%
New York*	SBM	221,534	210,704	-4.9%	$532	$636	19.5%	-24.5%	0.4%	-5.0%
North Carolina	FFM	975,110	761,457	-21.9%	$97	$180	85.6%	-39.7%	-49.6%	9.7%
North Dakota	FFM	42,901	41,014	-4.4%	$145	$229	57.9%	-29.8%	-19.2%	23.5%
Ohio	FFM	583,443	469,616	-19.5%	$126	$233	84.9%	-27.8%	-44.1%	11.4%
Oklahoma	FFM	307,989	261,887	-15.0%	$78	$161	106.4%	-49.4%	-35.8%	17.0%
Oregon	SBM-FP	139,688	118,372	-15.3%	$272	$426	56.6%	-27.8%	-27.1%	-2.4%
Pennsylvania	SBM	496,661	501,459	1.0%	$187	$251	34.2%	0.2%	-20.3%	33.2%
Rhode Island	SBM	42,117	43,446	3.2%	$155	$246	58.7%	-11.6%	-7.4%	51.4%
South Carolina	FFM	631,948	587,567	-7.0%	$73	$139	90.4%	-35.4%	-30.6%	16.1%
South Dakota	FFM	54,721	50,951	-6.9%	$125	$211	68.8%	-24.2%	-27.6%	6.4%
Tennessee	FFM	642,867	569,310	-11.4%	$72	$141	95.8%	21.3%	-44.0%	38.2%
Texas	FFM	3,966,226	4,172,233	5.2%	$57	$89	56.1%	23.7%	-38.5%	84.4%
Utah	FFM	421,890	387,336	-8.2%	$70	$120	71.4%	-47.7%	-27.8%	26.5%
Vermont*	SBM	32,862	30,344	-7.7%	$220	$364	65.5%	15.5%	-59.0%	2.6%
Virginia	SBM	388,856	370,086	-4.8%	$135	$215	59.3%	-7.9%	-13.9%	6.0%
Washington*	SBM	308,227	290,109	-5.9%	$288	$343	19.1%	167.3%	-66.1%	-15.5%
West Virginia	FFM	67,113	55,879	-16.7%	$101	$208	105.9%	28.4%	-40.8%	-18.6%
Wisconsin	FFM	313,579	291,336	-7.1%	$167	$250	49.7%	-29.9%	-24.1%	11.0%
Wyoming	FFM	46,643	41,545	-10.9%	$134	$235	75.4%	-29.5%	-18.4%	41.0%

* Represents states with a state-funded subsidy program.

Acknowledgments

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About Vital Signs 50-State Tracking

H.R. 1 and other federal actions are driving historic health care cuts. Manatt Health is tracking state responses and analyzing the effects on coverage, affordability, and system stability. Vital Signs helps stakeholders understand near- and long-term impacts to inform policy, accountability, and collaboration.

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Ellen Montz, PhD
Managing Director
Manatt Health
202.585.6590
EMontz@manatt.com

Kyla Ellis
Director
Manatt Health
202.585.6530
KEllis@manatt.com