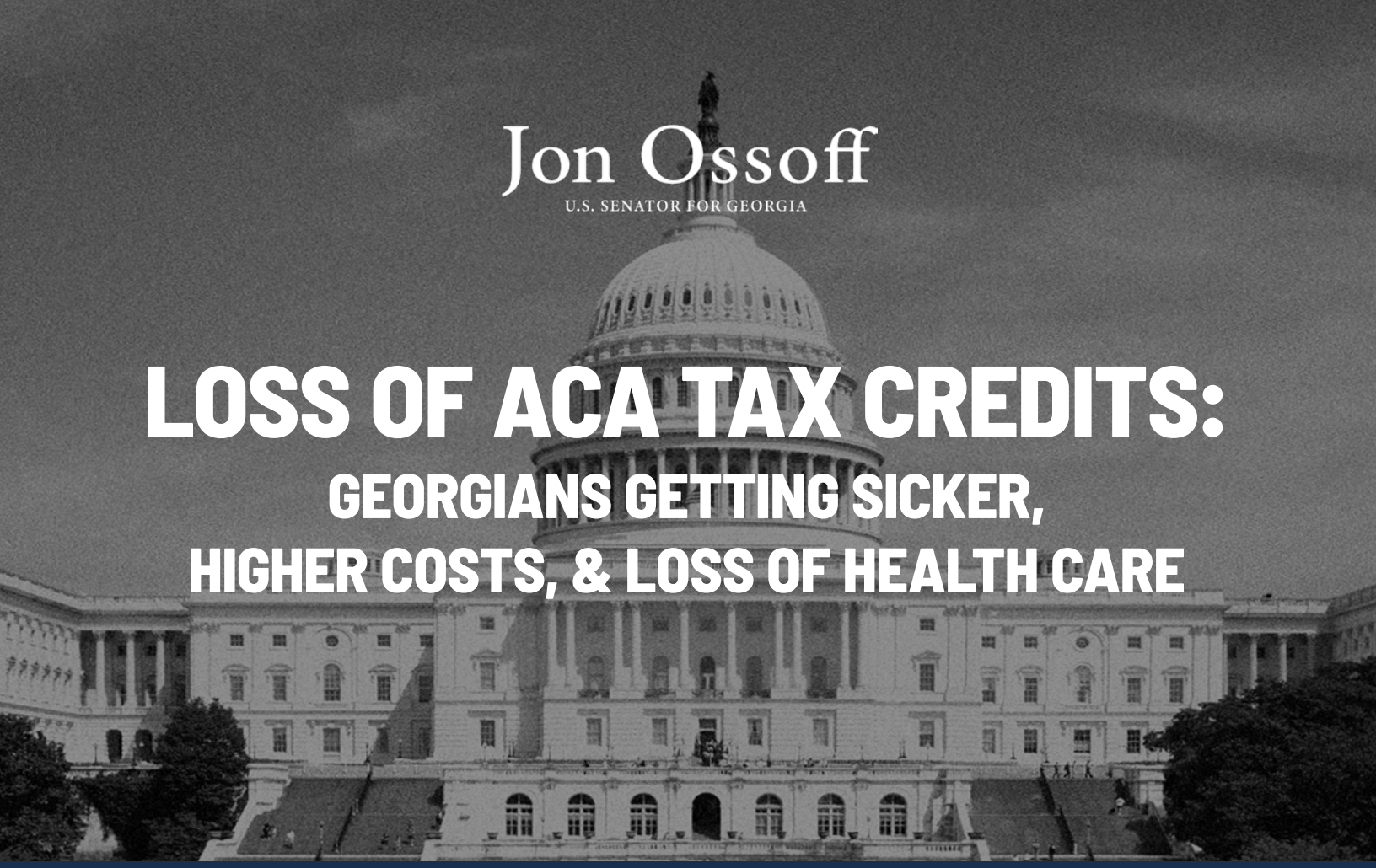

Jon Ossoff

U.S. SENATOR FOR GEORGIA

LOSS OF ACA TAX CREDITS:

GEORGIANS GETTING SICKER, HIGHER COSTS, & LOSS OF HEALTH CARE

U.S. Senator Jon Ossoff launched an investigation into the impact of rising health care costs, rising insurance premiums, and Medicaid cuts on Georgia patients, families, and health care providers. Georgia patients have reported rising health care costs, reduced or loss of coverage, and delayed access to care since the Affordable Care Act's Enhanced Premium Tax Credits ("enhanced ACA tax credits") expired, and from providers who report that their patients are delaying, and, in some cases, forgoing care, due to rising costs.

Prepared by Staff of Senator Jon Ossoff

July 6, 2026

I. Executive Summary

In January 2026, U.S. Senator Jon Ossoff launched an investigation into the impact of rising health care costs, rising insurance premiums, and Medicaid cuts on Georgia patients, families, and health care providers. The Senator's staff has received reports from dozens of Georgia patients who have reported rising health care costs, reduced or loss of coverage, and delayed access to care since the Affordable Care Act's Enhanced Premium Tax Credits ("enhanced ACA tax credits") expired, and from providers who report that their patients are delaying, and, in some cases, forgoing care, due to rising costs. The Senator's staff also conducted site visits to assess the impact of the expiration of the enhanced ACA tax credits on patient care at Atlanta- and Macon-area hospitals and clinics. As detailed in Section III, the Senator's findings to date include:

- Georgia patients report facing increased monthly premiums—including premiums that increased by as much as 8,925% and 1,804%—leading to loss of health insurance and difficulty making ends meet;
- Georgia patients report delays in accessing medically necessary health care due to insurance plans narrowing their coverage and benefits, including a case where a Georgia patient with lupus, scleroderma, and Raynaud's disease who suddenly lost feeling in her left hand had to wait five months to see a rheumatologist after her physician told her that she needed urgent testing; and
- Georgia health care providers report that delayed care due to unaffordable health care costs is causing life-threatening conditions to go untreated, including a surgeon who reports that more patients are "at death's door" before he can treat their conditions.

Senator Ossoff's investigation into rising health care costs is active and ongoing. If you are a Georgia patient or provider who wishes to speak with a member of the Senator's staff, please visit Ossoff.senate.gov/HealthStory.

II. Background

On December 31, 2025, Republicans allowed the enhanced ACA tax credits to expire, leading to monthly premium payments increasing for Georgians who have ACA marketplace exchange health insurance plans ("exchange plans"). Public reports indicate that Georgia hospitals and health care providers are projected to lose billions of dollars in 2026 because the enhanced ACA tax credits expired[1], and, as of April 2026, 350,000 Georgians have reportedly lost insurance altogether.[2]

III. Findings

Since January 2026, the Senator's staff has received dozens of reports from Georgia patients and providers that their health care costs have skyrocketed, forcing Georgians to cut back on their budgets in order to keep their health insurance, to pay higher costs for less coverage, and, in some cases, to lose their insurance altogether. Additionally, both Georgia patients and providers report that changes to plan coverage and benefits have forced patients to forgo or to delay medically necessary health care, leading to untreated urgent conditions.

A. Georgia Patients Report Skyrocketing Health Care Costs since the Enhanced ACA Tax Credits Expired

Since the enhanced ACA tax credits expired at the end of 2025, Georgia patients on exchange plans are facing increased monthly premiums, deductibles, out-of-pocket maximums, and medication costs. These increased costs have forced Georgia patients to cut back on other items to keep their health insurance, to pay higher costs for less coverage, and, in some cases, to lose their insurance altogether.

- Holly Personius and her husband, Paul Medlock, based in Atlanta, paid a monthly premium of $1,770.18 in 2025 for their Cigna Bronze Plan. In 2026, their premium jumped to a $2,737.44 monthly premium for that Bronze plan. Mrs. Personius reports that "we downgraded from previous Silver and Gold plans to a more expensive Bronze plan with less coverage," and that their deductibles have become so high that they fear "being surprised

1 https://www.ajc.com/news/2025/09/report-georgia-health-sector-to-lose-37b-in-2026-as-aca-subsidies-end/.
2 https://www.ajc.com/politics/2026/04/georgians-enrolled-in-aca-exchange-plummet-after-subsidies-expire/.

with a $50,000 medical bill if something goes wrong." Mr. Medlock was recently diagnosed with prostate cancer, and the couple is concerned that their costs will continue to rise should he need treatment.

• Deborah Tolson, based in Alpharetta, reported that her monthly health insurance premium in 2025 was $63 for three people: herself, her husband, and her daughter. As of January 2026, that same plan's monthly premium reportedly increased to $1200—a 1,804% increase—for only her and her daughter. Her husband disenrolled from the plan and has been uninsured since January, since covering all three family members would have reportedly increased their monthly premium to over $2,000. He became eligible for Medicare in March, but his coverage will not begin until June. "All this stress for a basic plan," Mrs. Tolson reports, "which doesn't even cover routine screenings, like colonoscopies or mammograms, with doctors in our area." Mrs. Tolson and her husband have "indefinitely" delayed their retirement plans due to rising health care costs.

• Molly Belviso, based in Atlanta, reported that the deductible for her marketplace health insurance plan increased 900% between 2025 and 2026. She reported that in 2025, her deductible was $800 and her out-of-pocket maximum was $3,100. In 2026, her deductible was $8,000, her out-of-pocket maximum was $10,150, and she further reports that the price of her blood pressure medication "quadrupled." Due to this increased cost and facing a higher monthly premium, she decided to disenroll from her marketplace insurance plan in January, later enrolling in a different plan later in the spring. Moreover, she reports suffering from repetitive motion injuries and that the orthopedic treatment she previously received is no longer covered by her new plan.

• Sarita, based in Midland, reported that, in 2025, she paid a $12 monthly premium for her exchange plan. She learned last December that her premium under that same plan would increase to $1,083—an 8,925% increase. She reported that she could not afford her new premium and that she disenrolled from her plan. However, she fractured her ankle in October 2025 and needed to see a specialist. She sought to re-enroll in her plan in February 2026 but learned that her previous plan no longer existed. Instead, she enrolled in the "cheapest available" plan, which had a monthly premium of $1,500 and $50 copay costs. Sarita did not have co-pay costs under her previous plan. She can no longer afford to see the ankle specialist and is forgoing treatment. She also reports that she is now unable to afford

adequate groceries, is struggling to afford her mortgage payments and gas, and has applied for food stamps to afford her health insurance. She feels that she is "one accident away from a catastrophe."

- Another Georgia patient reported that she disenrolled from her exchange plan in December 2025 and that she remains uninsured as of April 2026 due to unaffordable premiums and lacking coverage for emergency room visits. Her son suffers from recurring umbilical hernias and a recent bleeding umbilical abscess, but she and her son now treat the condition at home since an emergency room visit would be costly for the family. She also reported that she has injured her back and is experiencing severe hot flashes due to menopause but that she cannot seek treatment or medication due to unaffordable costs, as high as $625 per month. She also recently paid $400 out-of-pocket for a skin biopsy.
- A Georgia woman who is a student reported that her father, who was her family's sole economic provider and health insurance policyholder, died last year, and her family is now struggling to afford care without his coverage. Although her family was covered by COBRA through her father's former employer, that coverage expired at the end of May 2026, and it would cost around $2,000 per month to continue coverage. The woman and her sister each have a congenital birth defect leaving both with only one kidney, which requires ongoing screening and treatment. A Georgia Access plan would have reportedly cost $1,200 per month but would have significantly reduced the family's benefits. As a result, the woman reports, her family has needed to continue paying for the COBRA plan.

B. Georgia Patients Report Delays in Accessing Medically Necessary Health Care due to Insurance Plans Narrowing their Coverage and Benefits

Georgia patients have reported that narrowing coverage and benefits on exchange plans has forced them to forgo medically necessary health care or has delayed their urgent tests, appointments, and treatments.

- Nicole Kelly, based in Atlanta, is diagnosed with lupus, Raynaud's disease, and scleroderma. She reported that her physician referred her to a rheumatologist for urgent testing in December 2025 after she suddenly lost feeling in her left hand. However, her monthly premium under her exchange plan reportedly rose from $254 to $1,571 in January 2026, a 518.5% increase. Because she would be unable to afford this new premium, she

disenrolled from her plan and switched to a cheaper, new plan. However, her physician was no longer covered under her new plan, and the earliest she would be able to see a rheumatologist would be five months later in May 2026. Additionally, she would need to travel to Jonesboro or Kennesaw to see a rheumatologist covered by her new plan. "I'd be paying just as much as the old plan premium for transportation, time spent in traffic, and the premium on the new plan," she reported. Ms. Kelly tried to switch back to her old plan in mid-February, but the premium had shot up to $2,458.

- The Senator's staff received a report that the monthly premium for a nineteen-year-old who has endometriosis "skyrocketed" in 2026 and now represents 42% of her annual income. When she suffered severe pelvic pain, she reportedly chose not to seek an urgent medical evaluation because she could not afford the out-of-pocket cost.

C. Georgia Providers Report that Delayed Access to Medically Necessary Care Has Led to Life-Threatening Conditions

Georgia health care providers have reported to the Senator's staff that rising health care costs and changes to coverage have delayed their patients' medically necessary care, including routine primary care, cancer screenings and monitoring, procedures, and surgery, leading to life-threatening risks and severe pain and additional symptoms.

- A Georgia surgeon, Dr. Marwan Kazimi, reported that for many of his patients on exchange plans, their previously scheduled surgeries are no longer covered as of January 2026, forcing them to delay critical care. "More of my patients are at death's door," he says, before he can treat them.

- Similarly, a physician at a rural hospital reported that, "exchange plan coverage has decreased since the [enhanced ACA tax credits] expired, and people can no longer afford routine, preventive care. Instead, patients are forced to delay their care and eventually end up in our emergency room in very severe states of suffering."