

Affordability of Health Care for People with Marketplace or Individual-Market Coverage

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The Commonwealth Fund 2023 Health Care Affordability Survey¹ asked a nationally representative sample of working-age U.S. adults (ages 19–64) about their ability to afford health insurance and health care and about the impact that health costs have on their household budget. This fact sheet presents results for the 357 respondents who were insured for the full year and had marketplace or individual-market coverage at the time of the survey.

In 2023, an estimated 19 million people purchased their insurance through the Affordable Care Act (ACA) marketplaces or the individual insurance market.² Research has shown that the ACA's market reforms, such as bans on preexisting condition exclusions and the availability of subsidies for plan premiums and cost sharing, have dramatically lowered consumer costs in this market. But many marketplace plans have very high deductibles or narrow provider networks that reduce access and leave people with high costs. Among survey respondents with marketplace or individual-market coverage:

57% said it was **very or somewhat difficult** to afford their health care.

37% said they or a family member had delayed or skipped needed health care or prescription drugs in the past 12 months because **they couldn't afford the cost**.

61% of people who reported delaying or forgoing care because of cost said **a health problem got worse as a result**.

33% were **paying off debt** from medical or dental care.

39% of people with medical debt said it had led them or a family member **to delay or avoid getting needed health care or filling prescriptions**.

70% spent **10 percent or more of their monthly household budget** on health care.

23% spent 25 percent or more.

38% said health care costs had made it **harder to afford food**.



37% said their health costs had made it harder for them to pay for **common household expenses like electric or heating bills**.



Policy Options for Making Health Care More Affordable

- Congress could permanently extend the enhanced subsidies for marketplace plan premiums set to expire in 2025.
- Congress could lower deductibles and out-of-pocket costs in marketplace plans.
- The Centers for Medicare and Medicaid Services (CMS) could standardize marketplace plans to include \$0 copayments for primary care.
- CMS could further ensure that narrow provider networks, in wide use by marketplace insurers, are providing the full range of health services needed to ensure access and prevent out-of-network costs.
- Federal and state governments could protect consumers from financial ruin caused by medical debt.
- The private and public sectors could address the high commercial prices fueling growth in consumer health costs.

1. Sara R. Collins, Shreya Roy, and Relebohile Masitha, *Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer* (Commonwealth Fund, Oct. 2023).

2. Caroline Hanson et al., "Health Insurance for People Younger Than Age 65: Expiration of Temporary Policies Projected to Reshuffle Coverage, 2023–33," *Health Affairs* 42, no. 6 (June 2023): 742–52.



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