

# HEALTHCARE AFFORDABILITY AND HEALTH POLICY CHANGES IN 2026-2028 THAT WILL INCREASE UNCOMPENSATED CARE

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# New Hampshire Respondents Struggle to Afford Health Care: Selected Results from the Consumer Health Care Experience State Survey



## HEALTHCARE VALUE HUB



**83%** of respondents reported being "worried" or "very worried" about affording some aspect of health care in the future.

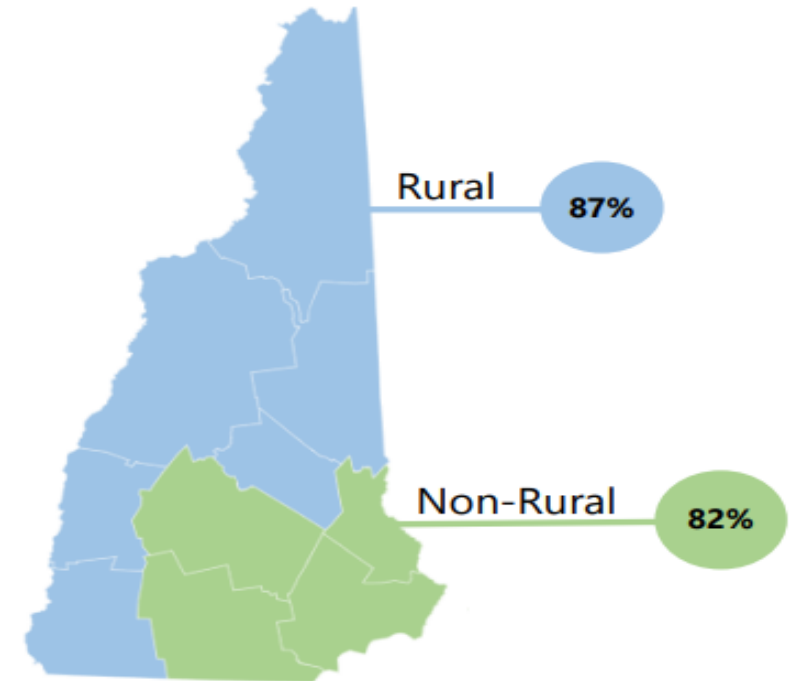


**71%** of respondents experienced at least one health care affordability burden in the past year.



**69%** of respondents reported delaying or going without health care due to cost in the last twelve months.

Percent who Reported Experiencing any Health Care Affordability Worry in the Past Year, by Region



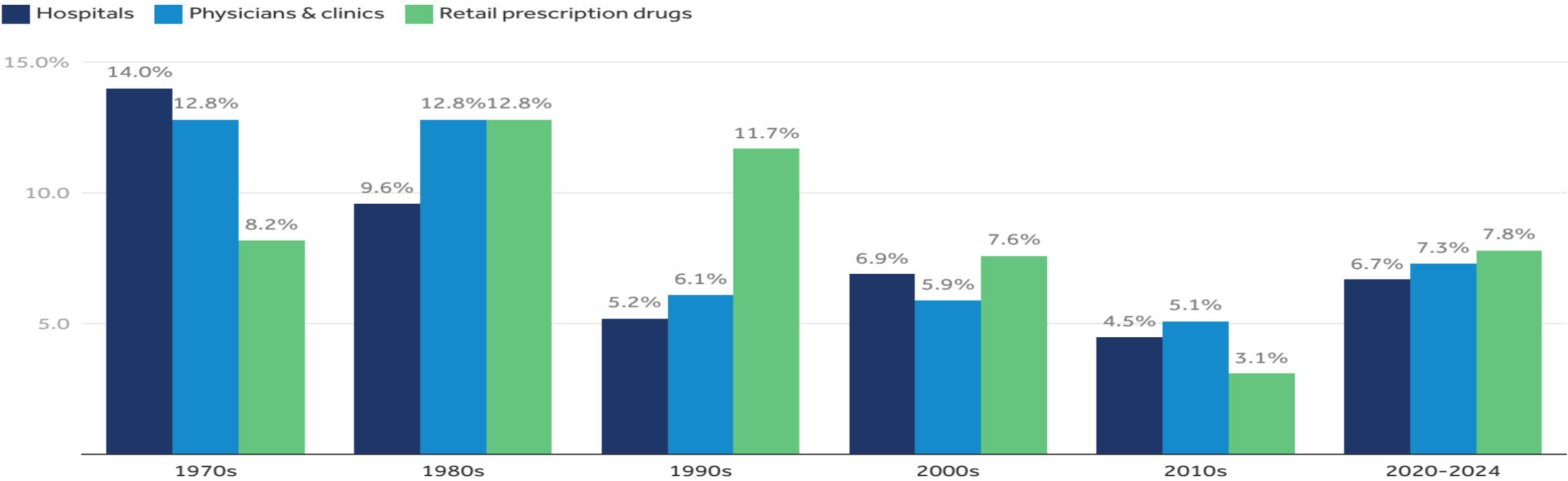
### 3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but experienced a cost burden due to the resulting medical bill(s). Over two in five (41% of) respondents reported experiencing one or more of these struggles to pay their medical bills:

- 17%—Were contacted by a collection agency
- 14%—Used up all or most of their savings
- 13%—Were unable to pay for basic necessities like food, heat, or housing
- 13%—Racked up large amounts of credit card debt
- 10%—Borrowed money, got a loan, or another mortgage on their home
- 10%—Were placed on a long-term payment plan
- 2%—Asked for donations/crowdfunding (e.g., GoFundMe campaigns)

Over the last five decades, expenditures for hospitals, physicians, and prescription drugs have only increased.

Average annual expenditures growth rate for select service types, 1970-2024

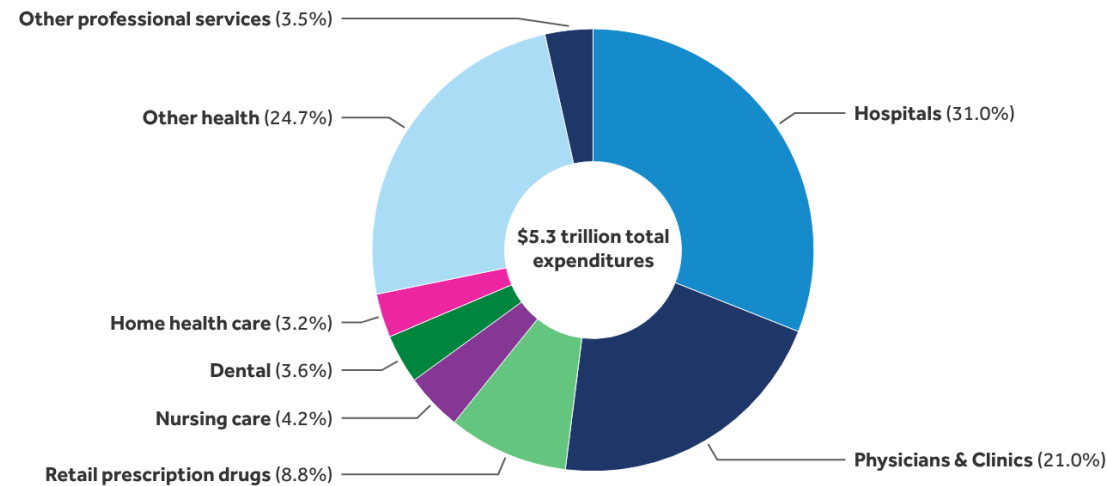


Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF  
**Health System Tracker**

# Hospital and physician services are half of total healthcare spending

Relative contributions to total national health expenditures, by service type, 2024



Note: "Other Health" includes spending on durable and non-durable products; residential and personal care; administration; net health insurance; and other state, private, and federal expenditures. "Other professional services" includes spending for services provided by chiropractors, optometrists, physical, occupational, and speech therapists, podiatrists, private-duty nurses, and others. Nursing care represents expenditures for nursing care facilities and continuing care retirement communities.

Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF  
**Health System Tracker**

# Snapshot of Healthcare Cost & Affordability in New Hampshire

New Hampshire has been working to address high healthcare costs, but there is still a way to go.

*Annual per person costs for health care are*

**\$11,793**

Since 2000, New Hampshire's per person health care expenditures have more than doubled.

**40%**

*of all personal health care spending went towards hospital care in 2020*

Spending on hospital care services has quadrupled in New Hampshire since 2000.

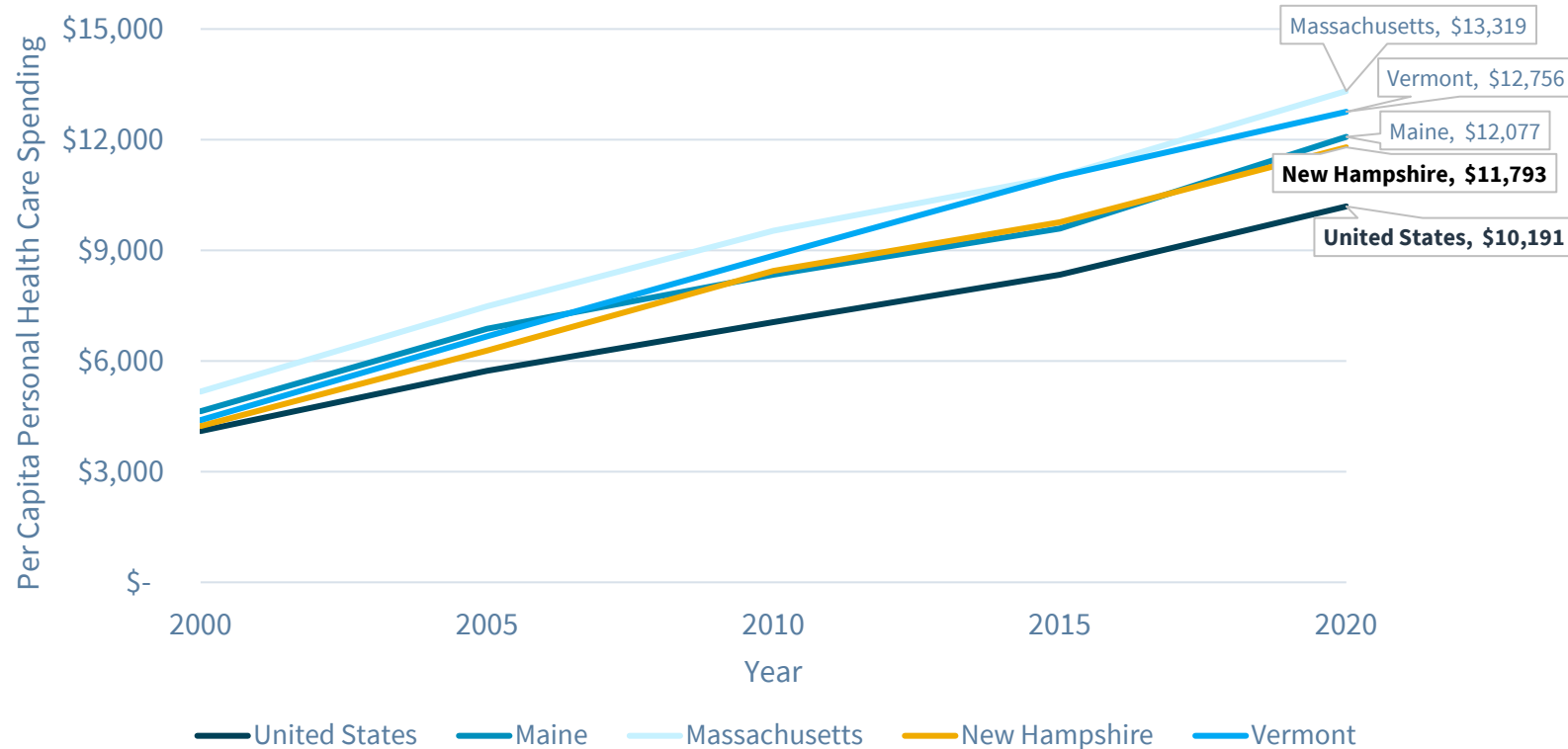
*Percentage average premiums and deductibles represent of average NH wages*

**46%**

Health insurance premiums for New Hampshire families are rising faster than earnings.

# Since 2000, New Hampshire's health care expenditures have more than doubled to nearly \$11,800 per person.

## Health Care Spending in New Hampshire Compared to Peer States (Per Capita, 2000–2020)



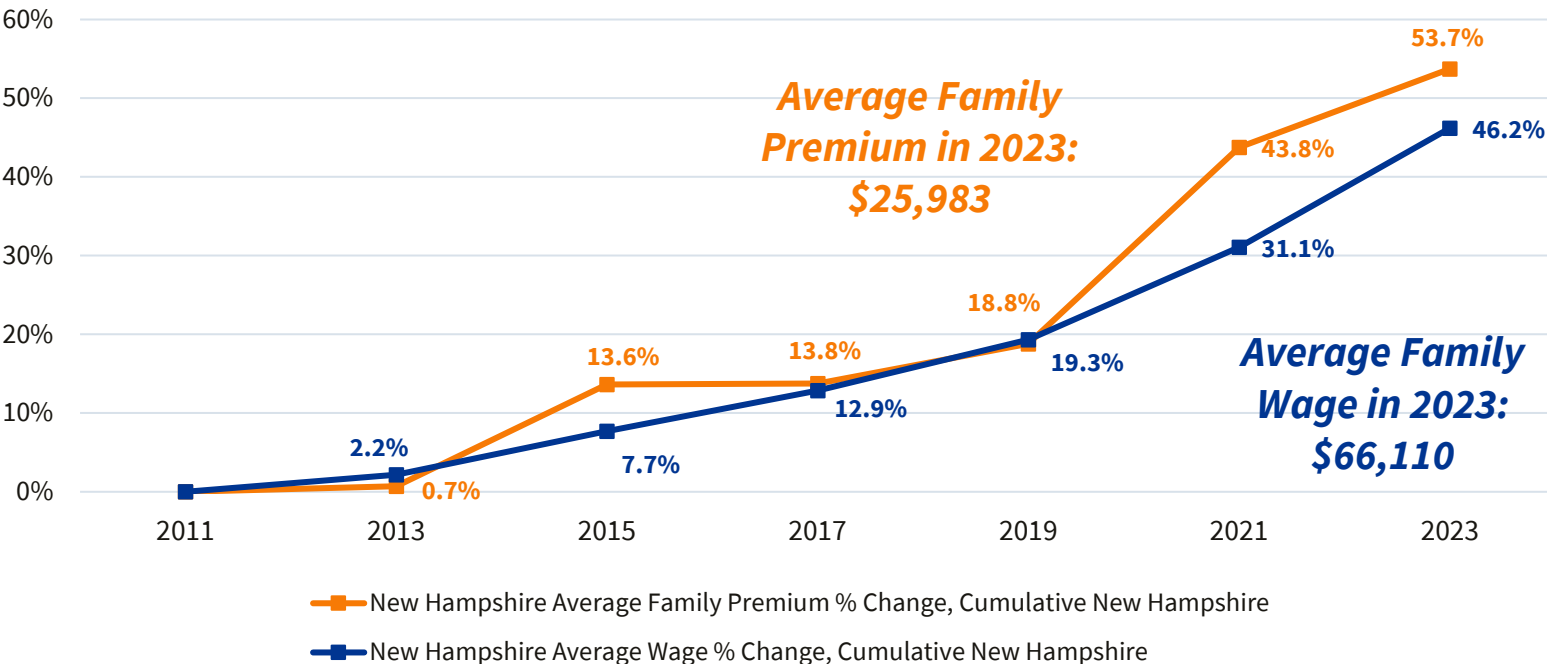
### Takeaway:

- In 2000, NH per capita spending on health care was roughly \$4,236—it has more than doubled over the previous two decades.

**Data Source(s):** Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. [National Health Expenditure Data: Health Expenditures by State of Residence, 1991-2020](#). Accessed June 22, 2023. See CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA) for full information.

# Health insurance premiums for New Hampshire families continue to rise faster than earnings.

Cumulative Average Family Premiums and Wage Growth in New Hampshire, 2011 - 2023



## Takeaway:

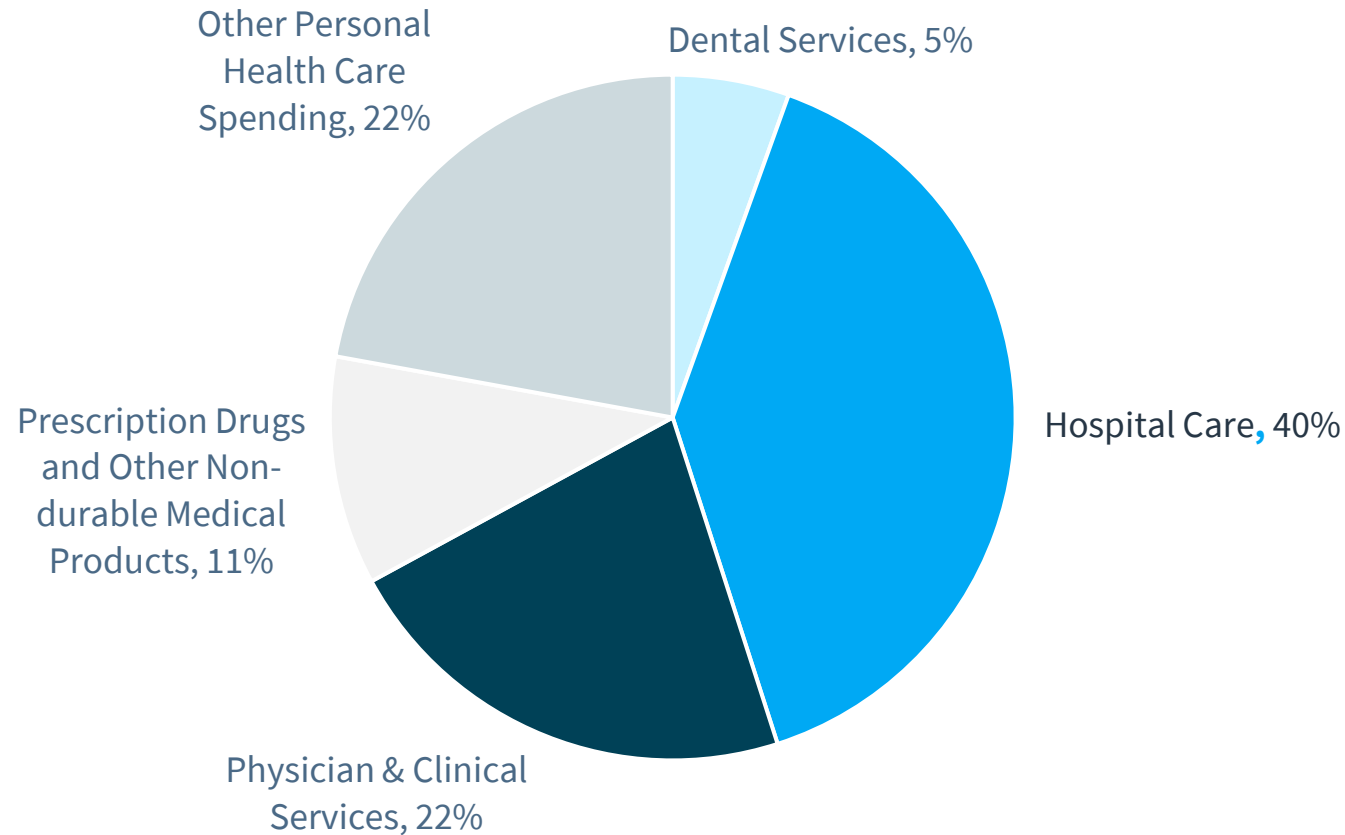
- From 2011 to 2023, average family health insurance premiums in New Hampshire grew faster than average wages (54% and 46%, respectively).

Data Source(s): Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. [Medical Expenditure Panel Survey \(MEPS\) Insurance Component \(IC\)](#). Accessed October 2024.



# In 2020, hospital care comprised 40% of per capita personal health care spending in New Hampshire.

New Hampshire Health Care Spending by Category, 2020



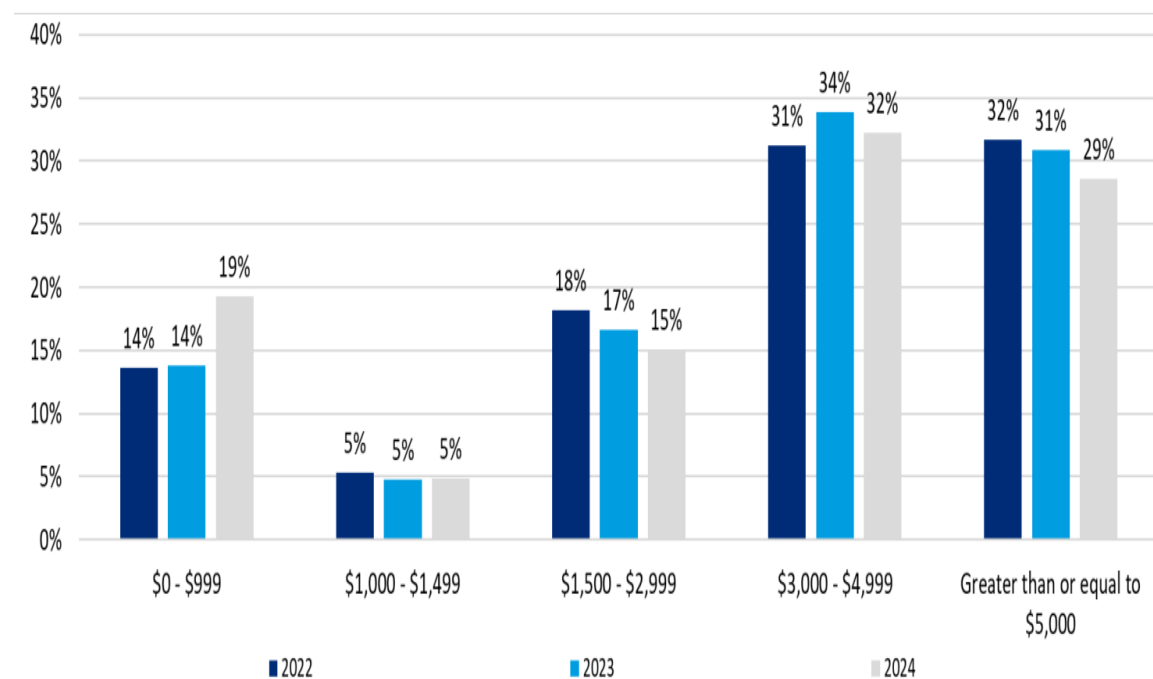
## Takeaways:

- Hospital care comprised the greatest proportion of personal health care spending in 2020 (40 percent). Hospital care comprises all services provided by hospitals to patients, including room and board, ancillary charges, services of resident physicians, drugs administered in the hospital, and any other services billed by hospitals.
- Physician and clinical services comprised 22 percent of per capita personal health care spending in New Hampshire in 2020.

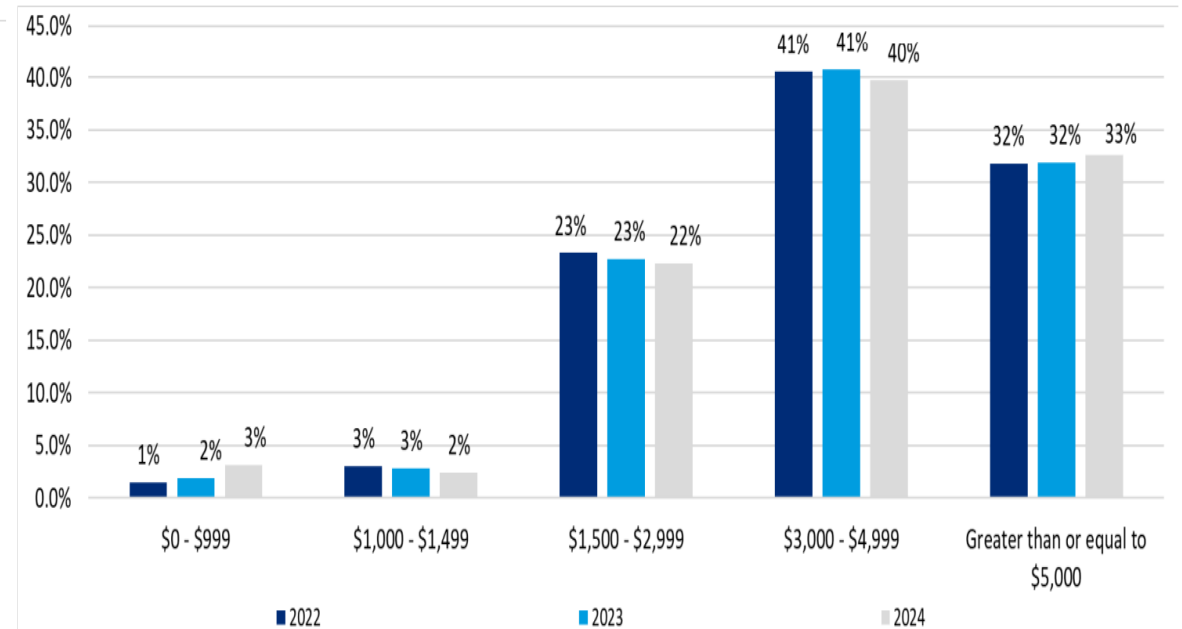
**Data Source(s):** Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. [National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020](#). Accessed July 31, 2023.

People are paying more to cover increasing costs. 61% and 73% of deductibles in the NH large group and small group markets, respectively, were more than \$3,000.

Distribution by Deductible Level - Large Group Market



Distribution by Deductible Level - Small Group Market



2024 Draft Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department – October  
<https://www.insurance.nh.gov/sites/g/files/ehbemt861/files/inline-documents/sonh/nhid-annual-hearing-report-draft-10-24-2025.pdf>

# OBBBA and Expiration of Enhanced Advanced Premium Tax Credits

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## OBBBA

- Extends 2017 tax reductions permanently \$5.36T
- Increases immigration enforcement spending by \$149.5B
- Eliminates some energy initiatives projected to reduce federal spending by \$540B
- Higher education funding changes reduces spending by \$295B
- Reduces federal Medicaid spending by \$990B
- Reduces federal funding for food assistance (SNAP) by 20% or approximately \$180B

## Enhanced Advanced Premium Tax Credits

Created under ARPA and extended under the Inflation Reduction Act in 2022, enhanced APTCs, available only on healthcare.gov, expanded eligibility for lower health insurance premiums to more people and they provided deeper financial help to lower premiums at all eligible income levels

These enhancements expired December 31, 2025.

<https://nhfpi.org/resource/new-federal-reconciliation-law-reduces-taxes-health-access-and-food-assistance-supports-for-granite-staters/>

# OBBBA changes Medicaid in two significant ways - frustrates enrollment and limits state resources to fund the program

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- Reduces federal spending by frustrating enrollment for expansion adults via
  - Work requirements
  - More frequent eligibility checks
  - Increased cost sharing

Limits state financing options and provider payments

- Limits provider taxes – which help to fund the state share
- Limits retroactive coverage payments to providers
- Limits state directed payments to providers

# Big Picture for Health Access: WHAT IS MEDICAID?

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Medicaid is a 60-year old, public, jointly-funded health insurance program for low-income people.

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It is elective for a state to have a Medicaid program. Currently every state in the Union has elected to have one.

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Participating states must cover select groups of people and cover select groups of services that are known as mandatory.

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Participating states can elect coverage for additional services and populations that are known as optional.

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In return for following the federal requirements, the federal government always pays a fixed percentage of the cost.

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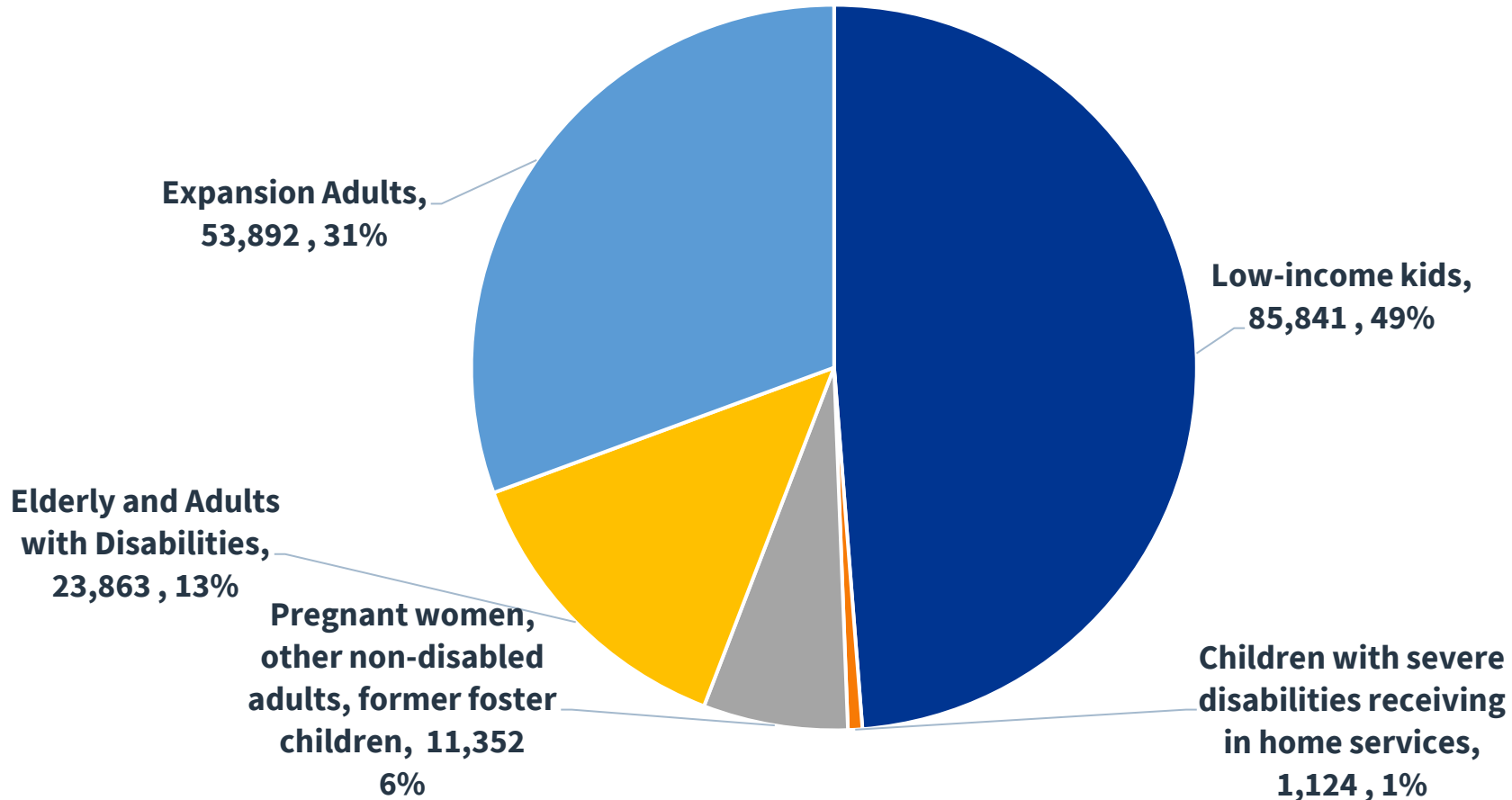
This is referred to as FMAP (Federal Medical Assistance Percentage) or FFP (Federal Financial Participation).

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The FMAP is never less than 50%.

# NH Medicaid's single largest eligibility category is children

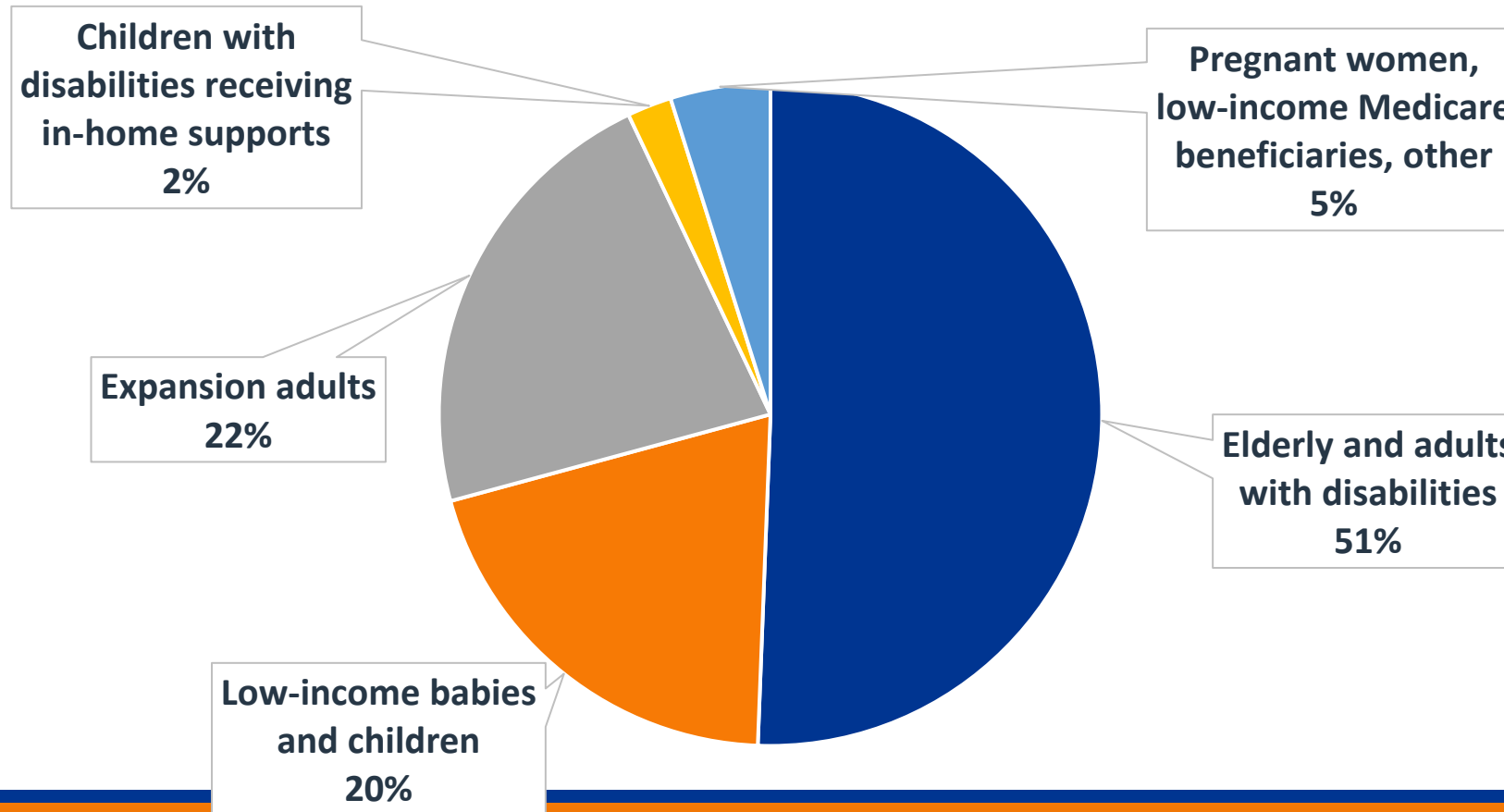
*NH Medicaid Total Enrollment: 176,072 (as of December, 2025)*



Source of monthly enrollment data: <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bpq-da-medicaid-enrollment.pdf>

# But Provider Payments are Disproportionate to Enrollment and Concentrated Among Older Adults and People with Disabilities

NH Medicaid Claim and Encounter Based Provider Payments/FFS Equivalent Payments, SFY2024  
EBI source data (as of March 25, 2025)



# Most Mandatory Services are Acute-Care Services



	Acute Care Benefits	Long-Term Care Benefits
Mandatory	<ul style="list-style-type: none"><li>• Inpatient and outpatient hospital services</li><li>• Early and periodic screening, diagnostic, and treatment services</li><li>• Physician services</li><li>• Rural health clinic services</li><li>• Federally qualified health center services</li><li>• Laboratory and X-ray services</li><li>• Family planning services</li><li>• Nurse midwife services</li><li>• Certified pediatric and family nurse practitioner services</li><li>• Freestanding birth center services</li><li>• Transportation to medical care</li><li>• Tobacco cessation counseling for pregnant women</li></ul>	<ul style="list-style-type: none"><li>• Nursing facility</li><li>• Home health services</li></ul>



# Most Optional Services Are Not Optional For Those Who Need Them

*Optional services will be the services that can be discontinued and still maintain a federally compliant Medicaid program*

## Optional

- Prescription drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing, and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventative, and rehabilitative services
- Podiatry services
- Optometry services
- Dental services and dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Case management
- Inpatient psychiatric services for individuals under age 21
- Tuberculosis related services
- Private duty nursing services
- Personal care
- Hospice
- Services for individuals age 65 or older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with intellectual disability
- home and community based services
- Self-directed personal assistance services
- Community first choice option
- Health homes for enrollees with chronic conditions

Source: <https://www.kff.org/health-policy-101-medicaid/?entry=table-of-contents-what-benefits-are-covered-by-medicaid>

# Key Medicaid Services in New Hampshire

## Mandatory Services:

- Inpatient Hospital Services
- Rural Health Clinic Services
- Intermediate Care Facility Nursing Home Dental Service (Children)
- Home Health Services
- **Skilled Nursing Facility Nursing Home**
- Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Services for Persons < Age 21
- Outpatient Hospital Services
- Physicians Services
- I/P Hospital Swing Beds, SNF
- I/P Hospital Swing Beds, ICF
- Family Planning Services
- X-Ray Services
- Laboratory (Pathology)
- Advanced RN Practitioner
- Medication Assisted Treatment

## Optional Services:

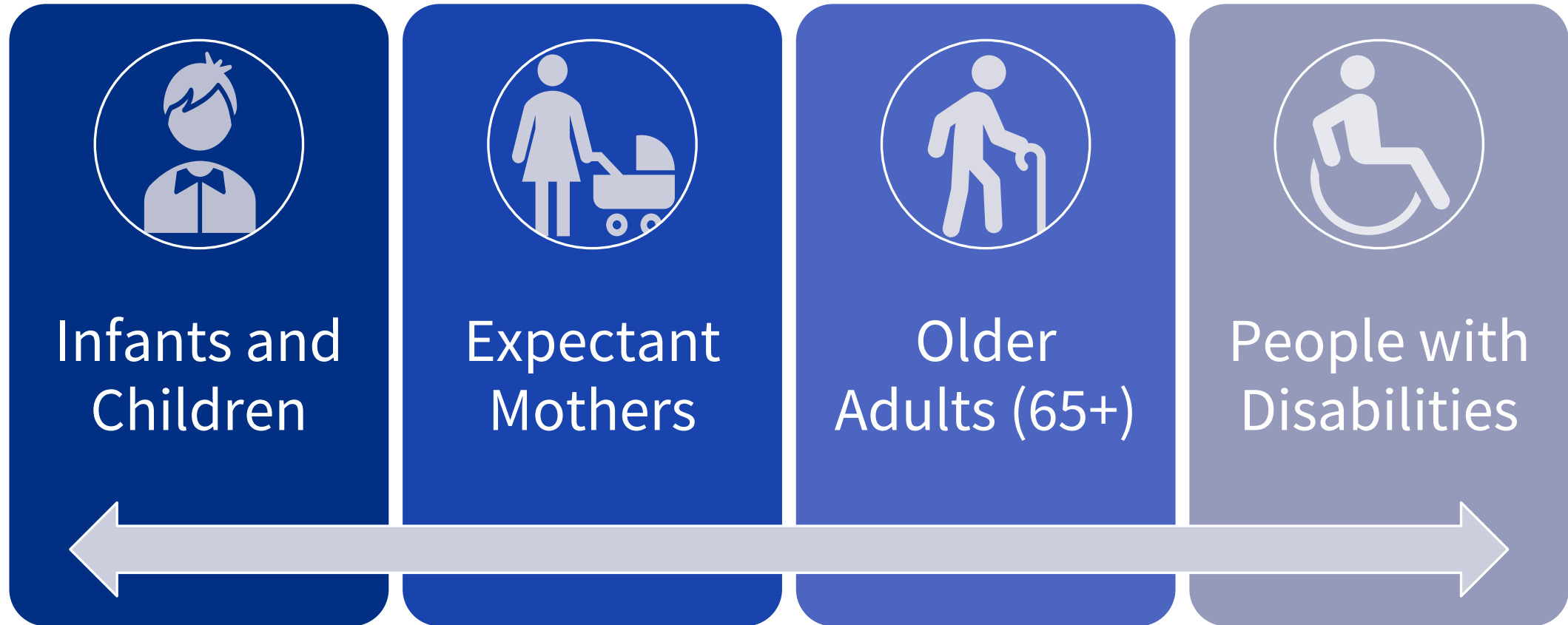
- **Prescribed Drugs**
- **Mental Health & SUD Services**
- Ambulance Services
- Podiatrist Services
- **Private Duty Nursing**
- **Home Based Therapy**
- Outpatient Hospital, Mental Health & SUD
- **Durable medical equipment and supplies**
- **Optometric Services Eyeglasses**
- **Wheelchair Van Services**
- Crisis Intervention Services
- Psychology Services
- **Speech Therapy**
- Hospice
- **Inpatient Psychiatric Facility Services Under Age 22**
- **Nursing Facilities Services for Children w/Severe disabilities**
- **Adult Medical Day Care**
- **Day Habilitation Center**
- **Physical Therapy**
- **Audiology Services**
- **Occupational Therapy**
- **Personal Care Services**
- **Adult Dental**

## Home & Community Based Care Waivers:

Acquired Brain Disorder, Developmentally Disabled, Choices for Independence, In Home Supports

# The elderly and people with disabilities rely on optional services and programs

# Medicaid Historically Has Provided Health Insurance Coverage For Low-Income People In These Groups



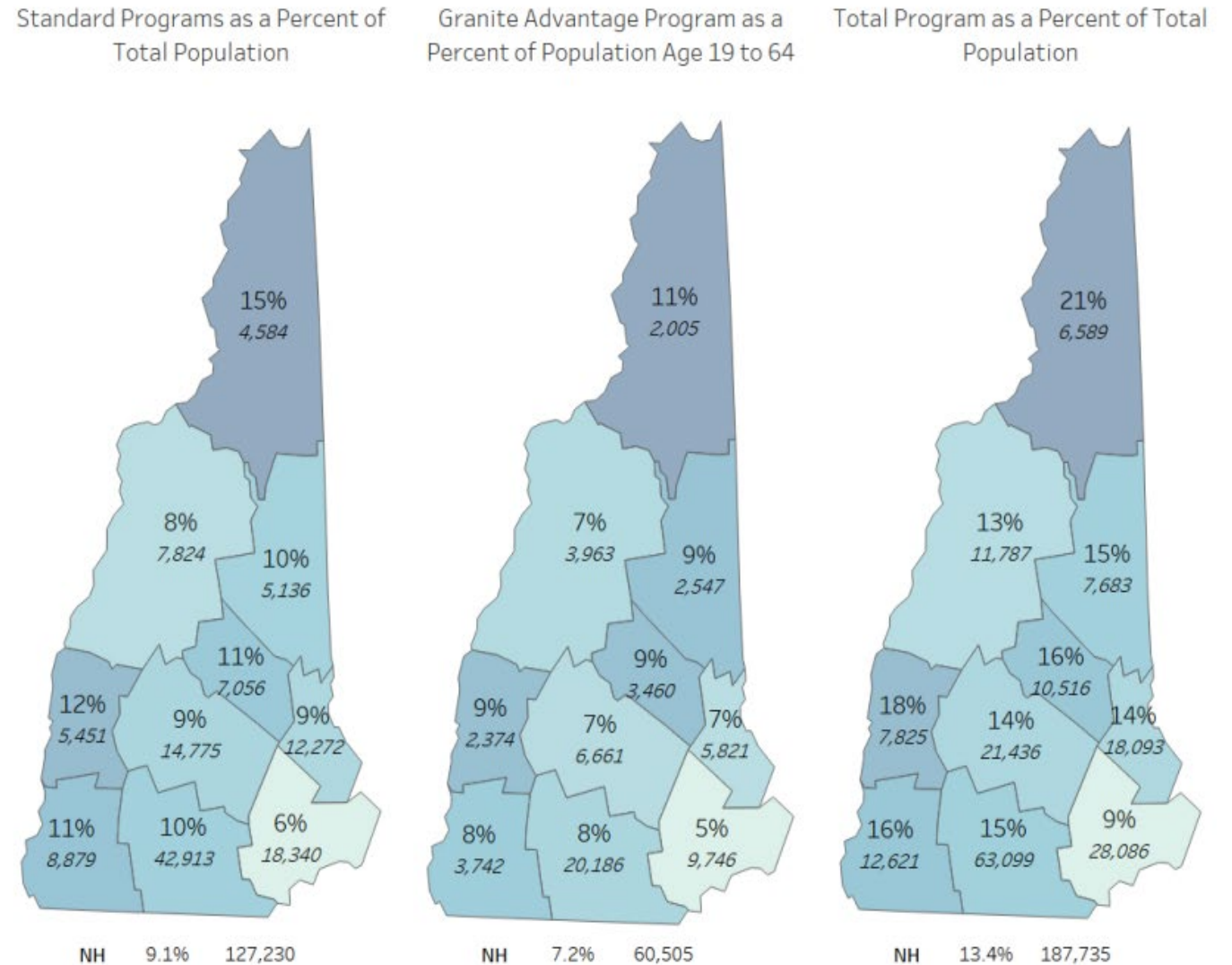
## General Income Eligibility for Select NH Medicaid Eligibility Categories

	Federal Poverty Levels 2025 (annual income family of 1)								
	<50% FPL \$7,825	<100% FPL \$13,589	100% FPL \$15,650	138% FPL \$21,597	150% FPL \$23,475	200% FPL \$31,300	250% FPL \$39,125	300% FPL \$46,950	350% FPL \$54,775
	Disabled and working up to 450% FPL								
	Older Adults (65+) up to 75% FPL								
	Babies and children up to 318% FPL								
	Expectant moms up to 196% FPL								
	Low-income parent up to 60% FPL								
	Low - Income Adults 19-64 up to 138% FPL			<div><div>\$7.25/hr x 40 hrs = \$290 \$290/wk x 52 wks = \$15,080</div></div>					
	Breast and cervical cancer patients up to 250% FPL								

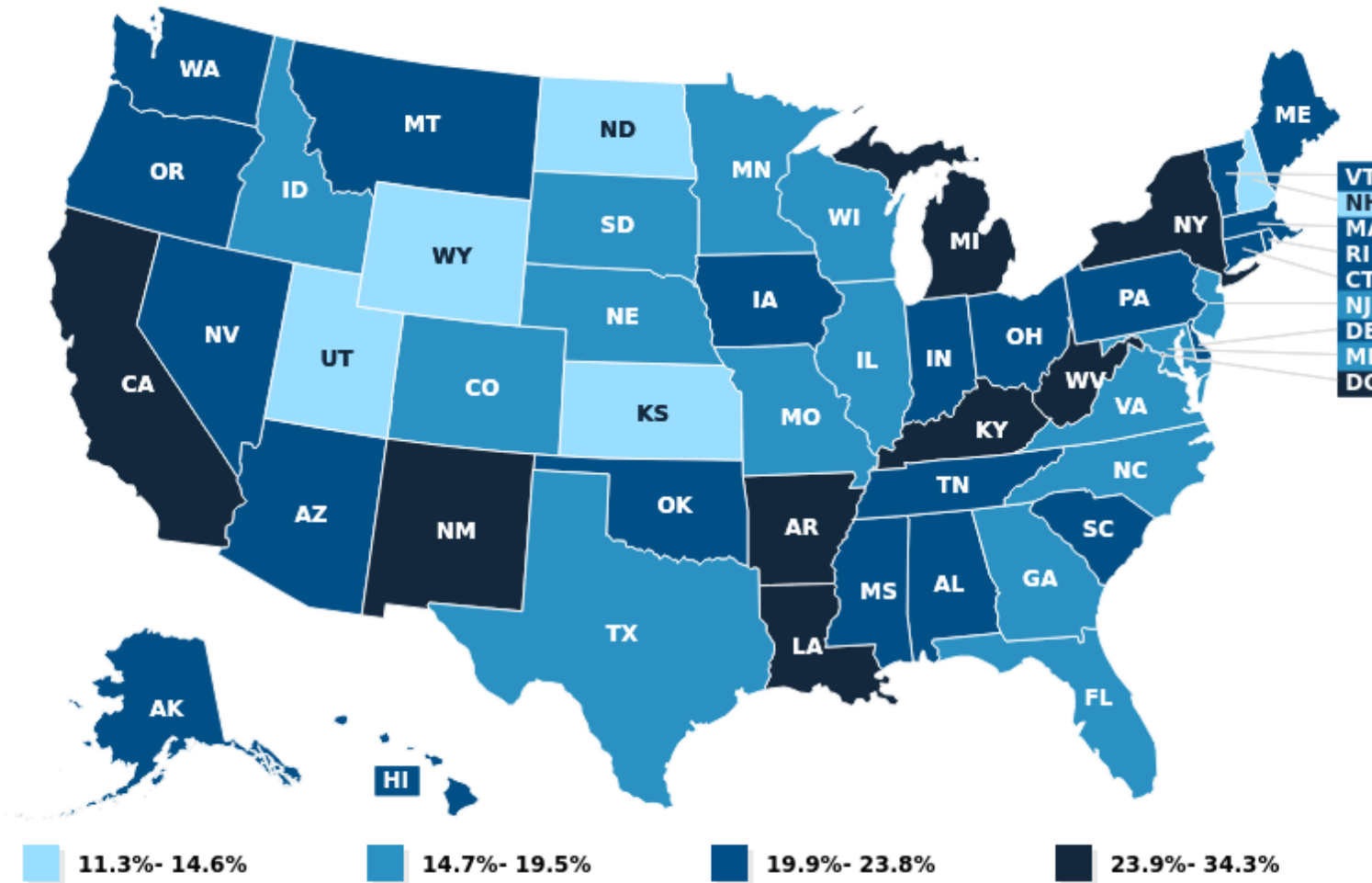
In all but one county, Medicaid members are **MORE THAN 10%** of the population.

Rockingham County has 9% of its population in Medicaid.

NH Medicaid Full Benefit Enrollment as a Percent of Estimated General Population, 12/31/24



Health Insurance Coverage of the Total Population: Medicaid, 2023



# New Hampshire Medicaid covers 13% of the state population

Only North Dakota and Utah cover smaller percentages of their overall population with Medicaid than New Hampshire.

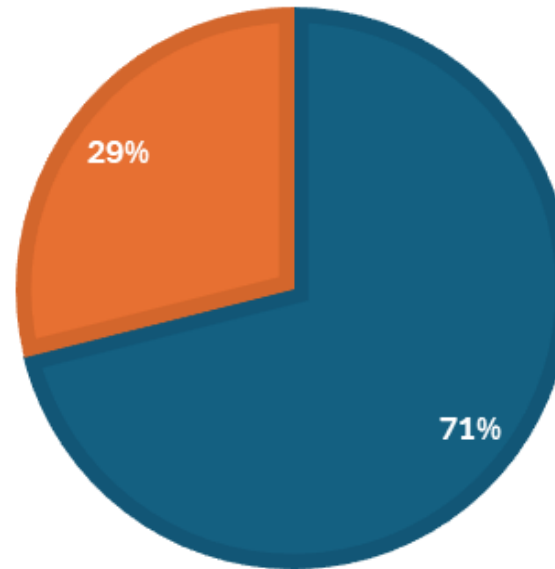
SOURCE: KFF's State Health Facts.

# In 2024, vast majority of Granite Staters who purchased health insurance from healthcare.gov had financial help, 49,000+ used only tax credits.

Healthcare.gov enrollment in New Hampshire 2024

70,337

■ with Financial help ■ without Financial help



source: 2025 marketplace open enrollment public use files <https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2025-marketplace-open-enrollment-period-public-use-files>

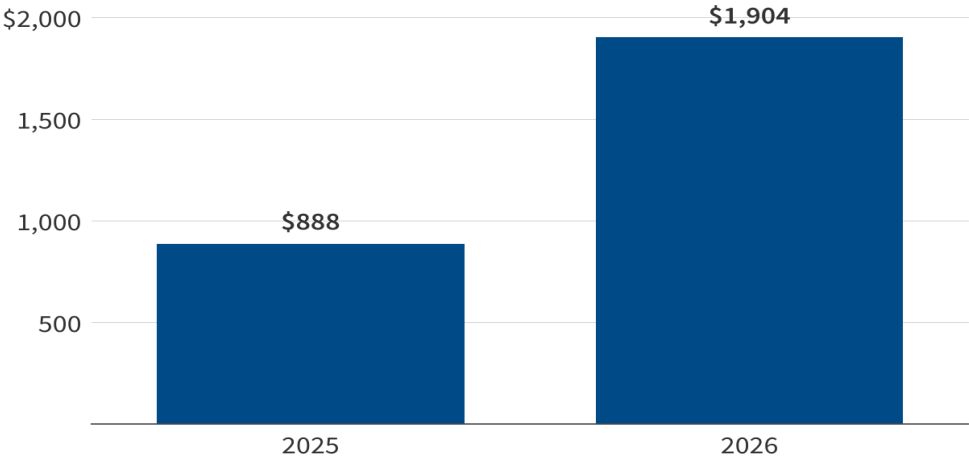


# Premiums Expected to More than Double

Figure 1

## Premium Payments in 2026 Will More than Double if ACA Enhanced Premium Tax Credits Expire

Annual Out-of-Pocket Premium Payments for Affordable Care Act Marketplace Enrollees, 2025 and 2026



Note: The average premium payment is among people currently receiving a tax credit in 2025. The 2026 average premium payment assumes gross premiums increase of 18% for those who lose tax credit eligibility.

Source: KFF analysis of 2024 and 2025 Open Enrollment Period State-Level Public Use File and 2024 Open Enrollment Report

KFF

## NH Uncompensated Care

Increased copays for Rx in NH Medicaid begin

2025

Extra financial help on the Marketplace ends for 50,000 people in NH

NH Medicaid implements \$35 copays for roughly 20,000 expansion adults

NH Medicaid directed to charge premiums; OBBBA appears to have eliminated premiums for expansion adults

2026

Double eligibility checks begin for 50,000 NH Expansion adults

Work requirements begin for NH Expansion adults

NH Medicaid reductions in retroactive coverage

2027

NH provider tax reductions begin in July restricting funds available to produce NH state share for Medicaid

2028

# Thank you

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