

# Healthcare Costs for Utahns: A 2026 Update



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# HEALTHCARE COSTS FOR UTAHNS: A 2026 UPDATE

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Since 1945, leaders, legislators, and community members have relied upon the **illuminating, independent, and nonpartisan public-policy research** produced by the Utah Foundation to support informed decision-making on topics that matter most. As a 501(c)3 with broad community support and a 60-member board, the Utah Foundation exists to empower **civic engagement as the foundation for enhanced quality of life for Utahns.**

## BACKGROUND

Utahns have experienced a range of affordability burdens, including health insurance, medical services, and medical bills.<sup>1</sup> In fact, 69% of Utahns experienced at least one healthcare cost burden, and 86% are worried about the cost of future health care.<sup>2</sup>

These burdens have consequences. Even though 92% of Utahns have insurance, approximately 63% have opted to delay or forgo health care due to cost.<sup>3</sup> This included forgoing dental care, postponing medical appointments or procedures, avoiding consultations with doctors, and altogether skipping necessary medical tests, treatments, and procedures.<sup>4</sup>

Furthermore, 45% of those who did receive the care they needed struggled to afford their medical bills.<sup>5</sup> Utahns have reported being contacted by collection agencies, depleting their savings, or incurring credit card debt to cover medical costs.<sup>6</sup> As of April 2021, 14% of Utahns had medical debt in collections, and in 2022, 4 in 10 Americans carried some form of medical debt overall.<sup>7</sup>

This report is a 2026 update of healthcare costs for Utahns. It looks at the ways these costs burden Utahns, the drivers of these costs, and the federal changes that impact Utahns.

### KEY FINDINGS OF THIS REPORT



- **Healthcare costs remain a widespread burden:** Nearly 7 in 10 Utahns experienced at least one healthcare cost burden, and more than 8 in 10 worry about affording care in the future – even though most are insured.
- **Insurance does not guarantee affordability:** High premiums, deductibles, and cost-sharing have led many insured Utahns to delay or forgo care, while uninsured Utahns face even greater barriers to accessing medical services.
- **Federal policy changes may raise costs for families and employers:** The loss of Marketplace subsidies and new limits on Medicaid funding are likely to increase the uninsured rate and intensify cost shifting, contributing to higher premiums and out-of-pocket costs in the private market.

1 Healthcare Value Hub, “Utah Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines,” August 22, 2023, <https://healthcarevaluehub.org/chess-state-survey/utah/2023/utah-residents-struggle-to-afford-high-healthcare-costs-worry-about-affording-healthcare-in-the-future-support-government-action-across-party-lines/>

2 Ibid.

3 Ibid.

4 Ibid.

5 Ibid.

6 Ibid.

7 Kaiser Family Foundation, “KFF Health Care Debt Survey,” KFF, n.d., <https://www.kff.org/health-costs/kff-health-care-debt-survey/> (accessed January 2026).

## HEALTHCARE COSTS' BURDEN TO UTAHNS

While health insurance is meant to offer a safety net against unforeseen medical expenses, cost-sharing expenses can be significant. Premiums (annual cost of insurance), deductibles (annual amount that the insured individual must pay before the insurance company will help pay for services), co-insurance (the percentage amount the individual must pay after deductible is met, up to a maximum out of pocket cost), and co-pays (the set dollar amount owed at every doctor visit) can be onerously high for enrollees.

### Out-of-Pocket Costs

High out-of-pocket costs can be challenging even for insured people, as they struggle to afford services not covered by insurance, high deductibles, and expensive co-insurance costs. In 2024, Utahns aged 15 years and older spent roughly \$3,500 each on out-of-pocket medical expenses, the fourth-highest in the nation.<sup>8</sup> That said, per capita, Utah ranks very low in overall spending, which includes amounts spent paid by employers and the government, though this low ranking is likely due in part to Utah having the youngest median age in the nation.<sup>9</sup>

### Prescriptions

Additionally, the cost of prescription medication has been a concern for most Utahns. More than half (56%) of surveyed Utahns expressed feeling “worried” or “very worried” that prescription drugs will become unaffordable.<sup>10</sup>

Due to cost concerns, many Utahns did not fill prescriptions, rationed medication, or skipped doses. This was more common among certain demographic groups, such as rural Utahns, people of color, lower-income households, those households where at least one person had a disability, and Medicaid enrollees.<sup>11</sup>



Photo credit: Framework Arts.

8 Out-of-pocket expenses, in this analysis of Census' Current Population Survey (CPS), include premiums and medical expenses not covered by their medical plan, including copays for doctor and dentist visits, diagnostic tests, prescription medicine, glasses and contacts, and medical supplies. State Health Access Data Assistance Center (SHADAC), “Median Medical Out-of-Pocket Spending by State: Analysis of Federal CPS Social and Economic Supplement Data,” SHADAC, n.d., <https://statehealthcompare.shadac.org> (accessed January 2026).

9 See KFF, *Health Care Expenditures per Capita by State of Residence*, <https://www.kff.org/state-health-policy-data/state-indicator/health-spending-per-capita/>. And IHME, *Most comprehensive study on US health care spending by county reveals wide variation*, <https://www.healthdata.org/news-events/newsroom/news-releases/most-comprehensive-study-us-health-care-spending-county-reveals>. And U.S. Census Bureau, ACS, [https://data.census.gov/table/ACSST1Y2024.S0101?t=Age+and+Sex&g=010XX00US\\$0400000&moe=false](https://data.census.gov/table/ACSST1Y2024.S0101?t=Age+and+Sex&g=010XX00US$0400000&moe=false).

10 Healthcare Value Hub, Ob. cit.

11 Ibid.

## Premiums

Experiences can also vary depending on the source of insurance. In 2024, about 92% of Utahns were reported to have health insurance coverage, with 59% receiving coverage through their employers, 21% through Medicare or Medicaid, and 12% through the individual marketplace.<sup>12</sup>

In 2025, the average annual single premium and family premium for employer-sponsored insurance increased by 5% and 6%, respectively, compared to a workers' wage increase of 4% and an inflation rate of under 3%.<sup>13</sup> Additionally, the average deductible amount increased by 17% over the previous five years and by over 43% over the previous ten years.<sup>14</sup>

While Medicaid and Medicare recipients typically do not pay premiums, they are not shielded from the challenging healthcare landscape either. Rising denials for care and limited prescription drug coverage for Medicare recipients, particularly Medicare Advantage enrollees, have also created barriers to care. Medicaid recipients face increasing scrutiny and paperwork, making continued enrollment tenuous and confusing for this high-risk population, particularly with upcoming federal changes to the program.<sup>15</sup>

For almost all Utahns without employer-sponsored insurance who purchase coverage through the marketplace, premiums will rise dramatically in 2026 after Congress declined to extend premium subsidies for enrollees.<sup>16</sup>

## Uninsured

The cost burden is even more pronounced for those who are uninsured and must bear the full cost without insurance coverage. About 51% of uninsured Utahns state that insurance is "too expensive," citing high costs as the primary reason for going without coverage.<sup>17</sup> Furthermore, approximately 42% of uninsured Utahns in 2024 were not able to get medical care due to cost.<sup>18</sup>

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12 KFF News, "Health Insurance Coverage of the Total Population, 2024," KFF News, 2024, <https://www.kff.org/other/state-indicator/total-population/> (accessed January 2026). And Kem C. Gardner Policy Institute, "Utah/Federal Government Nexus: Health Insurance Marketplace," September 2025, <https://gardner.utah.edu/news/utah-affordable-care-act-aca-health-insurance-marketplace-enrollment-equates-to-11-8-of-the-total-population-4th-highest-in-the-nation/> (accessed January 27, 2026).

13 Kaiser Family Foundation, "Employer Health Benefits Survey: 2025 Annual Survey—Summary of Findings," KFF, 2025, <https://www.kff.org/health-costs/report/2025-employer-health-benefits-survey/> (accessed January 2026).

14 Ibid.

15 Kaiser Family Foundation, "Unwinding of Medicaid Continuous Enrollment: Key Themes from the Field," KFF, 2023, <https://www.kff.org/medicaid/unwinding-of-medicaid-continuous-enrollment-key-themes-from-the-field/> (accessed January 2026).

16 Kaiser Family Foundation, "Mapping the Uneven Burden of Rising ACA Marketplace Premium Payments Due to Enhanced Tax Credit Expiration," KFF, 2024, <https://www.kff.org/affordable-care-act/mapping-the-uneven-burden-of-rising-aca-marketplace-premium-payments-due-to-enhanced-tax-credit-expiration/> (accessed January 2026).

17 Ibid.

18 State Health Access Data Assistance Center (SHADAC), "Percent of Adults Who Could Not Get Medical Care When Needed Due to Cost by Coverage Type," SHADAC, n.d., <https://statehealthcompare.shadac.org> (accessed January 2026).

## VARIOUS FACTORS DRIVE GROWING HEALTHCARE COSTS

The rapid growth in insurance costs is primarily due to rising healthcare costs in Utah and the United States, driven by a range of complex factors. These include increased demand and utilization of some new technologies and treatments (including prescriptions); increased intensity of treatment; opaque and adversely incentivized market features; administrative complexity; and other factors.<sup>19</sup>

### Higher Prices

Generally, spending will increase, even in areas where utilization does not, due to price increases. Between 2021 and 2023, spending on inpatient and outpatient services in the commercial market increased in Utah, not due to utilization but to price increases.<sup>20</sup>

### Higher Usage

Increased utilization was the primary driver of spending in some areas of Utah during this period, particularly for prescription drugs and behavioral health services.<sup>21</sup> As Utah's population ages, increased utilization will drive higher spending, and rising prices or other factors may further increase costs.<sup>22</sup>



Photo credit: AIS Commercial Construction, <https://aisut.com/services/medical-buildouts/> CC BY-NC 4.0

19 Altarum, "Utilization and Price Drivers Increasing Health Care Spending, 2010–2023," Altarum, n.d., <https://altarum.org/news-and-insights/utilization-and-price-drivers-increasing-health-care-spending-2010-2023> (accessed January 2026). And C. Sorenson, M. Drummond, and B. Bhuiyan Khan, "Medical Technology as a Key Driver of Rising Health Expenditure: Disentangling the Relationship," *ClinicoEconomics and Outcomes Research* 5 (2013): 223–234. And Center on Health Insurance Reforms, "The Complex Web of Health Care Financial Interests and Their Implications for Ever-Higher Spending: An Expert Perspective," White Paper, n.d., [https://live-ncemch-chir.pantheonsite.io/wp-content/uploads/The-Complex-Web-of-Health-Care-Financial-Interests-and-Their-Implications-for-Ever-Higher-Spending\\_-An-Expert-Perspective.pdf](https://live-ncemch-chir.pantheonsite.io/wp-content/uploads/The-Complex-Web-of-Health-Care-Financial-Interests-and-Their-Implications-for-Ever-Higher-Spending_-An-Expert-Perspective.pdf) (accessed January 2026). And The Commonwealth Fund, "High U.S. Health Care Spending: Where Is It All Going?" October 2023, <https://www.commonwealthfund.org/publications/issue-briefs/2023/oct/high-us-health-care-spending-where-is-it-all-going> (accessed January 2026).

20 Utah Health Policy Project and Utah Health Data Committee, *Cost Driver Analysis Report: Understanding the Factors Behind Utah's Rising Healthcare Costs* (Salt Lake City, UT: Utah Health Policy Project and Utah Health Data Committee, 2025), <https://www.uthealthcollaborative.org/wp-content/uploads/2025/05/Cost-Driver-Analysis-Report-Understanding-the-Factors-Behind-Utahs-Rising-Healthcare-Costs.pdf> (accessed January 2026).

21 Ibid.

22 Ibid.

## Commercial Insurers Rates

Additionally, commercial insurance (private insurance outside of Medicare or Medicaid) increasingly charges higher premiums, coinsurance, and deductibles to offset many of those costs. Importantly, this rise in prices for commercial insurers is often due to medical providers charging commercial insurers significantly more for care than they do patients with Medicaid and Medicare, because reimbursement rates for these programs have consistently fallen below the actual cost of care.<sup>23</sup>



Image: Radiology center.

## Administrative Complexity

Administrative complexity can also be a large cost driver. As prices rise, other system costs tend to increase as well. These include overhead associated with insurance broker commissions; fees paid to pharmacy benefit managers; and additional staff needed to process varying, complex coverage and prior authorization requirements from each insurer.<sup>24</sup>

## FEDERAL HEALTHCARE POLICIES IMPACT UTAH

Approximately 34% of Utahns have health insurance that is either entirely or partially funded by federal dollars, between Medicare, Medicaid, and subsidies on the ACA Marketplace, making the federal government a primary driver of both individual healthcare costs and the state budget.<sup>25</sup>

23 Medicare Payment Advisory Commission (MedPAC), Report to the Congress: Medicare Payment Policy (Washington: MedPAC, March 2023), Chapter 3, 56–58, [https://www.medpac.gov/wp-content/uploads/2023/03/Ch3\\_Mar23\\_MedPAC\\_Report\\_To\\_Congress\\_SEC\\_v2.pdf](https://www.medpac.gov/wp-content/uploads/2023/03/Ch3_Mar23_MedPAC_Report_To_Congress_SEC_v2.pdf) (accessed January 2026).

24 S. G. Bollmeier and S. Griggs, “The Role of Pharmacy Benefit Managers and Skyrocketing Cost of Medications,” *Missouri Medicine* 121, no. 5 (2024): 403–409, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11482839/> (accessed January 2026). And Center on Health Insurance Reforms, “The Complex Web of Health Care Financial Interests and Their Implications for Ever-Higher Spending: An Expert Perspective,” White Paper, n.d., [https://live-ncemch-chir.pantheonsite.io/wp-content/uploads/The-Complex-Web-of-Health-Care-Financial-Interests-and-Their-Implications-for-Ever-Higher-Spending\\_-An-Expert-Perspective.pdf](https://live-ncemch-chir.pantheonsite.io/wp-content/uploads/The-Complex-Web-of-Health-Care-Financial-Interests-and-Their-Implications-for-Ever-Higher-Spending_-An-Expert-Perspective.pdf) (accessed January 2026). From the Center on Health Insurance Reforms: “Most employers pay brokers a fee to find an insurance product or TPA for their health plans, but brokers also receive commissions of from 3 to 6 percent of the premium, plus bonuses, from the insurer or TPA the employer chooses. The broker has no incentive to keep the employer’s cost down because the higher the premium charged the employer, the more the broker makes in commissions and bonuses which are then built into the employer’s premium.”

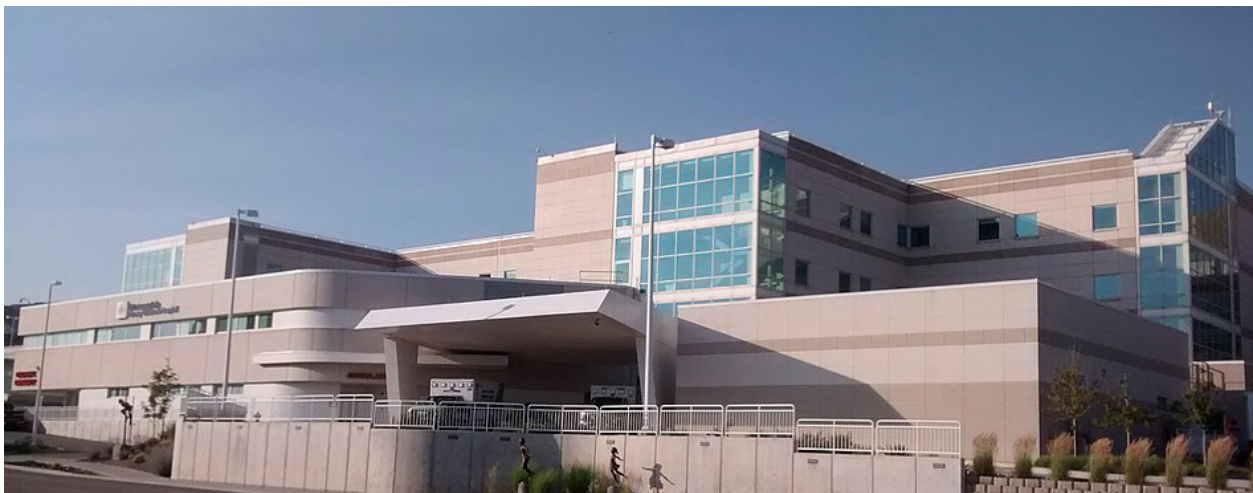
25 Kem C. Gardner Policy Institute, “Utah/Federal Government Nexus: Health Insurance Marketplace,” September 2025, <https://gardner.utah.edu/news/utah-affordable-care-act-aca-health-insurance-marketplace-enrollment-equates-to-11-8-of-the-total-population-4th-highest-in-the-nation/> (accessed January 2026). And Kaiser Family Foundation, “Medicare Beneficiaries as a Percent of Total Population,” KFF State Health Facts, n.d., <https://www.kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Note: 11.8% marketplace (96% receive subsidies, so closer to 11.3%) + 9.7% Medicaid + 13% Medicare. <https://www.kff.org/medicare/state-indicator/medicare-beneficiaries-as-a-percent-of-total-population/>.

## Pandemic Unwinding

During the pandemic, a surge of federal support entered the state through enhanced premium tax credits for individuals purchasing insurance on the Affordable Care Act Marketplace (the program created under the Act), specifically targeting those at or above 100% of the federal poverty level.

Simultaneously, the federal Public Health Emergency, which lasted from January 2020 to May 2023, mandated that Medicaid enrollees maintain coverage regardless of changes in eligibility. This “continuous coverage” provision saw Utah’s Medicaid enrollment swell by 58%, peaking at over 522,000 enrollees in early 2023.<sup>26</sup>

However, when the emergency ended in May 2023, Utah began a year-long “unwinding” process to redetermine eligibility. By the time the process concluded in April 2024, approximately 184,000 Utahns had been disenrolled.<sup>27</sup> A Utah Department of Health and Human Services survey of former Medicaid members in 2023 found that, at the time of the survey, 39% had moved to employer-sponsored insurance, 15% had received insurance through the Marketplace, and 30% of individuals disenrolled during the unwinding period were uninsured at the time of the survey. Among respondents who reported not attempting to renew coverage at all, 43% cited paperwork issues as the primary reason, including never receiving required documents, difficulty completing renewal forms, or challenges submitting paperwork.<sup>28</sup>



*Image: Primary Children’s Hospital.*

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<sup>26</sup> Marriner S. Eccles Institute for Economics and Quantitative Analysis, Utahns with Medicaid Insurance: A Steep Ascent and an Even Steeper Decline (Salt Lake City, UT: University of Utah, 2024), <https://marriner.eccles.utah.edu/utahns-with-medicaid-insurance-a-steep-ascent-and-even-steeper-decline/>

<sup>27</sup> Ibid.

<sup>28</sup> Utah Department of Health and Human Services, Former Medicaid Member Online Survey Report (Salt Lake City, UT: Utah Department of Health and Human Services, December 2023), [https://kffhealthnews.org/wp-content/uploads/sites/2/2024/01/DHHS-Medicaid-Disenrollment-Online-Survey-Report\\_FINAL\\_2023.pdf](https://kffhealthnews.org/wp-content/uploads/sites/2/2024/01/DHHS-Medicaid-Disenrollment-Online-Survey-Report_FINAL_2023.pdf) (accessed January 2026).

By 2024, Medicaid’s share of the state budget fell to the lowest in the nation. It was 13.4% of total state expenditures, down from its 2022 peak of 21.5%, due in part to the drop in enrollment.<sup>29</sup>

## Expiring Tax Credit

As the enhanced premium tax credits expire in December 2025, the over 420,000 Utahns (nearly 12% of Utah’s population) who rely on the Marketplace will face a significant increase in premiums, with 96% of those enrolled receiving a tax credit.<sup>30</sup> Without the enhanced subsidies in 2026, most of these enrollees – particularly those above 400% federal poverty level who will no longer qualify for assistance at all – will see their premiums rise to full unsubsidized rates, substantially increasing their monthly health insurance costs.<sup>31</sup> It is estimated that the average premiums will double for those receiving coverage from the Marketplace.<sup>32</sup>



*Photo credit: GyozaDumpling. Intermountain Medical Center Patient Tower, <https://en.wikipedia.org/wiki/User:GyozaDumpling>, cropped. CC BY-SA 4.0.*

29 State Health Access Data Assistance Center (SHADAC), “Medicaid Expenses as a Percent of State Budgets,” SHADAC, n.d., <https://statehealthcompare.shadac.org/rank/103/medicaid-expenses-as-a-percent-of-state-budgets> (accessed January 2026).

30 Kem C. Gardner Policy Institute, “Utah/Federal Government Nexus: Health Insurance Marketplace,” September 2025, <https://gardner.utah.edu/news/utah-affordable-care-act-aca-health-insurance-marketplace-enrollment-equates-to-11-8-of-the-total-population-4th-highest-in-the-nation/> (accessed January 2026). And Kaiser Family Foundation, “ACA Marketplace Premium Payments Would More Than Double on Average Next Year If Enhanced Premium Tax Credits Expire,” KFF, 2023, <https://www.kff.org/affordable-care-act/aca-marketplace-premium-payments-would-more-than-double-on-average-next-year-if-enhanced-premium-tax-credits-expire/>

31 Ibid.

32 Kaiser Family Foundation, “ACA Marketplace Premium Payments Would More Than Double on Average Next Year If Enhanced Premium Tax Credits Expire,” KFF, 2023, <https://www.kff.org/affordable-care-act/aca-marketplace-premium-payments-would-more-than-double-on-average-next-year-if-enhanced-premium-tax-credits-expire/> (accessed January 2026).

## Other Barriers

The One Big Beautiful Bill Act, signed in July 2025, represents a significant inflection point for Utah’s Medicaid program and the broader state budget. Administratively, the law introduces new barriers to coverage by doubling the frequency of eligibility reviews to every six months and mandating an 80-hour monthly work or community engagement requirement for the expansion population. The law also specifies that if a person is denied or disenrolled due to work requirements, they are also ineligible for subsidized Marketplace coverage.<sup>33</sup>

Much like the “unwinding” period following the pandemic, these requirements are projected to increase “administrative churn,” in which eligible individuals lose coverage due to paperwork hurdles rather than changes in income.<sup>34</sup> The Congressional Budget Office projects that 70% of those who become disenrolled will lose coverage because of these barriers.<sup>35</sup>

Beyond eligibility, the Act changes how Medicaid is funded by limiting provider taxes, which are fees paid by healthcare providers that help states bring in additional federal Medicaid dollars,<sup>36</sup> and by capping how much hospitals can be paid through the program.<sup>37</sup> This care, often delivered through emergency departments, will further increase pressure to recoup losses by raising commercial insurance prices.<sup>38</sup> Consequently, the federal reduction in Medicaid spending may ultimately manifest as higher premiums and out-of-pocket costs for Utah families and employers in the private market.

## Mitigating the Effects, Maybe

The Act attempts to mitigate these shifts through one-time implementation grants, including \$200 million for state administrative systems and the \$50 billion Rural Health Transformation Fund. However, these funds are primarily restricted to infrastructure, such as building work-requirement tracking systems and rural workforce development. The funds explicitly cannot be used to pay for medical services or offset the broader reduction in Medicaid matching dollars.<sup>39</sup>

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33 One Big Beautiful Bill Act, Pub. L. No. 119-21, 139 Stat. 72 (2025). <https://www.congress.gov/bill/119th-congress/house-bill/1/text>. Kaiser Family Foundation, “Health Provisions in the 2025 Federal Budget Reconciliation Law,” KFF, 2025, <https://www.kff.org/health-policy/issue-brief/health-provisions-in-the-2025-federal-budget-reconciliation-law/> (accessed January 2026).

34 Kaiser Family Foundation, “Implementing Work Requirements on a National Scale: What We Know from State Waiver Experience,” KFF, n.d., <https://www.kff.org/medicaid/implementing-work-requirements-on-a-national-scale-what-we-know-from-state-waiver-experience/> (accessed January 2026).

35 Congressional Budget Office, Public Law 119-21: Budgetary Effects on Medicaid (Washington: Congressional Budget Office, 2025), [https://www.cbo.gov/system/files/2025-10/PL-119-21-Medicaid%20\\_0.pdf](https://www.cbo.gov/system/files/2025-10/PL-119-21-Medicaid%20_0.pdf) (accessed January 2026).

36 Medicaid and CHIP Payment and Access Commission (MACPAC), Health Care–Related Taxes in Medicaid (Washington: MACPAC, January 2020), <https://www.macpac.gov/wp-content/uploads/2020/01/Health-Care-Related-Taxes-in-Medicaid.pdf> (accessed January 2026).

37 Kaiser Family Foundation, “5 Key Facts About Medicaid and Provider Taxes,” KFF, n.d., <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-and-provider-taxes/> (accessed January 2026).

38 Scott Hulver, Zachary Levinson, Alice Burns, Elizabeth Hinton, Tricia Neuman, and Robin Rudowitz, 5 Key Facts About Medicaid and Hospitals, March 5, 2025, <https://www.kff.org/medicaid/5-key-facts-about-medicaid-and-hospitals/>. And Medicare Payment Advisory Commission (MedPAC), “Report to the Congress: Medicare Payment Policy,” (Washington: MedPAC, March 2023), Chapter 3, 97, [https://www.medpac.gov/wp-content/uploads/2023/03/Ch3\\_Mar23\\_MedPAC\\_Report\\_To\\_Congress\\_SEC\\_v2.pdf](https://www.medpac.gov/wp-content/uploads/2023/03/Ch3_Mar23_MedPAC_Report_To_Congress_SEC_v2.pdf). And The Commonwealth Fund, “How New Limits on State Provider Taxes Will Affect Medicaid Funding,” December 2025, <https://www.commonwealthfund.org/publications/explainer/2025/dec/how-new-limits-state-provider-taxes-will-affect-medicaid-funding> (accessed January 2026).

39 Centers for Medicare & Medicaid Services, “Rural Health Transformation (RHT) Program: Overview,” CMS, n.d., <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview> (accessed January 2026). One Big Beautiful Bill Act, Pub. L. No. 119-21, 139 Stat. 72 (2025). <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.

## CONCLUSION

Healthcare affordability remains a significant challenge for Utahns. High insurance premiums, rising deductibles and cost-sharing, prescription drug costs, and medical debt continue to strain household finances across income and insurance types. At the same time, federal policy changes, such as the expiration of Marketplace subsidies, have increased administrative barriers in Medicaid. Further, new limits on Medicaid are poised to increase the number of uninsured Utahns and place additional pressure on providers and state budgets. Taken together, these forces risk pushing more costs onto Utah families and employers through higher commercial insurance premiums and out-of-pocket expenses, underscoring the need for continued attention to healthcare affordability at both the state and federal levels.



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