



Hitting Where It Hurts: Expiring Health Care Tax Credit Means Price Hikes for Americans with Cancer

SEPTEMBER 11, 2025 — JEANNE LAMBREW AND EMMA FORD

For [more than 18 million](#) Americans living with cancer, access to health care and health coverage is more than just financial security. It connects them to life-saving care that maintains and improves their quality of life.

However, federal action—and inaction—may sever that connection for people with cancer.

Without congressional action, current marketplace premium tax credits will plummet on January 1, 2026—by an average of [93 percent](#) in HealthCare.gov states. Among people with cancer receiving these tax credits, [86 percent](#) report they will have difficulty affording and getting necessary health care services.

Additionally, a new rule effective next year (pending litigation) will [raise the out-of-pocket cost-sharing limit for private insurance](#), which will affect many [people with cancer](#). And the budget reconciliation law will require all people with marketplace coverage to re-sign up every year, which will inevitably, unintentionally result in people with breast cancer or lymphoma or skin cancer falling through the cracks.

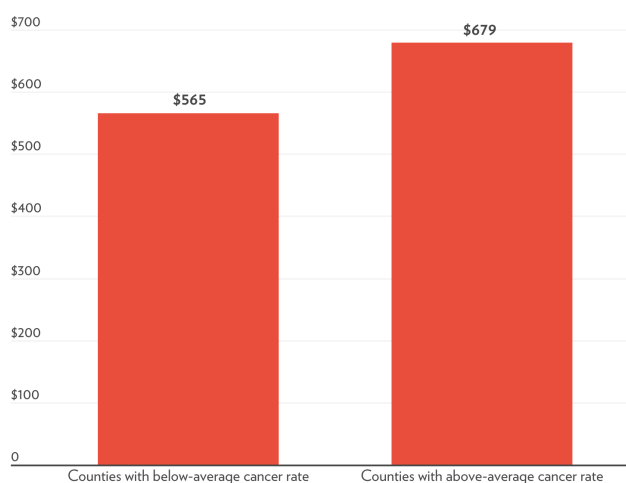
According to this [new analysis](#) by The Century Foundation of thirty-two states that used HealthCare.gov in 2024, Americans living in places where rates of cancer are higher than the national average will disproportionately be harmed by imminent changes.

- Out-of-pocket premiums **in above-average cancer rate counties will increase by 20 percent more** than in counties with below-average rates. This is on top of overall increases in median individual market health insurance premiums of [18 percent](#) for 2026.
- The out-of-pocket premium increase will be **more than \$1,000 in above-average cancer-rate counties in twelve states**.
- Alaska, Wyoming, and West Virginia will have the **highest dollar-amount increase** in out-of-pocket premiums in above-average cancer rate counties.
- States with the **biggest percent difference** in out-of-pocket premium increases between above- and below-average cancer rate counties are Illinois (+42 percent); Utah (+26 percent); and Texas (+20 percent).
- **All residents live in above-average cancer rate counties in four states**—Delaware, Indiana, Kansas, and New Hampshire—and will face extra barriers to affordable coverage.
- HealthCare.gov enrollees in high cancer rates counties are **older and rely more on automatic re-enrollment**—placing them at greater risk of losing coverage. Premiums for [older marketplace enrollees](#) will rise faster than for younger people with the end of enhanced premium tax credits. And automatic re-enrollment, which is [valuable](#) to people with cancer, was eliminated by the budget reconciliation bill.

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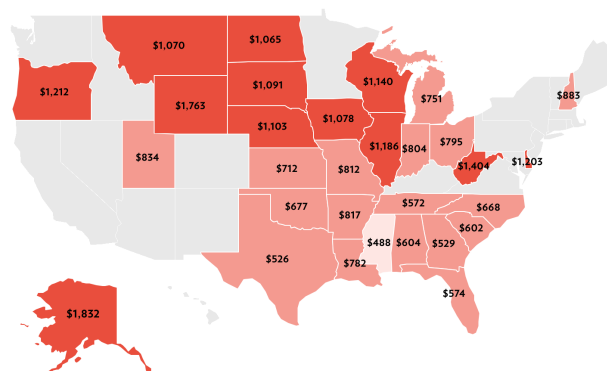
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AVERAGE COST INCREASES ARE 20 PERCENT HIGHER IN HIGH CANCER RATE COUNTIES



Note: For 32 states using HealthCare.gov in 2024

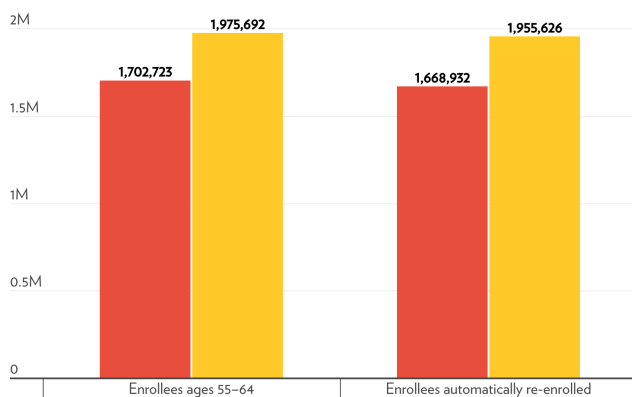
AVERAGE COST INCREASE GREATER THAN \$1,000 IN HIGH CANCER RATE COUNTIES IN TWELVE STATES



Note: For 32 states using HealthCare.gov in 2024. Due to data rounding for small plan selection counties, states with all counties categorized as high-cancer rate counties have premium increases that differ slightly by dollar amount compared to the state's all county premium increase.

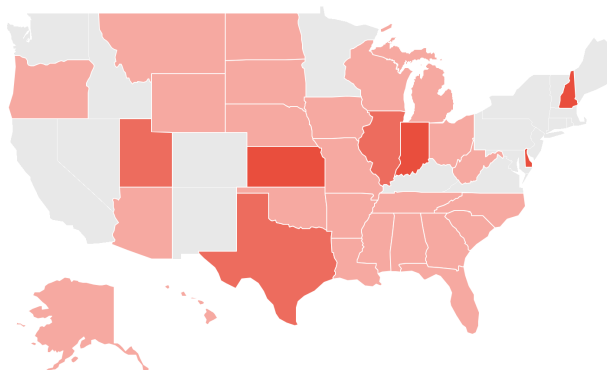
HEALTHCARE.GOV ENROLLEES IN ABOVE-AVERAGE CANCER RATE COUNTIES ARE OLDER, RELY ON RE-ENROLLMENT

■ Counties with below-average cancer rate ■ Counties with above-average cancer rate



Note: For 32 states using HealthCare.gov in 2024

STATES WHERE HEALTHCARE.GOV ENROLLEES WITH CANCER ARE AT GREATEST RISK



Note: For 32 states using HealthCare.gov in 2024

This commentary can be found online at:

tcf.org/content/commentary/hitting-where-it-hurts-expiring-health-care-tax-credit-means-price-hikes-for-americans-with-cancer/