USAFacts

Healthcare affordability

DATA BRIEF
JULY 2026

Overview: Healthcare affordability

Access to health insurance and the cost of healthcare were at the center of two major policy debates in 2025: the One Big Beautiful Bill Act (OBBBA) and the government shutdown tied to the debate over enhanced Affordable Care Act (ACA) subsidies. The OBBBA provisions related to Medicaid and the eventual expiration of the enhanced ACA subsidies are projected to lower federal health spending over the next decade. At the same time, some Medicaid and ACA enrollees may experience barriers to care as new Medicaid rules are implemented and temporarily enhanced subsidies for marketplace insurance coverage expire.

This brief highlights the data points to watch as these policies roll out, including overall personal healthcare spending, costs to individuals, and federal health insurance program costs and enrollment.

Data summary

- Several entities pay for healthcare in the US. Considering all payers, the average per-person spending was $13,265 in 2024, nearly 10 times higher than in 1960, after adjusting for inflation.
- Out-of-pocket healthcare expenditures were $1,637 per capita in 2024, not including the cost of insurance premiums. This was up 118% from 1960, after adjusting for inflation. People 65 and older and those with non-group private insurance (e.g., plans bought from the ACA marketplace) report the highest out-of-pocket expenses.
- The uninsured rate was 8% in 2024, down from 14% in 2013, before the major ACA provisions took effect. The share of people enrolled in private health insurance, Medicare, and Medicaid was higher in 2024 than in 2013 for each type of program. Enrollment increases in federally funded health programs have led to higher federal spending.
- Around 26 million people could be subject to the Medicaid work requirements introduced under OBBBA.
- The average cost of insurance premiums on Healthcare.gov (after subsidies) rose from $85 per month in 2025 to $137 in 2026 when enhanced ACA subsidies expired. In 2020, before the enhanced ACA subsidies took effect, average Healthcare.gov premiums were similar to those in 2026 at $145 per month.

Overall healthcare costs

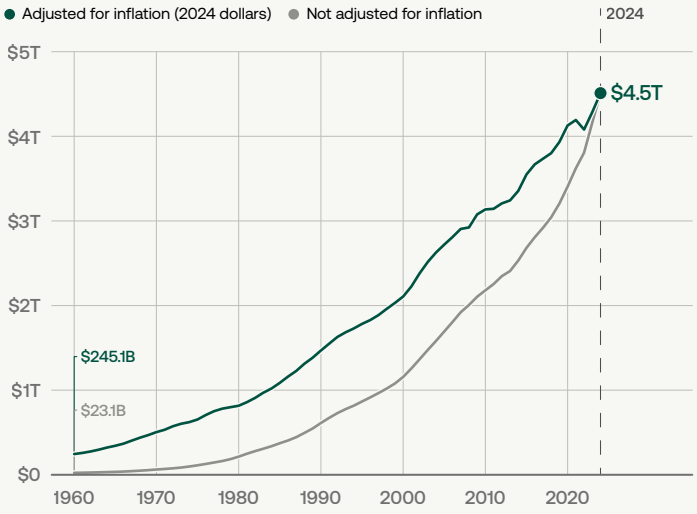
Understanding who pays for healthcare — how much and for what — is essential for evaluating recent health policy changes. The responsibility for total personal healthcare spending (which includes everything spent directly on patient care) is split between the federal government, private insurers, and individuals, with the federal share growing since Medicare and Medicaid were introduced in 1965.

How much is spent on personal healthcare in the US?

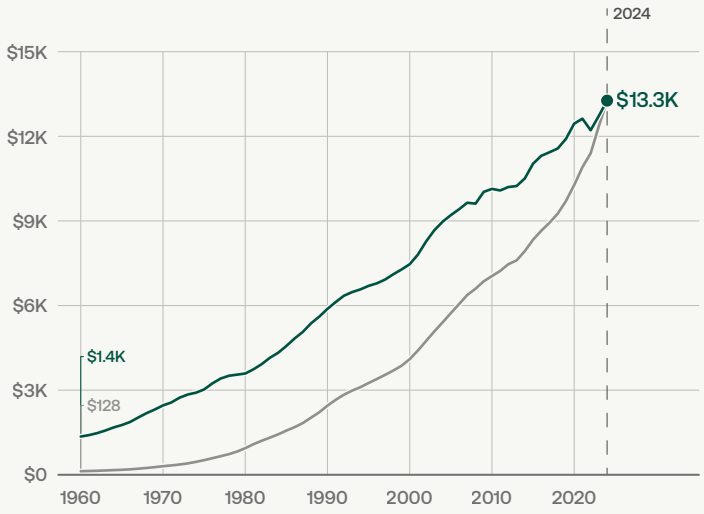
All payers spent a combined $4.5 trillion on personal healthcare in the US in 2024, or about $13,265 per person. After adjusting for inflation, total personal healthcare spending rose by 1,740% between 1960 and 2024, and per capita spending went up 878%.

Personal healthcare expenditures

Total



Per capita



Source: Centers for Medicare and Medicaid Services

What is personal healthcare?

Personal healthcare expenditures include all spending on patient care-related goods and services (e.g., medical visits, medications, copayments). It doesn't include spending on insurance program administration, health research, infrastructure, or other public health activities. This brief focuses on personal healthcare spending.

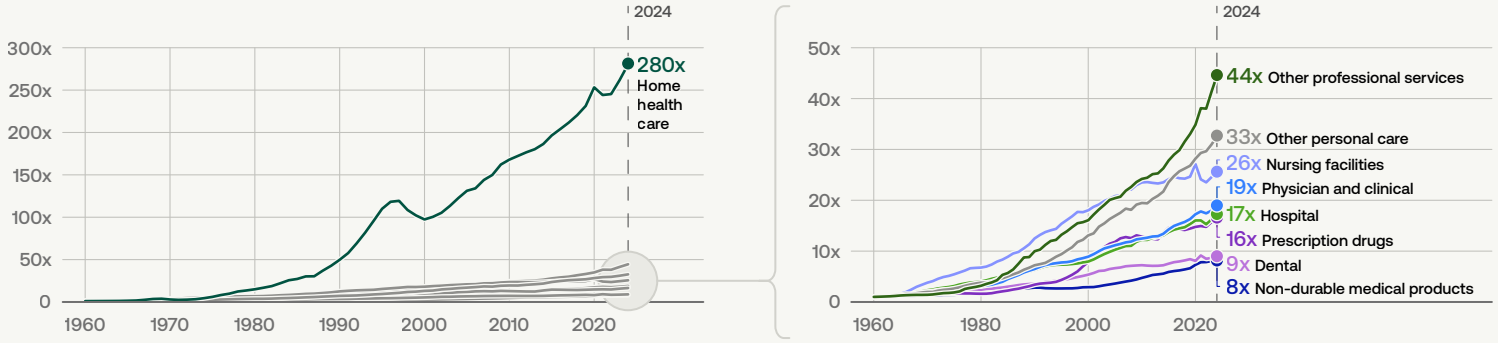
Which categories of personal healthcare spending have increased most?

Spending on home healthcare (i.e., services provided in patients' homes by nurses, aides, and therapists) has grown faster than any other category of personal healthcare spending since 1960, increasing 280 times over (adjusted for inflation). This likely reflects both an aging population with greater care needs and a preference for aging at home rather than in a facility.[i]

Other professional services — or any other non-physician and non-dental health service, such as those provided by chiropractors, podiatrists, and physical therapists — had the second-largest spending growth since 1960, increasing by a factor of 44.

Change in personal healthcare spending, 1960 to 2024

By category

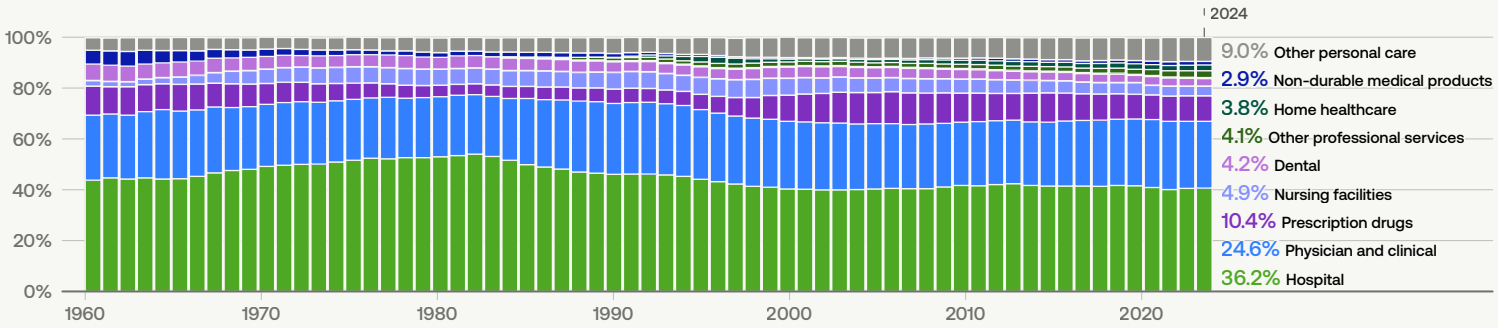


Source: Centers for Medicare and Medicaid Services
Note: Change in spending is calculated by taking a ratio of the total spending in each category for each year divided by the total spending in 1960. Spending amounts were adjusted for inflation to 2024 dollars prior to calculating the ratio.

What services does most healthcare spending go toward?

The greatest share of 2024 personal healthcare spending went to hospitals (36.2%), followed by physician visits and clinical services (a single category, 24.6%). Since 1960, at least 60% of all healthcare dollars have been spent on these two categories. Prescription drugs, the next-largest category, accounted for about 1 of every 10 dollars. Although home healthcare spending increased the most over this period, it's still a relatively small share of total spending (3.8%).

Share of total personal healthcare spending on each service or product



Source: Centers for Medicare and Medicaid Services
Note: Other professional services includes specialist visits like chiropractors, physical or occupational therapy, etc. Other non-durable medical products includes over-the-counter medications, first aid products, at-home tests, and other disposable or consumable health goods. Other personal care includes ambulance services and facilities for mental health, substance abuse, and intellectual disabilities.

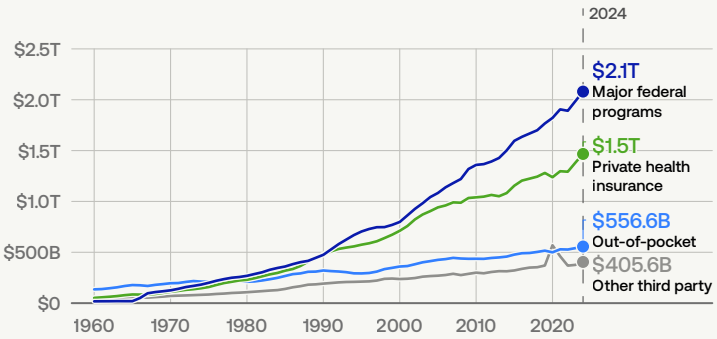
Who pays for healthcare in the US?

In 2024, the federal government (including Medicaid, Medicare, the Department of Defense, and the Department of Veterans Affairs) was the largest payer of healthcare in the US: it was responsible for 46%, or $2.1 trillion, of personal healthcare expenditures. However, it has not always been the largest payer; before the launch of Medicare and Medicaid in 1965, the federal share hovered around 6%.

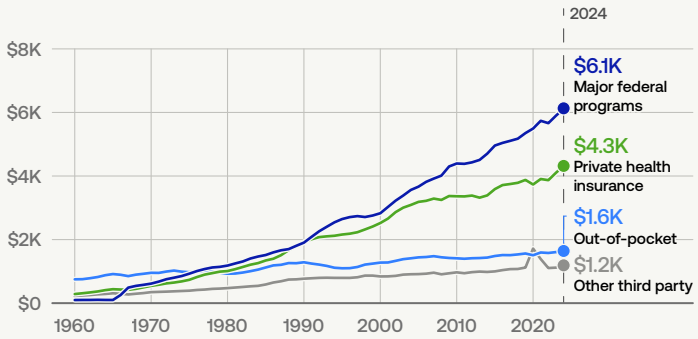
As federal programs absorbed more healthcare costs, the share that individuals spent out of pocket declined. In 1960, individuals paid 55% of their personal healthcare costs directly, or about $750 per person in 2024 dollars. By 2024, that share had fallen to 12%, but the dollar amount had increased to $1,637 per person.

Personal healthcare expenditures, by source of funds

Total



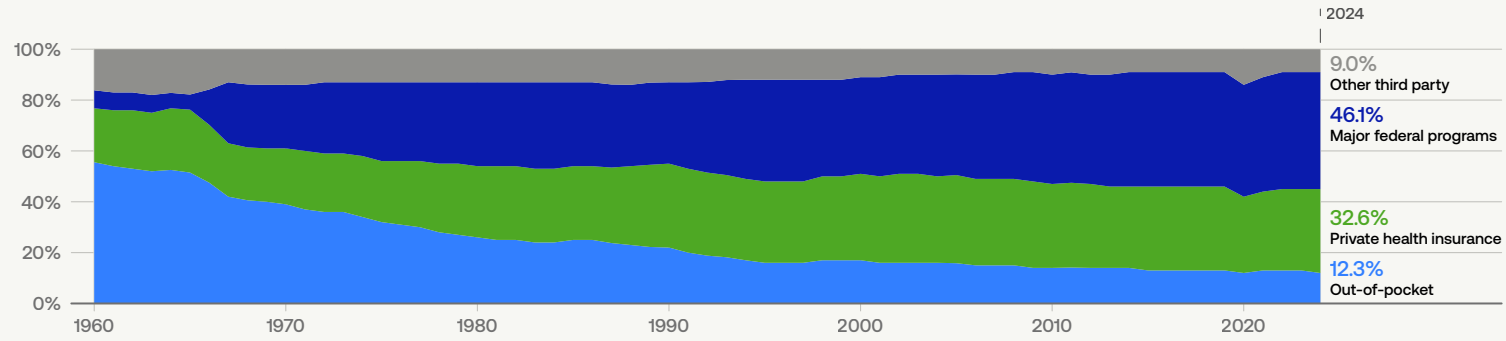
Per capita



Source: Centers for Medicare and Medicaid Services
Note: Adjusted for inflation (2024 dollars). Major federal programs includes health expenditures by Medicare, Medicaid, Department of Defense, and Veterans Affairs. Other third party payers include, but are not limited to, workers' compensation, state and local programs, and private revenues.

Personal healthcare expenditures, by source of funds

Share



Source: Centers for Medicare and Medicaid Services
Note: Adjusted for inflation (2024 dollars). Major federal programs includes health expenditures by Medicare, Medicaid, Department of Defense, and Veterans Affairs. Other third party payers include but are not limited to workers' compensation, state and local programs, and private revenues.

How is out-of-pocket spending calculated?

The source for total healthcare spending is CMS's National Health Expenditure Accounts. This data set measures how healthcare spending enters the economy. Health insurance premiums are not included in out-of-pocket spending because they aren't spent directly on personal healthcare. Cost sharing (e.g., co-pays and deductibles) is included in out-of-pocket spending because these types of expenses are paid directly to healthcare providers.

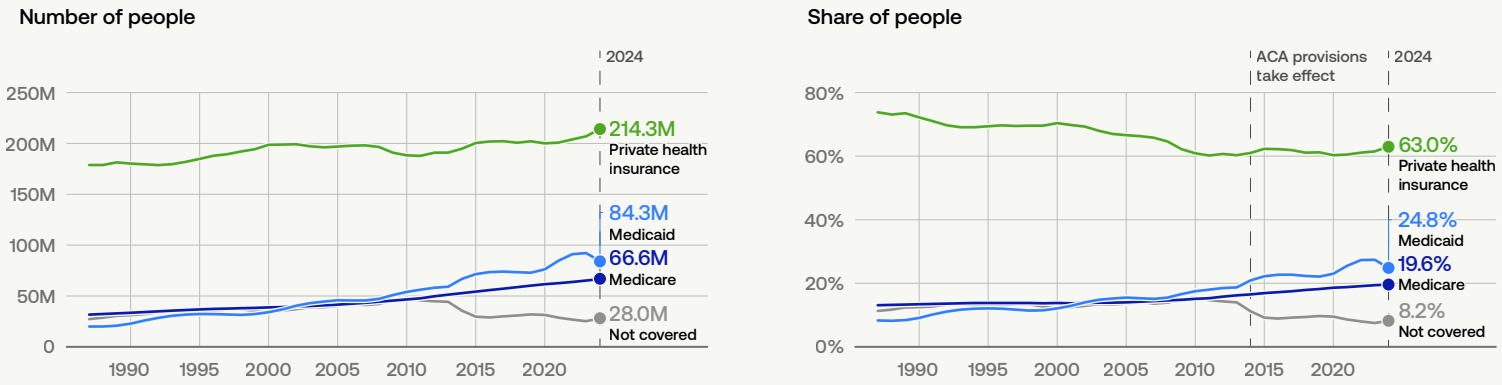
Insurance and other direct costs to individuals

How much a person pays for healthcare depends on the kind of insurance they have, if they have any. Insured people typically pay premiums plus cost-sharing, while uninsured individuals bear the full cost of care. This section examines both what people pay when they access care and what they pay through premiums to maintain coverage.

How many people are on each type of insurance? How many are uninsured?

Over 214 million people, or 63% of the population, had private insurance in 2024, including those with employer-based insurance or a plan purchased through the marketplace. Around 28 million people, or 8.2% of the population, were uninsured, the third-lowest rate on record.

Health insurance coverage, by type

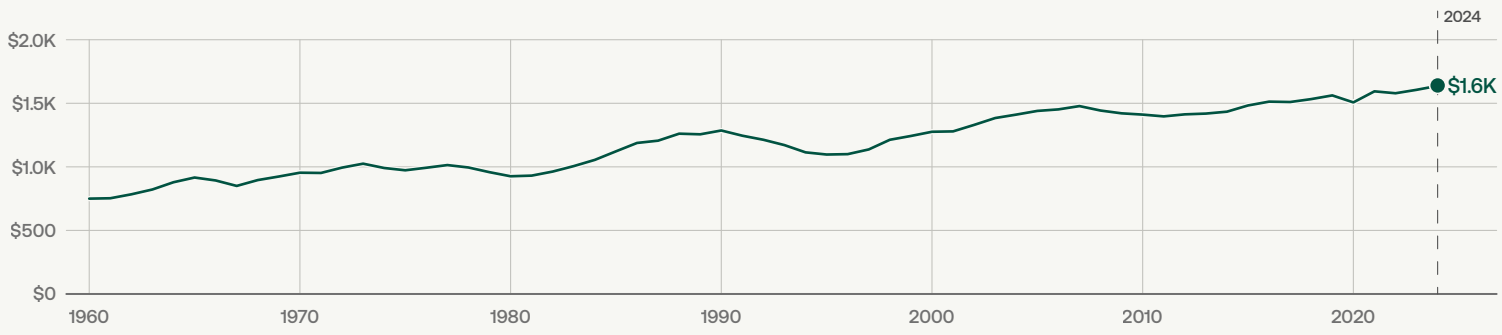


Source: Centers for Medicare and Medicaid Services
Note: The types of insurance are not mutually exclusive; people may be covered by more than one during the year. Individuals on military insurance (such as TRICARE and CHAMPVA) and children enrolled in the Children's Health Insurance Program (CHIP) are not shown in this analysis.

How much do people spend on healthcare goods and services?

Average individual healthcare spending, not including insurance costs like premiums, was $1,637 per capita in 2024. This is a 118% increase from the first year of available data, 1960, when it was $750 (adjusted for inflation).

Out-of-pocket healthcare spending per capita



Source: Centers for Medicare and Medicaid Services
Note: Adjusted for inflation (2024 dollars). Includes cost to access care, not costs to maintain insurance such as premiums.

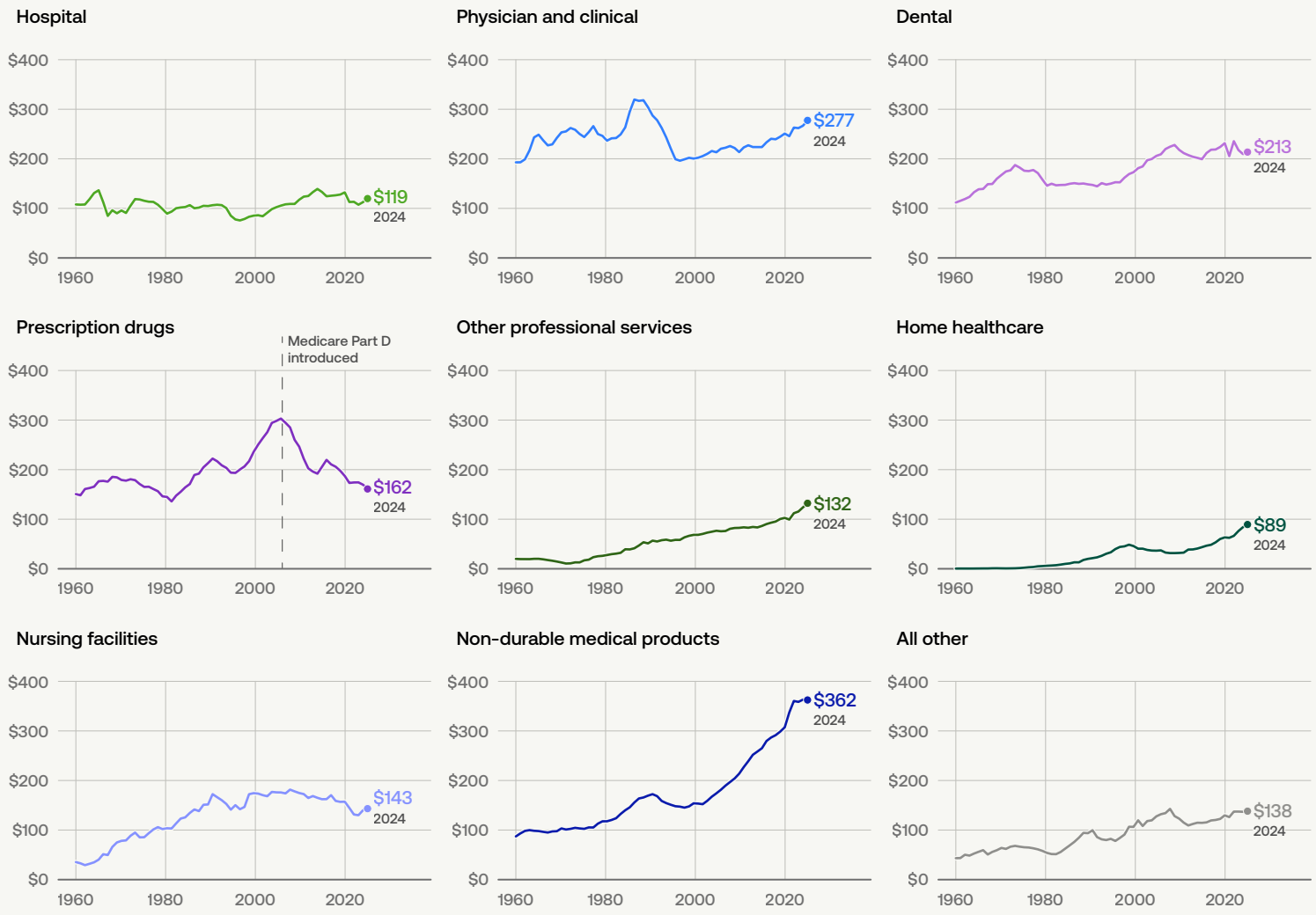
Which healthcare services and products do people spend the most on out of pocket?

Non-durable medical products, which include over-the-counter medications and disposable items like bandages, masks, and at-home tests, accounted for the biggest share of out-of-pocket spending in 2024: 22%, up from 12% in 1960. These items are rarely covered by insurance, and per-capita spending on them roughly doubled between 2005 and 2024, with a notable spike in 2020 during the COVID-19 emergency.

Out-of-pocket spending on prescription drugs hit a high of over $300 per person in 2005, after a decade of growth driven by rising prices and the expanding number of people using medications for chronic conditions.[ii] The introduction of Medicare Part D in 2006 shifted much of that cost to the federal government; by 2024, per-person out-of-pocket drug spending had fallen to $162.

Out-of-pocket healthcare spending per capita

By type of service



Source: Centers for Medicare and Medicaid Services
Note: Adjusted for inflation (2024 dollars).

A note about the data

The data above draws on the National Health Expenditure Accounts (NHEA), which tracks money flowing through the healthcare system using administrative and industry data. The sections below shift to the Medical Expenditure Panel Survey (MEPS), which captures what individuals and families report spending.

Because MEPS relies on self-reported data and excludes some categories the NHEA includes, such as over-the-counter medications, it tends to undercount total out-of-pocket spending.[iii] MEPS also excludes some populations, including active-duty military and those living in institutions like nursing homes. The figures below should all be read as conservative estimates.

How does individual healthcare spending vary by insurance type?

In 2023, people under 65 with private insurance spent an average of $1,066 out of pocket on healthcare goods and services. People on non-group insurance plans, like those purchased through the ACA marketplace or state-based exchanges, had the highest out-of-pocket costs of any group, $1,962 on average.[iv] These expenses include co-pays and co-insurance, which are paid directly from an individual to a medical provider, but not private insurance premiums.

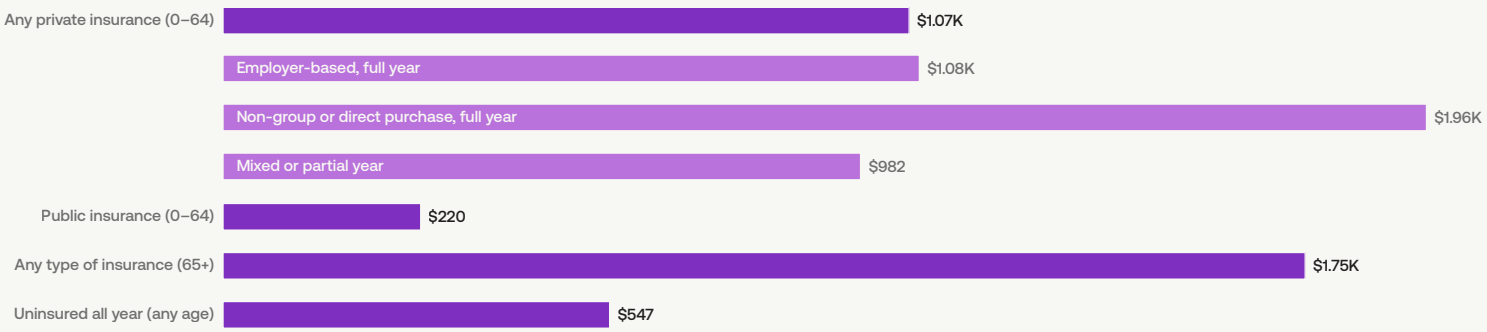
Insured people 65 and older, the vast majority of whom were on Medicare, had the next-highest spending at $1,752. Older adults typically have more healthcare needs, leading to more use of the system and higher out-of-pocket costs.[v]

Public insurance enrollees under 65 reported the lowest average out-of-pocket expenses at $220. A majority of these people are enrolled in Medicaid or the Children's Health Insurance Program (CHIP), programs designed for low-income individuals that pay most healthcare related expenses for enrollees.

Uninsured individuals reported $547 in out-of-pocket expenses for the year.

Annual out-of-pocket health spending (2023)

By insurance type and age



Source: Agency for Healthcare Research and Quality
Note: Non-group or direct purchase plans include those from the ACA marketplace or state-based exchanges, or another form of non-employer-based private insurance. Mixed or partial-year private insurance includes individuals who primarily had private insurance during the year but did not have a full year in any one category.

How much do people spend on insurance premiums?

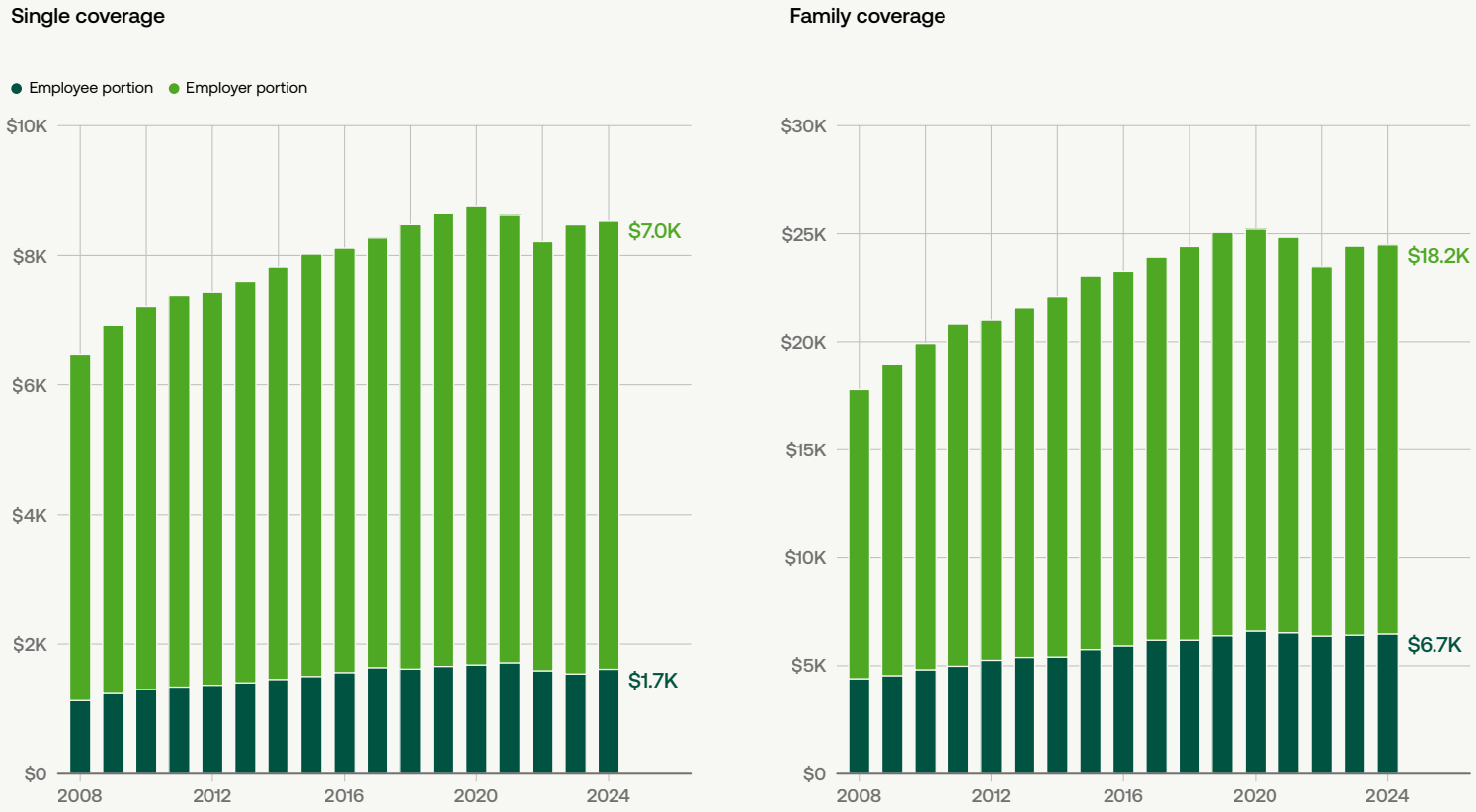
Along with healthcare goods and services, people with insurance also pay premiums to maintain their coverage. Premium costs vary by type of insurance (such as whether it is a high- or low-deductible plan) and how people get it (through their employer, the ACA marketplace, or a public program).

Employer-sponsored insurance premium costs are often shared between employers and employees. In 2024, employees contributed an average of $1,700 annually for single coverage and $6,700 for family coverage. From 2008 to 2024, employee contributions rose 40% for single and 45% for family coverage, after adjusting for inflation.

ACA marketplace enrollees pay premiums set by plan and location, which are then reduced by the Premium Tax Credit for eligible households. In 2026, the average monthly premium for individuals purchasing from Healthcare.gov was $746 before subsidies and $137 after (see page 16 for more on ACA premiums).

The federal government absorbs most or all of coverage costs for people enrolled in public programs. Medicaid enrollees generally pay no or very limited premiums, and Medicare beneficiaries pay premiums that vary by part and income (see page 11 for more on Medicare premiums).

Average employer-sponsored insurance premium costs



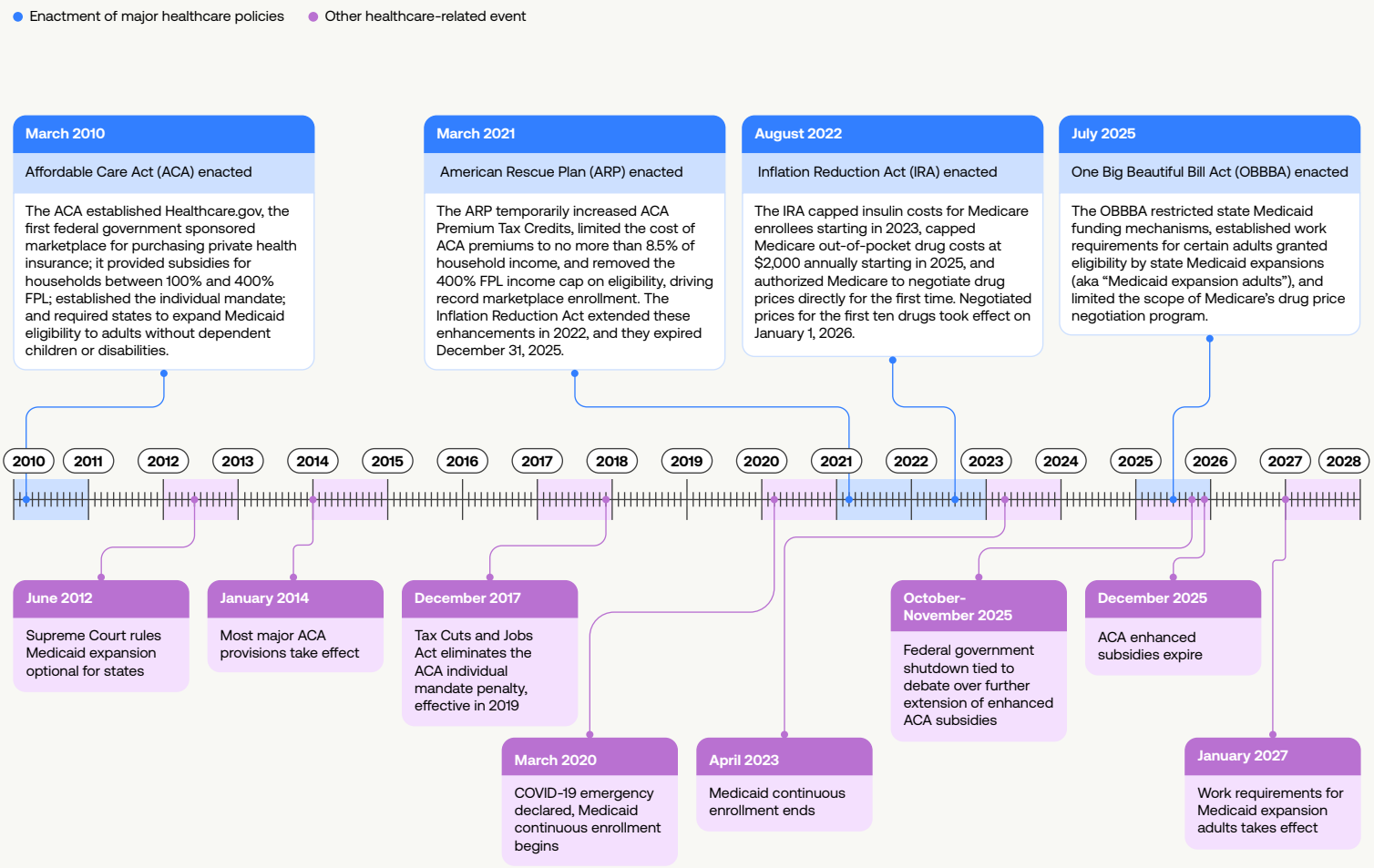
Source: Agency for Healthcare Research and Quality
Note: Adjusted for inflation (2024 dollars).

Federal health insurance and affordability programs

Medicare and Medicaid were created in 1965 to address a lack of affordable healthcare options for a growing 65+ population and for low-income individuals.[vi] Today, these programs insure two in five Americans.[vii] The ACA later expanded access further with insurance marketplaces and subsidies for buying insurance. Each program has grown since its creation, both in enrollment numbers and cost to the federal government.

Several major policy changes post-ACA reshaped how Medicare, Medicaid, and the ACA marketplace work, including who's eligible, what's covered, and how costs are shared between individuals, employers, and the government.

Timeline of major healthcare policies (2010-2027)



What is Medicare? How much does it cost?

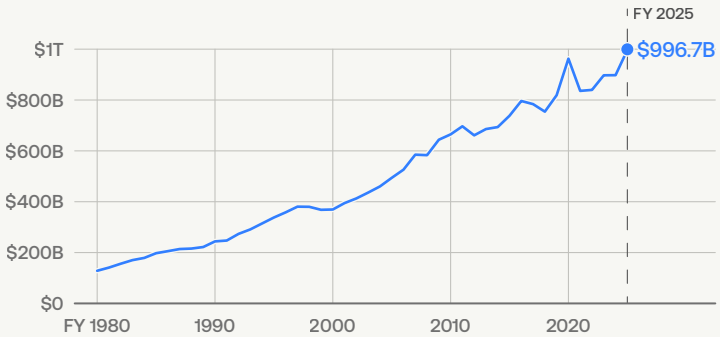
Medicare insures adults 65 and older, as well as those under 65 with certain disabilities or medical conditions. It was created to fill a coverage gap for older adults, who are less likely to have employer-based insurance and face higher healthcare costs than younger adults.[viii] Medicare spending was $997 billion in FY 2025, or 14.2% of all federal spending.

Medicare is organized into four parts covering different aspects of care. Parts A and B — hospital and medical insurance — form the foundation of traditional Medicare. Part C, known as Medicare Advantage, is an alternative where private insurers provide Part A and B coverage, and usually Part D, through a single plan. Part D covers prescription drugs and is offered through private plans approved by Medicare.

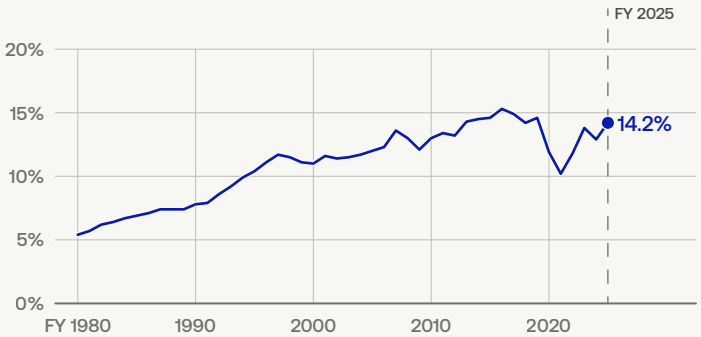
Part	What it covers	Standard monthly premium (2026)
Part A Hospital insurance	Inpatient hospital care, skilled nursing facilities, hospice, inpatient rehabilitation, some home healthcare	$0 for most enrollees
Part B Medical insurance	Physician services, outpatient hospital services, certain home health services, durable medical equipment	$202.90/month minimum, increasing with income
Medicare Advantage (Formerly Part C)	Alternative to original Medicare offered through private plans; typically bundles Medicare Parts A, B, and D	Varies by plan
Part D Prescription drugs	Prescription drug coverage, offered through private plans approved by Medicare	Varies by plan, with additional increases for higher-income individuals

Federal Medicare spending

Total



Share of federal spending



Source: USAFacts aggregation of data from Office of Management and Budget, Census Bureau, and Bureau of Economic Analysis
Note: Adjusted for inflation (FY 2025 dollars).

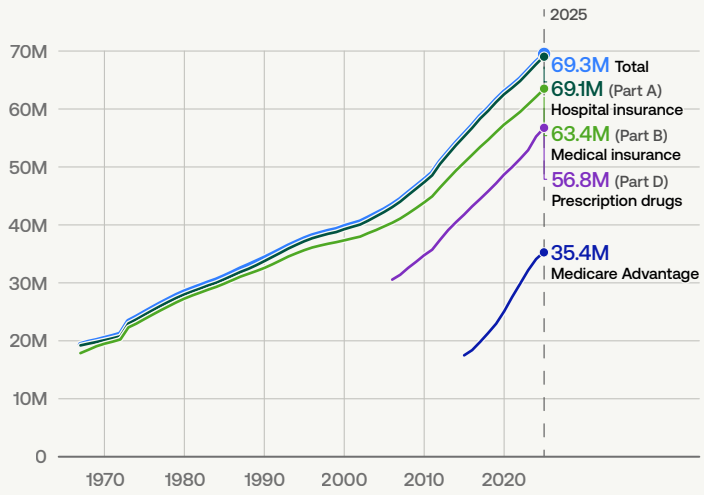
How many people are enrolled in Medicare? How much does it cost per person?

Over 69 million adults were enrolled in Medicare in 2025 — 3.6 times more than in 1967. Per-person expenditures in 2025 were more than seven times higher than in 1967.

Spending per enrollee began leveling off around 2009 after steady growth that included the introduction of Part D in 2006 (though it did spike in 2020 during COVID-19). Total Medicare spending went up 58% between 2009 and 2025, while per-person spending increased at a slower rate (6.5%), indicating that increased enrollment (49% higher) largely drove the rising cost of Medicare during that period.

Medicare enrollment

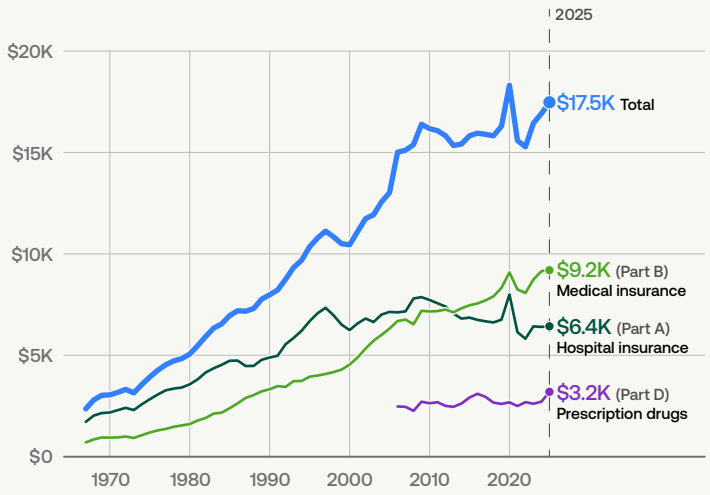
By type



Source: Centers for Medicare and Medicaid Services
Note: Individuals enrolled in Medicare Advantage are included in total enrollment.

Average Medicare cost per enrollee

By type



Source: Centers for Medicare and Medicaid Services
Note: Adjusted for inflation (2025 dollars). Costs and enrollment for Medicare Advantage are included in Parts A, B, and D.

About 14.3 million people were eligible for partial or full benefits in both Medicaid and Medicare (known as "dually eligible") in FY 2023.[ix] Medicare typically acts as the primary payer for Medicare-covered services for these individuals, while Medicaid helps cover Medicare premiums and cost-sharing and may also cover services not included in Medicare, such as long-term care[x] — substantially limiting out-of-pocket costs.

Policy insight

What do recent policy changes mean for Medicare?

The Inflation Reduction Act of 2022 (IRA) made several changes to Medicare. Starting in 2023, insulin costs under Part D were capped at $35 per month. In 2025, the IRA eliminated a phase of Part D coverage in which enrollees with high prescription drug usage could incur several thousand dollars in out-of-pocket drug expenses before catastrophic coverage took effect.[xi] Instead, it instituted a $2,000 annual cap on out-of-pocket drug costs — the first such cap in Medicare's history — to lower out-of-pocket spending.[xii]

Beginning January 1, 2026, Medicare's new drug price negotiation authority took effect for the first ten selected drugs, which include blood thinners, diabetes medications, and cancer treatments. Negotiated prices reduce list prices by 38–79% and are expected to lower federal Medicare spending and out-of-pocket costs.[xiii] Additional drugs will be negotiated each year. However, the OBBBA limited some drugs' eligibility, which could reduce the program's overall savings.[xiv]

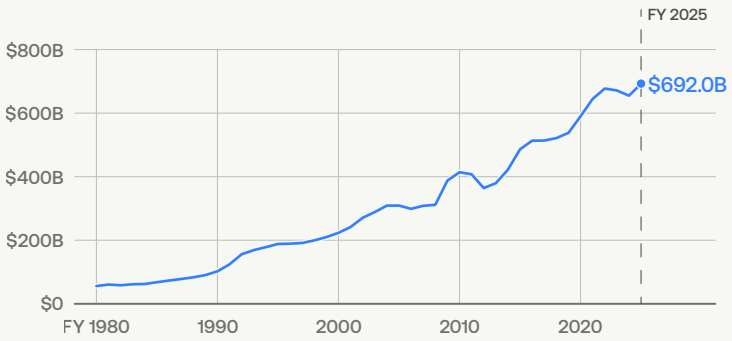
What is Medicaid? How much does it cost the federal government?

Medicaid is a joint federal-state program that insures low-income households and people with disabilities. The federal government sets broad rules for Medicaid and provides a portion of its funding, while states administer the program and determine eligibility within the boundaries set by federal law.

The federal government spent $692 billion on Medicaid in FY 2025, an increase of about 64% (after adjusting for inflation) from 2014, when the state expansion option took effect. Excluding the pandemic years, Medicaid averaged 9.6% of annual federal spending between FY 2014 and FY 2025.

Federal Medicaid and CHIP spending

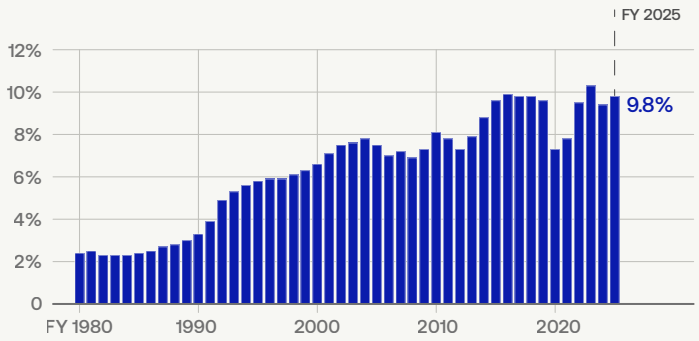
Total



Source: USAFacts aggregation of data from Office of Management and Budget, Census Bureau, and Bureau of Economic Analysis
Note: Adjusted for inflation (FY 2025 dollars).

Federal Medicaid and CHIP spending

Share of federal spending



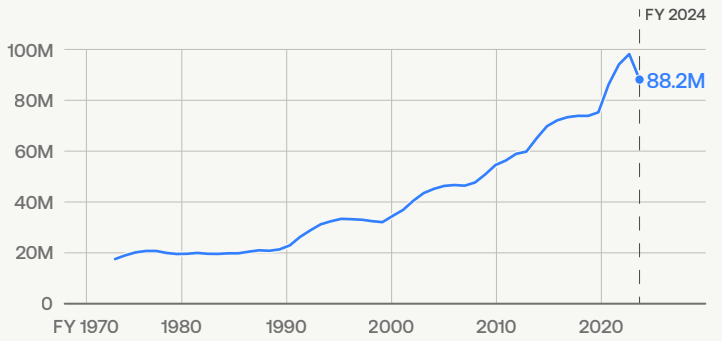
Source: USAFacts aggregation of data from Office of Management and Budget, Census Bureau, and Bureau of Economic Analysis
Note: Adjusted for inflation (FY 2025 dollars).

How many people are enrolled in Medicaid? How much does it cost per person?

Over 88 million people were enrolled in Medicaid in each month of FY 2024. This is down from the peak of 98 million in FY 2023 but up 28 million from 2013, before the Medicaid expansion. The recent decline reflects the expiration of COVID-era continuous enrollment protections in April 2023.[xv]

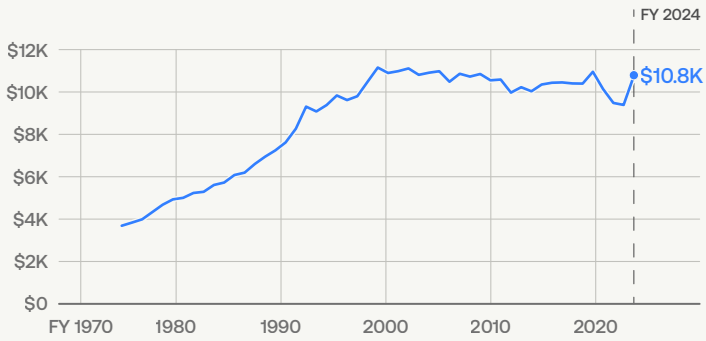
Medicaid spending per enrollee was $10,760 in FY 2024, 15% higher than in FY 2023 — though per enrollee spending has generally been declining since its peak of $11,153 in FY 1999 (adjusted for inflation).

Average monthly Medicaid enrollment



Source: Medicaid and CHIP Payment and Access Commission
Note: Excludes children enrolled in CHIP.

Average Medicaid cost per enrollee



Source: Medicaid and CHIP Payment and Access Commission
Note: Adjusted for inflation (FY 2024 dollars). Excludes children enrolled in CHIP.

Policy insight

What do recent policy changes mean for Medicaid?

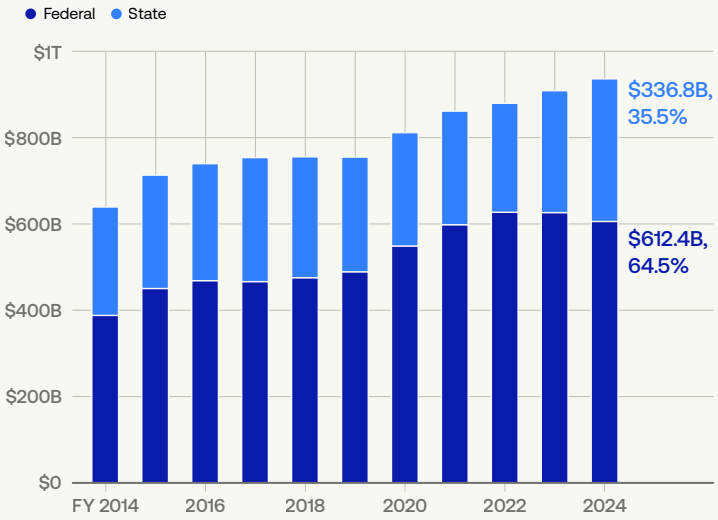
During the COVID-19 pandemic, federal law prohibited states from disenrolling Medicaid beneficiaries in exchange for enhanced federal matching funds, driving enrollment to 2023's peak of 98 million. When those protections ended in April 2023, states resumed eligibility checks, and enrollment fell by nearly 10 million over the following year.

The OBBBA made changes to Medicaid intended to reduce federal spending and increase work, including implementing work requirements for Medicaid expansion adults — who were 26% of all Medicaid enrollees in FY 2023 — and restricting some of the mechanisms states use to secure Medicaid funding.

These changes could shift the balance of federal and state Medicaid costs. In FY 2024, the federal government paid 65% of the costs of Medicaid ($612 billion), while states paid 35% ($337 billion). Most Medicaid-related OBBBA provisions take effect in 2027 or 2028, at which point enrollment and spending data would begin to show policy impacts.

Total Medicaid spending

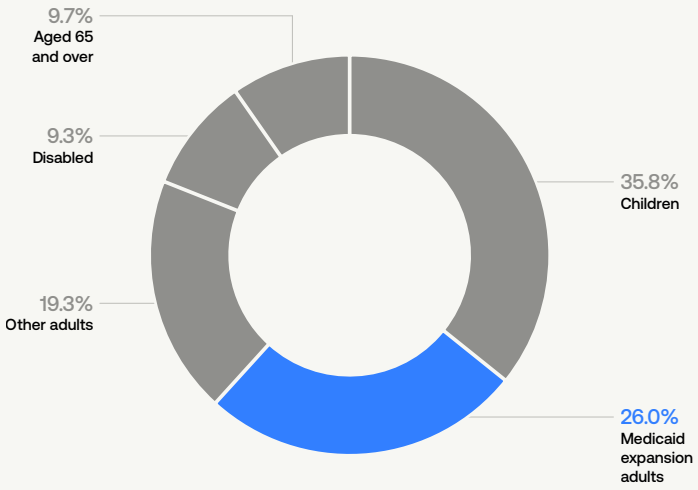
By federal and state share



Source: Medicaid and CHIP Payment and Access Commission
Note: Adjusted for inflation (FY 2024 dollars). Excludes children enrolled in CHIP.

Share of Medicaid population by eligibility category

FY 2023



Source: Medicaid and CHIP Payment and Access Commission
Note: The Other adult category includes low-income individuals who qualify for Medicaid due to being a caretaker of children, a parent, or pregnant. Excludes children enrolled in CHIP.

Medicaid and CHIP are combined in some federal datasets and reported separately in others. Figures in this report reflect the reporting conventions of the underlying source. Children enrolled in CHIP are included in charts related to Medicaid unless otherwise noted.

What is the Affordable Care Act (ACA) marketplace? How do ACA subsidies work?

The ACA, signed into law in 2010, created insurance marketplaces where individuals and families can purchase private health insurance. It also established the Premium Tax Credit (PTC) to help households earning between 100% and 400% of the federal poverty level (FPL) offset the cost of premiums.

The PTC caps what a household pays for a benchmark plan as a percentage of income, with the federal government covering the difference. The credit can be taken in advance (the Advance Premium Tax Credit (APTC)) or claimed at tax time. It's also refundable, so households with little or no tax liability still receive its full value.

In 2021, the American Rescue Plan (ARP) increased subsidy amounts and eliminated the 400% FPL income cap, extending eligibility to households that previously received nothing. The IRA extended the enhanced credits and lack of income cap through 2025, but these provisions expired on December 31, 2025.

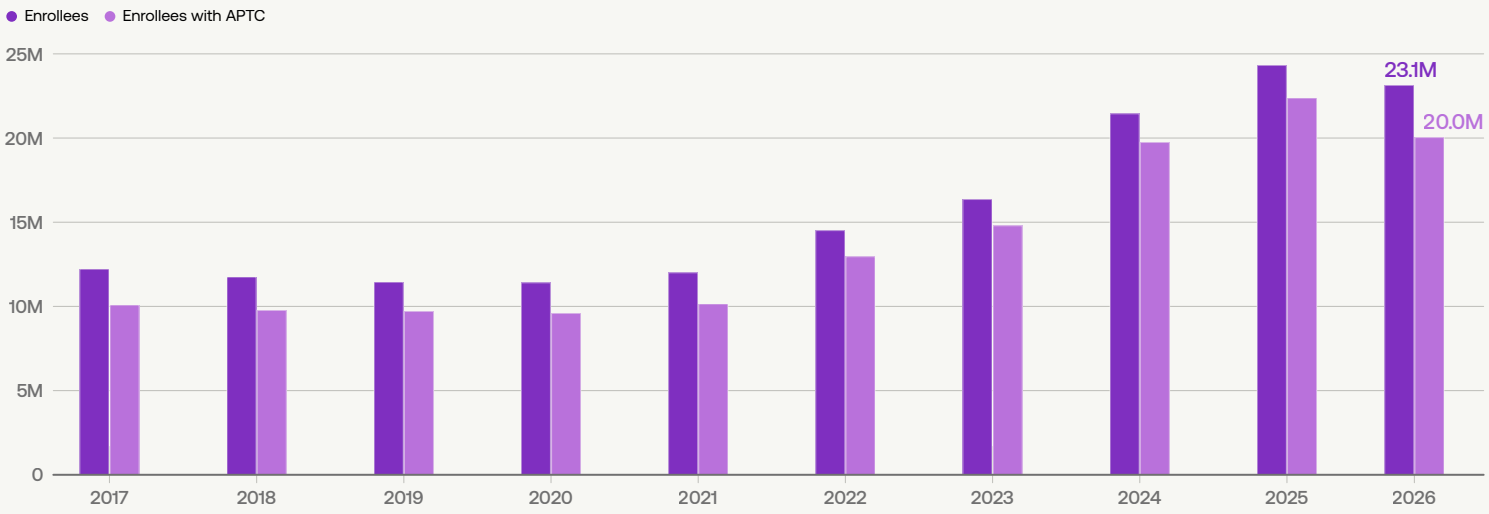
How many people are enrolled in an ACA plan, and how many receive APTC?

Over 23 million people purchased an ACA marketplace plan during the 2026 open enrollment period. This was more than 1 million fewer than in 2025, when the enhanced PTC was still in place and ACA enrollment was at its peak — though 2026 still marked the second-highest ACA enrollment year.

The percentage of all enrollees getting the APTC dropped from 92% in 2025 to 87% in 2026. However, this may not capture the full effect of the subsidy expiration on enrollment as individuals are permitted to unenroll from their selected plan after the open enrollment period.

ACA marketplace enrollment

Total enrollment and enrollees with Advance Premium Tax Credit



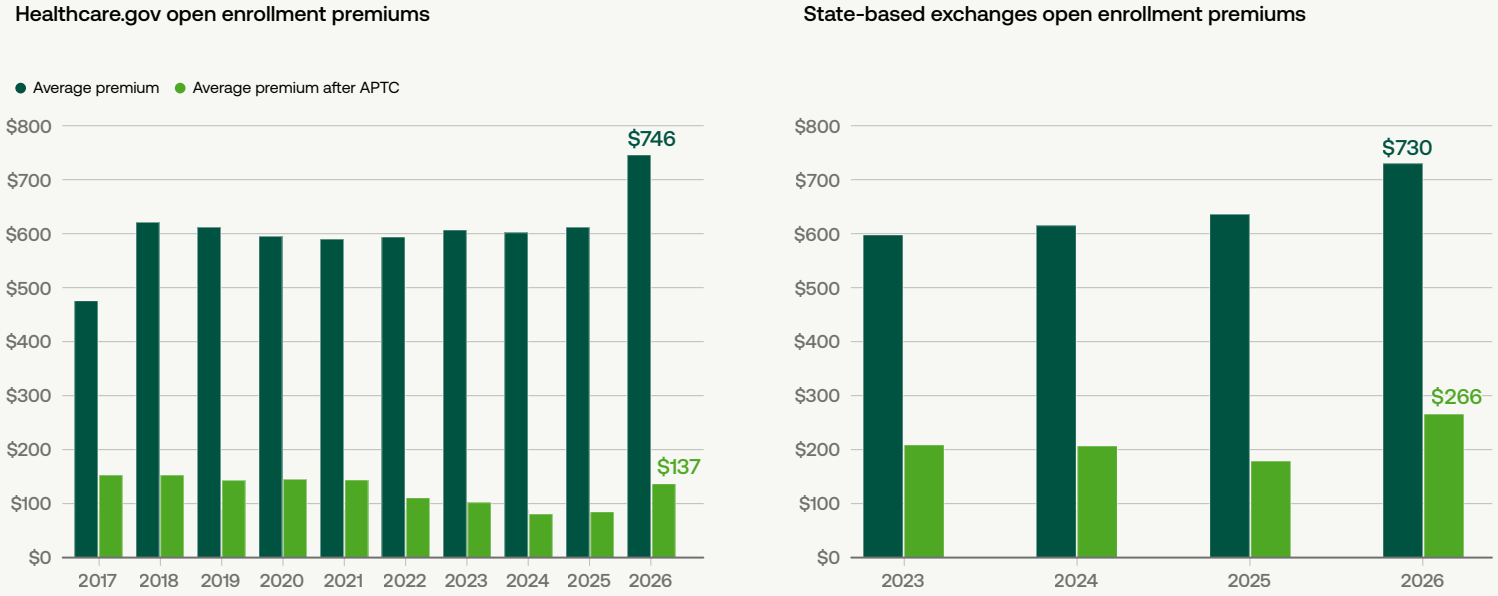
Source: Centers for Medicare and Medicaid Services

How much are premiums with and without credits?

The PTC lowers premiums on a sliding scale based on income. In 2026, the average monthly premium among all Healthcare.gov enrollees was $746 before credits. After credits, the average was $137 (including both those who did and did not receive the credit). Compared to 2025, the average post-subsidy premium rose by $52 after the enhanced credits expired.

The 20 states and Washington, DC, using a state-based exchange for ACA plans (in lieu of Healthcare.gov), had similar increases in average premiums between 2025 and 2026 ($636 to $730) and average premiums after credits ($179 to $266).

Average premiums and average premiums after the APTC



Source: Centers for Medicare and Medicaid Services
Note: This data includes plans purchased during open enrollment. Not adjusted for inflation.

Policy insight

What have recent policy changes meant for the ACA marketplace?

The ARP and IRA temporarily increased PTC amounts and eliminated the prior 400% FPL income cap, driving enrollment from 11 million in 2020 to a peak of 24 million in 2025. Both enhancements expired on December 31, 2025.

The OBBBA and related Centers for Medicare and Medicaid Services rule updates in 2025 made additional changes to the marketplace, taking effect in 2026 and beyond.[xviii, xix] These include reverifying eligibility annually (phasing out automatic reenrollment for subsidized enrollees), shortening the open enrollment period from 75 days to 45 days, ending income-based special enrollment periods, and restricting subsidy eligibility for certain immigrant groups. Most of these take effect for the 2027 plan year.

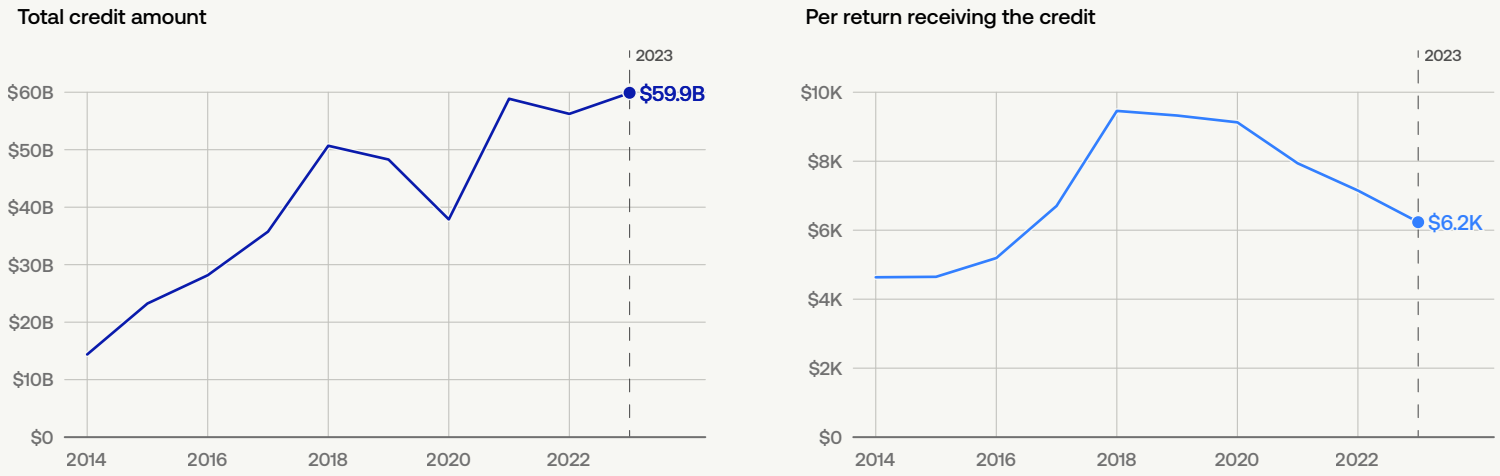
The full impact of these changes is not yet visible in the data. Marketplace enrollment, post-subsidy premium trends, and the uninsured rate are the key metrics to watch.

How much does the federal government spend on the PTC?

The federal government cost of the PTC totaled nearly $60 billion in 2023, the most recent year of available IRS data, up from $14 billion in 2014 (adjusted for inflation). The cost rose in 2021 following the ARP, which increased credit amounts and eliminated the income cap on eligibility. After 2021, total spending remained elevated but the average credit per tax return declined from a peak of $9,452 in 2018 to $6,232 in 2023 (adjusted for inflation). This may reflect enrollment growth among higher-income households who qualify for smaller credits and faster enrollment growth in lower-cost plans.[xvi]

IRS data is released on a multiyear delay. The Congressional Budget Office's July 2024 baseline estimated federal marketplace subsidy costs of approximately $114 billion in FY 2024 and $129 billion in FY 2025, though the latter isn't directly comparable to the IRS reconciled totals above due to differences in methodology and scope.[xvii]

Premium Tax Credit



Source: Internal Revenue Service
Note: Adjusted for inflation (2023 dollars). Note these are reconciled amounts from tax returns. Average per return is calculated by dividing the total PTC by the number of returns receiving the credit.

Endnotes

i. Federal Reserve Bank of Richmond (2026). *Home Health Care and Aging in Place*. https://www.richmondfed.org/publications/research/economic_brief/2026/eb_26-02.

ii. Congressional Budget Office (2022). *Prescription Drugs: Spending, Use, and Prices*. https://www.cbo.gov/publication/57772.

iii. Agency for Healthcare Research and Quality (AHRQ) (2012). *Reconciling Medical Expenditure Estimates from the MEPS and NHEA, 2012*. https://meps.ahrq.gov/data_files/publications/workingpapers/wp_17003.pdf.

iv. The estimate of out-of-pocket costs for non-group or direct purchase insurance (full year) has a large standard error relative to the other categories. This means that there was likely high variability in the out-of-pocket spending that people reported, so the estimate is considered less precise.

v. National Institutes of Health (2008). *Health Status and Health Care Service Utilization*. https://www.ncbi.nlm.nih.gov/books/NBK215400/.

vi. National Archives (2022). *Medicare and Medicaid Act* (1965). https://www.archives.gov/milestone-documents/medicare-and-medicaid-act.

vii. Centers for Medicare and Medicaid Services (2025). *Medicare and Medicaid by the Numbers*. https://www.cms.gov/files/document/medicare-and-medicaid-numbers.pdf.

viii. Centers for Medicare and Medicaid Services (2024). *NHE Fact Sheet*. https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet.

ix. Medicaid and CHIP Payment Access Commission (2026). *Exhibit 14. Medicaid Enrollment by State, Eligibility Group, and Dually Eligible Status*. https://www.macpac.gov/publication/medicaid-enrollment-by-state-eligibility-group-and-dually-eligible-status/.

x. Medicaid and CHIP Payment and Access Commission (n.d.). *Long-Term Services and Supports*. https://www.macpac.gov/topic/long-term-services-and-supports/.

xi. Medicare Part D has different phases of coverage depending on prescription drug usage and costs. The pre-IRA system had 4 phases. In the first phase, individuals paid the Medicare-negotiated price of prescription drugs until they hit a deductible. In the second phase, individuals paid a 25% co-insurance and Medicare paid 75%. In the third phase, individuals still paid 25%, but there is a manufacturer discount of 70% for some drugs that reduced costs for Medicare. Individuals reached the final phase, catastrophic coverage, when they hit around $8,000 in out-of-pocket drug and co-insurance expenses, after which they paid $0 for the rest of the year. After the IRA, the third phase will be gradually eliminated, and the catastrophic coverage phase will begin at $2,000 in out of pocket expenses. For more details, see: https://www.cms.gov/newsroom/fact-sheets/final-cy-2025-part-d-redesign-program-instructions-fact-sheet.

xii. Office of the Assistant Secretary for Planning and Evaluation (ASPE) (2024). *Medicare Part D Enrollee Out-Of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act*. https://aspe.hhs.gov/sites/default/files/documents/e4c25a8871f5877364ca57f6521ce951/aspe-part-d-oop.pdf.

xiii. Centers for Medicare and Medicaid Services (2024). *Medicare Drug Price Negotiation Program: Negotiated Prices for Initial Price Applicability Year 2026*. https://www.cms.gov/newsroom/fact-sheets/medicare-drug-price-negotiation-program-negotiated-prices-initial-price-applicability-year-2026.

xiv. Congressional Budget Office (2025). *Revised Estimate of Changes Under the 2025 Reconciliation Act for Exemptions From Medicare Price Negotiations for Orphan Drugs*. https://www.cbo.gov/system/files/2025-10/61818-Pallone-etal-orphan-drugs-letter-10-20-25.pdf.

xv. Government Accountability Office (2025). *Medicaid and Children's Health Insurance: Disenrollments After COVID-19 Varied Across States and Populations.* https://www.gao.gov/products/gao-25-107413.

xvi. ACA subsides are based on the amount of the plan premium. Lower cost plans that offer less coverage would also have a lower subsidy amount than a higher cost plan. Between 2021 and 2026, Bronze ACA plan enrollment, which has lower premiums than other plans, increased 115% while overall plan enrollment increased 93%, according to the Centers for Medicare and Medicaid Services, Marketplace Open Enrollment Period Public Use Files. https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2026-marketplace-open-enrollment-period-public-use-files.

xvii. CBO (2024). *The Premium Tax Credit and Related Spending.* https://www.cbo.gov/system/files/2024-07/60523-2024-07-premium-tax-credit.pdf. Total marketplace subsidy costs are calculated as the sum of outlays for and revenue reductions from the premium tax credit.

xviii. US Congress (2025). *H.R.1 - An act to provide for reconciliation pursuant to title II of H. Con. Res. 14.* https://www.congress.gov/bill/119th-congress/house-bill/1/text.

xix. Department of Health and Human Services (2026). *Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability: Final Rule.* https://www.govinfo.gov/content/pkg/FR-2025-06-25/pdf/2025-11606.pdf.

Chart sources and notes

All chart names are listed, and additional information is provided for each.

1. **Chart sources and notes are structured as follows:**
   Chart title: Source(s)
   Note(s):

2. **Inflation adjustments.** There are several ways to adjust health expenditures for inflation, including health-specific deflators recommended by BEA for healthcare spending analyses. The analyses in this brief use the Consumer Price Index for All Urban Consumers, a widely used and consistent measure of general inflation, to express values in constant dollars and compare healthcare expenditures against overall price growth.

Personal healthcare expenditures, total. CMS (2024). *Historical National Health Expenditure Data* (National Health Expenditures by type of service and source of funds, CY 1960-2024). https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical.

Personal healthcare expenditures, per capita. Ibid.

Change in personal healthcare spending, 1960 to 2024, by category. Ibid.
Note(s): For descriptions of types of services or products included as part of the NHE categories, see: https://www.cms.gov/files/document/quick-definitions-national-health-expenditures-accounts-nhea-categories.pdf.

Share of total personal healthcare spending on each service or product. Ibid.

Personal healthcare expenditures by source of funds, total. Ibid.

Personal healthcare expenditures by source of funds, per capita. Ibid.

Personal healthcare expenditures by source of funds, share. Ibid.

Health insurance coverage by type, number of people. CMS (2024). *Historical National Health Expenditure Data* (NHE Tables, Table 22. Health Insurance Enrollment and Uninsured). https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical.

Health insurance coverage by type, share of people. Ibid.

Out-of-pocket healthcare spending per capita. CMS (2024). *Historical National Health Expenditure Data* (National Health Expenditures by type of service and source of funds, CY 1960-2024). https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical.

Out-of-pocket healthcare spending per capita, by type of service. Ibid.

Annual out-of-pocket health spending (2023), by insurance type and age. Agency for Healthcare Research and Quality (AHRQ) (2025). *Medical Expenditure Panel Survey Household Component (MEPS-HC)* (MEPS HC-251: 2023 Full Year Consolidated Data File). https://meps.ahrq.gov/mepsweb/data_stats/download_data_files_detail.jsp?cboPufNumber=HC-251.
Note(s): USAFacts performed original survey data analysis in RStudio, version 2026.1.2.418. Insurance categories by age were constructed using the INSURC23 variable describing full-year insurance coverage status by age in 2023, the PRIEU series variables describing employer-based coverage at three points in the year, and the PRING series variables describing non-group or direct purchase coverage at three points in the year.

For this analysis, the insurance types are:

- Any private insurance: Individuals ages 0-64 whose primary insurance for the year was employer-based group private insurance, non-group insurance such as ACA plans, or TRICARE/VACARE for active-duty military members or veterans. These are further broken out by:
  - Employer private insurance, full year: Individuals ages 0-64 who were on an employer-based plan for the whole year
  - Non-group private insurance, full year: Individuals ages 0-64 who had a non-group (not employer-based) plan for the whole year
  - Mixed or partial-year private insurance: Individuals who had mixed insurance throughout the year, including some months on at least one private plan and other months where they were uninsured or on public insurance
- Any type of insurance (65+): Individuals over age 65 who were on any kind of insurance plan. The majority were on Medicare, but some may also have been on Medicaid or private insurance.
- Medicaid or CHIP: Individuals ages 0-64 whose primary insurance for the year was Medicaid (which includes children insured through CHIP)
- Uninsured: Individuals who did not have insurance at any point during the year

Average employer-sponsored insurance premium costs, single coverage. AHRQ (2025). *Medical Expenditure Panel Survey Insurance Component (MEPS-IC) Data Tool* (Data type: Civilian: Premiums/Contributions/Enrollments, Estimates: "Average total premium (in dollars)" and "Average total employee contribution (in dollars)", Estimate category: "Single coverage", Census Division: "United States", Sector: "Civilian"). https://datatools.ahrq.gov/meps-ic?tab=civilian&dash=38.
Note(s): "Civilian" includes all individuals employed by the private and public sectors.

Average employer-sponsored insurance premium costs, family coverage. AHRQ (2025). *Medical Expenditure Panel Survey Insurance Component (MEPS-IC) Data Tool* (Data type: Civilian: Premiums/Contributions/Enrollments, Estimates: "Average total premium (in dollars)" and "Average total employee contribution (in dollars)", Estimate category: "Family coverage", Census Division: "United States", Sector: "Civilian"). https://datatools.ahrq.gov/meps-ic?tab=civilian&dash=38.

Timeline of major healthcare policies (2010-2027). (1) ACA: US Congress (2010). *Public Law 111–148*. https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf; (2) Supreme Court ruling: Supreme Court (2012). *A Guide to the Supreme Court's Decision on the ACA Medicaid Expansion*. https://www.supremecourt.gov/opinions/urls_cited/ot2024/23-1275/23-1275-1.pdf; (3)Tax Cuts and Jobs Act: US Congress (2017). *Public Law 115–97*. https://www.congress.gov/115/plaws/publ97/PLAW-115publ97.pdf; (4) COVID-19 emergency declaration: Congressional Research Service (2021). *Federal Emergency and Major Disaster Declarations for the COVID-19 Pandemic*. https://www.congress.gov/crs_external_products/R/PDF/R46809/R46809.2.pdf; (5) ARP: US Congress (2021). *Public Law 117–2: American Rescue Plan Act of 2021*. https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf; (6) IRA: US Congress (2022). *Public Law 117–169*. https://www.congress.gov/bill/117th-congress/house-bill/5376/text; (7) Medicaid continuous enrollment: US Department of Health and Human Services (2024). *Medicaid Continuous Enrollment Requirement Provisions in the Consolidated Appropriations Act, 2023*. https://www.hhs.gov/guidance/document/medicaid-continuous-enrollment-requirement-provisions-consolidated-appropriations-act-2023; (8) OBBBA: US Congress (2025). *Public Law 119–21*. https://www.congress.gov/ bill/119th-congress/house-bill/1/text.

Medicare structure. Medicare (2025). *Fact sheet: 2026 Medicare costs*. https://www.medicare.gov/publications/11579-medicare-costs.pdf.

Federal Medicare spending, total. USAFacts aggregation of data from OMB, Census Bureau, and BEA. For more information on our methodology, see: https://usafacts.org/methodology.

Federal Medicare spending, share of federal spending. Ibid.

Medicare enrollment, by type. (1) CMS (2026). *Trustees Report & Trust Funds* (2026 Expanded and Supplementary Tables and Figures, Medicare Enrollment by Part and in Total); https://www.cms.gov/data-research/statistics-trends-and-reports/trustees-report-trust-funds. (2) CMS (2026). Medicare Trustees Report (Table V.B3.—Medicare Enrollment). https://www.cms.gov/oact/tr/2026.
Note(s): Medicare Advantage enrollment data are only available every 5 years between 1985 and 2015; those years are omitted from the graph. Medicare Advantage was formally recognized in 1997, though Medicare began offering payments to private insurance plans for some Medicare enrollees beginning in 1982. For more information about Medicare Advantage, see: https://www.ssa.gov/policy/docs/statcomps/supplement/2014/medicare.html.
Note(s): Medicare enrollment numbers in this chart differ slightly from the chart "Health insurance coverage by type, number of people" due to differences in methodologies of estimating average annual enrollment.

Average Medicare cost per enrollee, by type. CMS (2026). *Trustees Report & Trust Funds* (2026 Expanded and Supplementary Tables and Figures, Medicare Enrollment by Part and in Total; Operations of the Hospital Insurance (HI) Trust Fund For Calendar Years; Operations of the Part B Account of the Supplementary Medical Insurance (SMI) Trust Fund For Calendar Years; Operations of the Part D Account of the Supplementary Medical Insurance (SMI) Trust Fund For Calendar Years). https://www.cms.gov/data-research/statistics-trends-and-reports/trustees-report-trust-funds.

Federal Medicaid and CHIP spending. USAFacts aggregation of data from Office of Management and Budget, Census Bureau, and Bureau of Economic Analysis. For more information on our methodology, see: https://usafacts.org/methodology.
Note(s): Federal budget data combines spending on Medicaid and CHIP. CHIP is a small percentage of combined federal spending on the two programs. For example, in FY 2024, CHIP was about 3% of Medicaid + CHIP federal spending, according to MACPAC Exhibit 33, CHIP Spending by State, https://www.macpac.gov/publication/chip-spending-by-state.

Federal Medicaid and CHIP spending, share of federal spending. Ibid.

Average monthly Medicaid enrollment. MACPAC (2026). *Exhibit 10. Medicaid Enrollment and Total Spending Levels and Annual Growth*. https://www.macpac.gov/publication/medicaid-enrollment-and-total-spending-levels-and-annual-growth.
Note(s): Medicaid enrollment numbers in this chart differ slightly from the chart "Health insurance coverage by type, number of people" due to differences in methodologies of estimating average annual enrollment.

Average Medicaid cost per enrollee. Ibid.

Total Medicaid spending, by federal and state share. (1) 2024 data: MACPAC (2026). *Exhibit 16: Medicaid Spending by State, Category, and Source of Funds*. https://www.macpac.gov/publication/medicaid-spending-by-state-category-and-source-of-funds/; (2) 2014-2023 data: MACPAC (Multiple years). *MACStats Archive* (December 2015 through December 2024 Excel tables, Exhibit 16, Medicaid Spending by State, Category, and Source of Funds). https://www.macpac.gov/publication/macstats-archive.
Note(s): Total Medicaid spending includes spending by all 50 states plus Washington, DC, and US territories but excludes the costs of State Medicaid Fraud Control Units, Medicaid survey, and Vaccines for Children administrative costs.

Share of Medicaid population by eligibility category, FY 2023. MACPAC (2026). *Exhibit 14: Medicaid Enrollment by State, Eligibility Group, and Dually Eligible Status*. https://www.macpac.gov/publication/medicaid-enrollment-by-state-eligibility-group-and-dually-eligible-status.

ACA marketplace enrollment, total enrollment and enrollees with Advance Premium Tax Credit. CMS (2026). *2026 Marketplace Open Enrollment Period Public Use Files* (2026 OEP State-Level Public Use File, Tab (5) by Premium and FA). https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2026-marketplace-open-enrollment-period-public-use-files.
Note(s): Open enrollment data includes only individuals claiming the APTC, and does not reflect individuals electing the non-advance PTC option. Therefore, the total number of ACA enrollees who receive the APTC or PTC would theoretically be higher than just enrollees who receive the APTC in the graph shown. To USAFacts' knowledge, there is no available data on the number of tax-credit eligible individuals who opt for the non-advance PTC option.

Average premiums and average premiums after the APTC, Healthcare.gov open enrollment premiums. Ibid.

Average premiums and average premiums after the APTC, state-based exchanges open enrollment premiums. Ibid.

Premium tax credit, total credit amount. Internal Revenue Service (Multiple years). *SOI Tax Stats - Individual Statistical Tables by Size of Adjusted Gross Income* (All Returns: Affordable Care Act Items. Published as: Individual Complete Report (Publication 1304), Table 2.7 [mutiple years].xls). https://www.irs.gov/statistics/soi-tax-stats-individual-statistical-tables-by-size-of-adjusted-gross-income.

Premium tax credit, per return receiving the credit. Ibid.