

More Costs, Less Care: The Republican “Plans” for Health Care

I. Executive Summary

At a time when we already pay, by far, the highest prices in the world for health care, premiums for over 20 million Americans under the Affordable Care Act (ACA) are about to double, on average, as enhanced premium tax credits expire. In some cases, premiums will triple or quadruple.

Despite controlling the House, the Senate, and the White House, Republicans have offered no meaningful solutions to lower health insurance premiums.

- **Senator Bill Cassidy (R-La.) and Senator Mike Crapo (R-Id.)** proposed redirecting the value of the enhanced premium tax credits into health savings accounts, and enrolling people in high-deductible “bronze” plans under the ACA that can increase out-of-pocket costs by tens of thousands of dollars for working families who need care. Senate Republicans are expected to hold a vote on this bill this week.
- **President Trump** previously posted on social media that the money for premium tax credits “BE SENT DIRECTLY TO THE PEOPLE SO THAT THEY CAN PURCHASE THEIR OWN, MUCH BETTER, HEALTHCARE.” **Senator Rick Scott (R-Fl.)** introduced a version of this proposal that would allow states to apply to redirect the *full value* of the premium tax credits into health savings accounts while expanding access to unregulated “junk” insurance plans that offer few protections.

The Republican proposals are all rooted in decades of conservative thinking that treats health care as a commodity – not a right. Under the Republican vision, if patients were able to choose and “shop” for health care, they could purportedly find the “best deal.” What would this mean for the health of the American people?

Senator Bernie Sanders, Ranking Member of the Senate Health, Education, Labor and Pensions Committee (HELP Committee), directed his staff to “shop” for health care services and junk insurance plans the way working families may be forced to under the Republican proposals.

Key Findings Include:

- Under the **Cassidy-Crapo** plan, Americans could be enrolled in ACA plans that require them to pay tens of thousands of dollars more out-of-pocket for medical care. Without extending enhanced premium tax credits, enrolling working families in “bronze” plans over “silver” plans under the ACA could substantially increase how much Americans pay out-

of-pocket—even with health savings accounts funded with \$1,000 or \$1,500 as Cassidy and Crapo have proposed. For example:

- **A healthy couple in Miami, Florida making \$85,000 could pay \$21,654 more in premiums alone under the Cassidy-Crapo plan.**
 - **A family of four living in Olathe, KS making \$45,000 could pay \$4,500 more for surgery after a heart attack (angioplasty) under the Cassidy-Crapo plan.**
 - **A 46-year-old living in New Orleans, Louisiana making \$32,000 could pay \$2,560 more for breast cancer treatment and premiums under the Cassidy-Crapo plan.**
- Under the **Trump** plan, Americans who buy health care directly could end up paying hundreds of thousands of dollars. Cash subsidies—assuming a \$6,500 subsidy based on the full average per-person tax credit in 2025¹—would provide little relief.

Table 1: Prices for select conditions and medical procedures at select hospitals

Condition (Procedure)	State	Hospital	List price	Cash price	Trump Price
Breast cancer (Mastectomy + Keytruda infusions) ²	Kansas	Ascension Via Christi St. Francis	\$306,211	\$246,236	\$239,736
Heart attack (Angioplasty)	Louisiana	Northern Louisiana Medical Center	\$138,557	\$76,203	\$69,703
Gallstones (Gallbladder removal)	Washington	Pullman Regional Hospital	\$28,376	\$24,119	\$17,619
Giving birth (Cesarean section)	Florida	Tallahassee Memorial Healthcare	\$37,439	\$26,200	\$19,700
Sports injury (ACL repair)	New Hampshire	Portsmouth Regional Medical Center	\$45,835	\$45,835	\$39,335

- Under the **Trump** plan, Americans could be forced to purchase dangerous "junk" plans that offer few protections. Junk plan applications come with federal warning labels that the plan may not cover needed medical expenses. Junk plans also deny coverage and charge higher premiums to people with pre-existing conditions, which may force them to pay cash prices.

¹ "Estimated Total Premium Tax Credits Received by Marketplace Enrollees." KFF (2025).

<https://www.kff.org/affordable-care-act/state-indicator/average-monthly-advance-premium-tax-credit-aptc/>

² Cash price for a total mastectomy at Ascension Via Christi St. Francis is \$39,948. List price of Keytruda according to NAVLIN is \$206,252. Keytruda's manufacturer, Merck, on their patient assistance website suggests cash pay patients may pay list price. <https://www.keytruda.com/financial-support/>

Figure 1: Warning label for short term limited duration insurance plan, Federal Register

IMPORTANT: This is a short-term, limited-duration policy, NOT comprehensive health coverage	
This is a temporary limited policy that has fewer benefits and Federal protections than other types of health insurance options, like those on HealthCare.gov.	
This policy	Insurance on HealthCare.gov
Might not cover you due to preexisting health conditions like diabetes, cancer, stroke, arthritis, heart disease, mental health & substance use disorders	Can't deny you coverage due to preexisting health conditions
Might not cover things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy & more	Covers all essential health benefits
Might have no limit on what you pay out-of-pocket for care	Protects you with limits on what you pay each year out-of-pocket for essential health benefits
You won't qualify for Federal financial help to pay premiums & out-of-pocket costs	Many people qualify for Federal financial help
Doesn't have to meet Federal standards for comprehensive health coverage	All plans must meet Federal standards
Looking for comprehensive health insurance? • Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options. • To find out if you can get health insurance through your job, or a family member's job, contact the employer.	
Questions about this policy? For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."	

The reality is that nobody chooses to have a heart attack or get hit by a car. Medical needs are unpredictable and can cost hundreds of thousands of dollars, as this report finds. The function of health insurance is to share the risk of these unexpected and expensive events across millions of people, so that the financial burden of catastrophic illness or injury does not fall on any one individual. Comprehensive coverage also ensures that patients do not skip preventive health care, delaying routine check-ups until they get sicker and need more expensive care. Premiums protect everyone. But neither the Cassidy-Crapo nor Trump plan extend the ACA enhanced premium tax credits, meaning premiums will more than double, on average, for 20 million people.

In the short term, we must extend the ACA tax credits to prevent massive premium increases. We also need to rescind the \$1 trillion in cuts to Medicaid and the ACA so that 15 million Americans do not lose their health care coverage. In the longer term, we should move toward a Medicare for All system that guarantees health care as a human right and ensures that no one faces financial ruin because they get sick.

I. Under the Cassidy-Crapo plan, Americans could be enrolled in ACA plans that require them to pay tens of thousands more out-of-pocket for medical care

Senators Cassidy and Crapo's Proposal

For months, Senator Cassidy of Louisiana has proposed eliminating the enhanced premium tax credits and providing patients and families with pre-funded health savings accounts instead.³ In a floor speech, he said, "Every eligible American would receive a Federally Pre-Funded Flexible Spending Account. It would not pay insurance premiums. Instead, it would pay for the care that families actually use."⁴

On December 8th, Senators Cassidy and Crapo introduced legislation that would establish health savings accounts for ACA bronze and catastrophic plans and pre-fund those accounts with \$1,000 for adult enrollees under 50 and \$1,500 for enrollees 50 and over.⁵

The Cassidy-Crapo proposal would be disastrous for any family with even modest medical needs. The Cassidy-Crapo proposal:

- 1. Increases out-of-pocket medical costs:** While bronze and catastrophic plans currently have lower premiums, they come with much higher out-of-pocket costs, like deductibles, copays and coinsurance and are not eligible for cost-sharing reductions.⁶ The national average deductible for a bronze plan is \$7,500. The national average deductible for a catastrophic plan is set as the out-of-pocket maximum, which is \$10,600.⁷ Under the Cassidy-Crapo proposal, the approximately 17 million people with "gold" and "silver coverage" would be forced to choose between plans with lower deductibles and out-of-pocket maximums or receiving the prefunded proposed savings accounts.

A \$1,000 or \$1,500 pre-funded account could be thousands of dollars less than the increase in deductibles that consumers would need to pay for medical care. For example, forcing consumers to switch from silver to bronze coverage would increase their deductible by over \$2,000, on average, for individuals who do not get cost-sharing reductions. For the lowest income consumers who do get cost-sharing reductions, their deductible could increase from \$80, on average, to nearly \$7,500, on average.⁸

³ Haslett, et al. "Cassidy pitches new health care plan in line with Trump's." Politico (2025).

<https://www.politico.com/live-updates/2025/11/17/congress/cassidy-fund-hsas-trump-aca-subsidies-00655213>

⁴ "Cassidy Delivers Floor Speech to Demand End to Shutdown, Call for Action to Lower Health Costs for American Families." Bill Cassidy, M.D. (2025). <https://www.cassidy.senate.gov/newsroom/press-releases/cassidy-delivers-floor-speech-to-demand-end-to-shutdown-call-for-action-to-lower-health-costs-for-american-families/>

⁵ "The Health Care Freedom for Patients Act." Senate Finance Committee (2025).

finance.senate.gov/download/health-care-freedom-for-patients-act-overview

⁶ "The Health Care Freedom for Patients Act." Senate Finance Committee (2025).

finance.senate.gov/download/health-care-freedom-for-patients-act-overview

⁷ "What is a Catastrophic Health Plan?" KFF (2025). <https://www.kff.org/faqs/faqs-health-insurance-marketplace-and-the-aca/marketplace-health-plans-and-premiums/what-is-a-catastrophic-health-plan/>

⁸ "Deductibles in ACA Marketplace Plans, 2014-2026." KFF (2025).

<https://www.kff.org/affordable-care-act/deductibles-in-aca-marketplace-plans/>

2. **Further increases premiums for 10 million people:** The Cassidy-Crapo proposal ends “silver loading”—a policy that would increase premiums for 10.6 million ACA enrollees by about \$1,400.⁹ In many cases, the loss of the enhanced premium tax credits and ending “silver loading” means that the net premiums for higher deductible bronze plans are not cheaper than silver or gold coverage.
3. **Excludes children:** While enhanced premium tax credits are available to children, the Cassidy-Crapo plan does not grant HSA funds to children, so a family of four with two minor children would receive an HSA merely worth \$2,000, rather than \$4,000.
4. **Expands the sale of plans with extremely high deductibles:** The Cassidy-Crapo plan lets insurers sell plans with individual deductibles as high as \$10,000 to anyone.
5. **Arbitrarily caps benefits:** The bill places an arbitrary cap on federal expenditures, meaning that the federal government could run out of funds to populate enrollees’ HSAs.

To more fully examine the increase in costs possible under the Cassidy-Crapo proposal, HELP Minority Staff shopped for plans on healthcare.gov to assess differences in prices and cost-sharing across plan metal tiers (e.g., households switching from silver plans in 2025 to bronze plans in 2026). In each case, staff picked silver and bronze plans with similar designs and from the same insurance carriers to estimate costs. Staff then calculated the differences in premiums and out-of-pocket costs for the sample households with select health costs. Staff reduced the out-of-pocket burden for each household by \$1,000 or \$1,500 (depending on their ages) per adult to account for Cassidy-Crapo’s proposed new health savings accounts that could be used for health services but not health insurance premiums under current law.

Impact

Florida

A couple in their 60s in Miami Florida making \$85,000 per year would see their premiums increase more than \$1,800 per month, despite downgrading from a silver plan to a bronze plan. The original silver plan had a \$0 deductible and an \$18,400 out-of-pocket maximum. Their new bronze plan would have \$7,700 deductible and a \$21,200 out-of-pocket maximum. In other words, under their new bronze plan, if they have any medical expenses, they will owe \$7,700 on top of their nearly \$30,000 in premiums, before their insurance coverage even kicks in.

⁹ Dorn, Stan. Substack (2025). “House budget bill raises premiums for more than 10 million people who buy their own ACA health insurance.” <https://substack.com/home/post/p-164533308>

Table 2: Silver and bronze plans for a 60-year-old couple living in Miami, FL making \$85,000 per year

2025

AmeriHealth Caritas Next

[AmeriHealth Caritas Next Silver Premier + No Referrals](#)

Silver | HMO | Plan ID: 67926FL0010007 | Rating New plan - Not rated

Premium

\$677.48/month

Including a \$1,776 tax credit was \$2,453.48

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$0

Family total (health & drug combined)

Out-of-pocket maximum

\$18,400

Family total

You pay

Primary care

\$55 per visit from day 1

Specialist care

\$110 per visit from day 1

Urgent care

\$80 per visit from day 1

Emergency room

50%

Outpatient mental health

\$55 per visit from day 1

Generic drugs

\$35

[View plan details](#) for full list of benefits, limits, and exclusions.

2026

AmeriHealth Caritas Next

[AmeriHealth Caritas Next Bronze Premier + No Referrals](#)

Bronze | HMO | Plan ID: 67926FL0010006 | Rating New plan - Not rated

Premium

\$2,482.04/month

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$7,700

Family total (health & drug combined)

Out-of-pocket maximum

\$21,200

Family total

You pay

Primary care

\$40 per visit from day 1

Specialist care

\$100 per visit from day 1

Urgent care

\$75 per visit from day 1

Emergency room

50% coinsurance after deductible

Outpatient mental health

\$40 per visit from day 1

Generic drugs

\$25

[View plan details](#) for full list of benefits, limits, and exclusions.

Even if this couple had no health costs throughout the entire year, **they would still owe \$21,654 more in premiums next year due to the loss of the enhanced premium tax credits.** By law, they would not be able to spend the \$3,000 in savings account funds on premiums. However, even if they could spend this money on premiums, they would still be much worse off next year.

Louisiana

A 46-year-old making \$32,000 a year in New Orleans would experience a less dramatic premium jump—about \$5 per month--next year if they switched from a silver to a bronze plan. However, if they need any medical care, they will end up paying far more in 2026. Their deductible would

more than double from \$1,500 to \$3,800 and their out-of-pocket maximum would increase from \$7,000 to \$10,500. Their copays for primary care, specialist, and mental health visits would each double.

Table 3: Silver and bronze plans for a 33-year-old living in New Orleans, LA making \$32,000 per year

2025

Ambetter from Louisiana Healthcare Connections

Elite Silver + Vision + Adult Dental

Extra savings

Silver

EPO

Plan ID: 90787LA0020012

Rating

New plan - Not rated

Premium

\$130.76/month

Including a \$488 tax credit was \$618.76

Estimated total yearly cost

Add yearly cost

Deductible

\$1,500

Individual total Health: \$0

Drug: \$1,500

Out-of-pocket maximum

\$7,000

Individual total

You pay

Primary care

\$30 per visit from day 1

Specialist care

\$60 per visit from day 1

Urgent care

\$50 per visit from day 1

Emergency room

50%

Outpatient mental health

\$30 per visit from day 1

Generic drugs

\$3

View plan details

for full list of benefits, limits, and exclusions.

2026

Ambetter from Louisiana Healthcare Connections

Elite Bronze + Vision + Adult Dental

Bronze

EPO

Plan ID: 90787LA0020002

Rating

New plan - Not rated

Premium

\$135.77/month

Including a \$503 tax credit was \$638.77

Estimated total yearly cost

Add yearly cost

Deductible

\$3,800

Individual total Health: \$0

Drug: \$3,800

Out-of-pocket maximum

\$10,500

Individual total

You pay

Primary care

\$60 per visit from day 1

Specialist care

\$120 per visit from day 1

Urgent care

\$65 per visit from day 1

Emergency room

\$2500

Outpatient mental health

\$60 per visit from day 1

Generic drugs

\$3

View plan details

for full list of benefits, limits, and exclusions.

Consider if this enrollee has an unexpected medical event. About 1 in 65 women are diagnosed with breast cancer in their 40s.¹⁰ With insurance, the costs for breast cancer surgery, alone, excluding all other treatment would exceed the individual out-of-pocket maximum for both the

¹⁰ “Breast Cancer Risk in American Women.” National Cancer Institute (2025).
<https://www.cancer.gov/types/breast/risk-fact-sheet>

silver and bronze plans, \$7,000 and \$10,500, respectively.¹¹ Given the bronze plan’s higher cost sharing, even with \$1,000 in a savings account, under the Cassidy-Crapo plan, the enrollee would be paying about \$2,560 more for health care in both premiums and out-of-pocket costs.

Kansas

A family of four making \$45,000 per year in Olathe, KS would have access to low- or no-premium plans in both 2025 and 2026.¹² In 2025, the family could enroll in a \$0 premium silver level plan with no deductible and a \$4,000 out-of-pocket maximum. If they dropped down to a bronze plan in 2026, they could still enroll in a \$0 premium plan, but the quality of the plan would be much lower. Their deductible would go from \$0 to \$15,000 and their out-of-pocket maximum would increase \$16,000 per year from \$4,000 to \$20,000 – nearly half the family’s income.

Primary care visits would go from no charge to \$50 per visit; specialist visits would go from \$10 per visit to \$100 per visit. In all, even with a modest HSA account, the family could be on the hook for tens of thousands of dollars more in medical expenses next year.

Table 4: Silver and bronze plans for a family of four living in Olathe, KS making \$45,000 per year

2025			
Ambetter from Sunflower Health Plan Standard Silver Extra savings Easy pricing Silver EPO Plan ID: 34368KS0110069 Rating ★★★★★			
Premium \$0.00 /month Including a \$2,475 tax credit was \$2,474.70	Estimated total yearly cost Add yearly cost	Deductible \$0 Family total (health & drug combined)	Out-of-pocket maximum \$4,000 Family total
You pay			
Primary care	No charge		
Specialist care	\$10 per visit from day 1		
Urgent care	\$5 per visit from day 1		
Emergency room	25%		
Outpatient mental health	No charge		
Generic drugs	No charge		

¹¹ The national average price of a mastectomy is over \$23,000. With 50% co-insurance for inpatient or outpatient surgery, the enrollee would exceed their individual out-of-pocket maximum. See HCCI: <https://www.healthprices.org/partial-mastectomy-single-breast/national>

¹² In this scenario, the family of four has two dependent adult children 18 or over.

Ambetter from Sunflower Health Plan

[Standard Expanded Bronze](#)

Easy pricing | Bronze | EPO | Plan ID: 34368KS0110068 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$0.00 /month	Add yearly cost	\$15,000	\$20,000
Including a \$2,889 tax credit was \$2,433.98		Family total (health & drug combined)	Family total

You pay

Primary care	\$50 per visit from day 1
Specialist care	\$100 per visit from day 1
Urgent care	\$75 per visit from day 1
Emergency room	50% coinsurance after deductible
Outpatient mental health	\$50 per visit from day 1
Generic drugs	\$25

[View plan details](#) for full list of benefits, limits, and exclusions.

The individual out-of-pocket for the silver plan is \$2,000, while the individual out-of-pocket for the bronze plan is \$10,500. In the event of a heart attack, for example, the cost of emergency care and procedures would well exceed the individual out-of-pocket maximums for both plans.¹³ In this scenario, even with \$4,000 in an account under the Cassidy-Crapo plan, the family enrolled in the bronze plan would owe \$4,500 more than if they were enrolled in the silver plan.

II. Under Trump's plan, Americans who buy health care directly could end up paying hundreds of thousands of dollars or be forced to purchase dangerous "junk" plans that offer few protections.

President Trump's Proposal

At first, President Trump posted on Truth Social that he'd prefer to replace health insurance with checks to pay for health services. Writing on Truth Social on November 8th, the President said, "I am recommending to Senate Republicans that the Hundreds of Billions of Dollars currently being sent to money sucking Insurance Companies in order to save the bad Healthcare provided by ObamaCare, BE SENT DIRECTLY TO THE PEOPLE SO THAT THEY CAN PURCHASE THEIR OWN, MUCH BETTER, HEALTHCARE, and have money left over."¹⁴

¹³ The national average price of an inpatient angioplasty is over \$37,000. The out-of-pocket obligations of the families in either scenario would hit the out-of-pocket maximum. See HCCI: <https://www.healthprices.org/coronary-angioplasty-with-drug-eluting-stent-inpatient/national>

¹⁴ Donald J. Trump. (@realDonaldTrump). "I am recommending to Senate Republicans that the Hundreds of Billions of Dollars currently being sent to money sucking Insurance Companies in order to save the bad Healthcare provided by ObamaCare, BE SENT DIRECTLY TO THE PEOPLE SO THAT THEY CAN PURCHASE THEIR OWN, MUCH BETTER, HEALTHCARE, and have money left over. In other words, take from the BIG, BAD Insurance Companies, give it to the people, and terminate, per Dollar spent, the worst Healthcare anywhere in the

In a subsequent post, President Trump suggested he would send a check to Americans so they could negotiate with health insurance companies themselves, writing, “THE PEOPLE WILL BE ALLOWED TO NEGOTIATE AND BUY THEIR OWN, MUCH BETTER, INSURANCE.”¹⁵ Trump appeared to be proposing that consumers could buy unregulated junk health plans. Senator Rick Scott introduced legislation that would allow consumers to do just this.

Senator Scott’s Proposal

In mid-November, Senator Rick Scott of Florida released the “More Affordable Care Act” to put a version of President Trump’s ideas into legislation.¹⁶ The proposal would let states apply for Federal waivers to redirect the full value of the premium tax credits into HSAs termed, “Trump Freedom Accounts,” and stand-up alternative exchanges that would sell lower cost junk health plans that are not required to meet the basic standards for protecting individuals with pre-existing conditions required of plans sold on ACA marketplaces.

Impact of Buying Health Care Services Directly

Medical needs are unpredictable. No one without insurance who relies on their health savings account can foresee being diagnosed with cancer later that year or suffering a sports-related injury like tearing an ACL. In fact, one in five adults wind up needing to visit the emergency department at least once in a given year.¹⁷ Without adequate coverage, patients could be on the hook for thousands of dollars just for a single procedure or drug. Yet nearly 4 in 10 Americans lack the financial savings to afford a \$400 emergency expense.¹⁸

What would it cost for Americans to access health care services if they lost their health insurance? To find out, HELP Minority Staff “shopped” for health care services using hospital price transparency tools available on hospital websites in a sample of six states: Florida, Kansas, Louisiana, New Hampshire, Vermont¹⁹ To select hospitals, staff compiled lists of all hospitals in each selected state and used a number generator to randomly select hospitals. When the price of a service was not available, staff repeated the random selection of a hospital until a price was available. Staff collected the gross charges for a service (“list price”) and the discounted cash

World, ObamaCare. Unrelated, we must still terminate the Filibuster!” Truth Social (2025). <https://truthsocial.com/@realDonaldTrump/posts/115514453574326959>

¹⁵ Whitney Curry Wimbish. “Panic Tears Through U.S. as Health Insurance Costs Spike.” The American Prospect (2025). <https://prospect.org/2025/11/21/affordable-care-act-health-insurance-costs-spike/>

¹⁶ “Sen. Rick Scott Introduces Bill to Fix Obamacare and Drive Down Health Care Costs.” Rick Scott (2025). <https://www.rickscott.senate.gov/services/files/A825A3CA-ADE1-4E2D-8F5D-7E98D65BA27A>

¹⁷ Andrew J. Weiss, H. Joanna Jiang. “Most Frequent Reasons for Emergency Department Visits, 2018.” Agency for Healthcare Research and Quality (2021). <https://hcup-us.ahrq.gov/reports/statbriefs/sb286-ED-Frequent-Conditions-2018.pdf>

¹⁸ Board of Governors of the Federal Reserve System. “Report on the Economic Well-Being of U.S. Households in 2024 - May 2025.” Federal Reserve System (2025). <https://www.federalreserve.gov/publications/2025-economic-well-being-of-us-households-in-2024-savings-and-investments.htm>

¹⁹ For cesarean section, HELP Minority Staff used hospital price estimator tools to identify the cost of a cesarean section in at least one hospital in each state and the District of Columbia.

price. When a discounted price was not shown, staff assumed no discounted cash price was available and used the list price for the cash price. Some hospitals gave estimates as ranges, with tens of thousands of dollars separating the lower and upper bounds of the estimates. In those instances, staff selected the lower bound of the estimate.

HELP Minority Staff also calculated the cost of prescription drugs using the NAVLIN database.

Cancer

About 2 million people are diagnosed with cancer each year in the United States, and the cost for treatment for cancer averages over \$100,000 per patient.²⁰ Even though patients with insurance likely pay far less than \$100,000 for cancer care, many cancer patients, both insured and uninsured, take on significant debt to pay for surgeries, medications, and caregiving expenses. As a result, 1 in 4 cancer patients has declared bankruptcy or foreclosed on a home because of medical debt.²¹

For patients with breast cancer—the most common new cancer diagnosis in the U.S. with over 300,000 annual new cases—treatment often involves surgery, radiation, targeted drug therapies and chemotherapy. In advanced stages, annual costs of treatment for breast cancer patients exceed \$190,000.²² The high costs have a real burden on breast cancer patients, 37 percent of whom report cutting back on basic necessities to afford treatment.²³

Without health insurance, these costs could be catastrophic.

Consider the cost of a mastectomy to treat breast cancer at Ascension Via Christi St. Francis in Wichita, Kansas. The cost of this surgical procedure is listed at \$99,959, with a cash price of about \$40,000. Doctors also prescribe Keytruda to treat patients with certain types of breast cancer both before and after surgery.²⁴ The list price for Keytruda is about \$206,000 per year. According to Merck, "If you don't have insurance coverage or your insurance does not cover your treatment with KEYTRUDA, you could pay an amount closer to the list price. . . plus any additional charges depending on where you receive your medicine."²⁵

²⁰ "Cancer Facts and Figures 2025." American Cancer Society (2025). <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf>; "Financial Burden of Cancer Care: Cancer Trends Progress Report." National Cancer Institute (2025). https://progressreport.cancer.gov/after/economic_burden

²¹ Noam N. Levey. "In America, Cancer Patients Endure Debt on Top of Disease." KFF (2025). <https://kffhealthnews.org/news/article/in-america-cancer-patients-endure-debt-on-top-of-disease/>

²² Loren Collado, Isaac Brownell. "The crippling financial toxicity of cancer in the United States." National Library of Medicine (2019). <https://pmc.ncbi.nlm.nih.gov/articles/PMC6783117/>

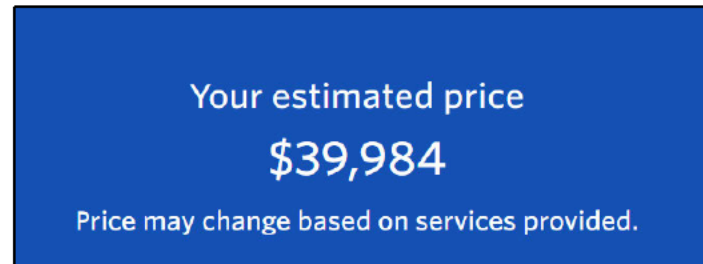
²³ Jen Uscher. "Special Report: The Cost of Breast Cancer Care." Breastcancer.org (2025). <https://www.breastcancer.org/managing-life/covering-cost-of-care/cost-of-care-report>

²⁴ "Keytruda." Merck & Co., Inc. (2025). <https://www.keytruda.com/triple-negative-breast-cancer/>

²⁵ "Financial Support." Merck & Co., Inc. (2025). <https://www.keytruda.com/financial-support/>

A breast cancer patient at a hospital in Kansas paying cash for treatment would be on the hook for \$246,000 for surgery and annual treatment with a single drug excluding any other costs associated with breast cancer treatment.

Figure 2: Cash price estimate of an inpatient mastectomy surgery at Ascension Via Christi St. Francis, Wichita, KS



Mastectomy prices on hospital websites had list prices from \$28,227 (Florida) to \$96,129 (Washington), with cash prices ranging from \$28,227 (Florida) to \$51,586 (New Hampshire).

Table 5: List and cash price of an inpatient total mastectomy at hospitals in five states²⁶

State	List price	Cash price	Trump Price	Hospital
Florida	\$28,227	\$28,227	\$21,727	Moffitt Cancer Hospital, Magnolia Campus
Kansas	\$99,959	\$39,984	\$33,484	Ascension Via Christi St. Francis
Louisiana	\$35,545	\$24,881	\$18,381	Baton Rouge General
New Hampshire	\$51,586	\$51,586	\$45,086	Catholic Medical Center
Washington	\$96,129	\$38,452	\$31,952	St. Michael Medical Center, Virginia Mason Franciscan Health

These figures do not include the cost of reconstructive surgery, which private insurance plans are legally obligated to cover, or the cost of other medications or follow-up diagnostic care that most patients with breast cancer require.²⁷

Urgent surgeries

Every year, 15 million Americans receive some type of surgery, planned or unplanned.²⁸ Surgeries are expensive, requiring patients to pay for pre-operative care, anesthesia, surgical fees, hospital facility fees, medications, post-operative care, and rehabilitation, with total costs sometimes running into hundreds of thousands of dollars. While many patients may plan ahead

²⁶ No price calculator in Vermont listed a total mastectomy

²⁷ “Your Rights After a Mastectomy.” Employment Benefits Security Administration (2025). <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/your-rights-after-a-mastectomy>

²⁸ “How Can I Be Strong for Surgery?” American College of Surgeons (2025). <https://www.facs.org/for-patients/preparing-for-surgery/strong-for-surgery/>

for surgeries, others may unexpectedly need surgery to treat an acute condition that develops quickly like gallstones or appendicitis.

About 1.2 million people have their gallbladder removed every year in the U.S.²⁹ Average costs for cholecystectomies (gallbladder removal) are substantial.

Gallbladder removal prices had list prices from \$22,848 (Vermont) to \$50,688 (Florida), with cash prices ranging from \$7,009 (Kansas) to \$26,126 (Louisiana).

Table 6: List and cash price of a laparoscopic cholecystectomy at hospitals in six states

State	List price	Cash price	Trump Price	Hospital
Florida	\$50,688	\$13,686	\$7,186	UHealth Tower, University of Miami Health System
Kansas	\$30,680	\$7,009	\$509	University of Kansas Health Systems - Great Bend Campus
Louisiana	\$28,903	\$26,126	\$19,629	Ochsner Health Baton Rouge Hospital
New Hampshire	\$37,092	\$11,499	\$4,999	Concord Hospital
Vermont	\$22,848	\$11,499	\$4,999	Central Vermont Medical Center
Washington	\$28,376	\$24,119	\$17,619	Pullman Regional Hospital

A patient in Baton Rouge who needs gallbladder removal surgery at Ochsner Baton Rouge Hospital would see a \$26,000 price tag on Ochsner Baton Rouge Hospital's website and would have just \$6,500 in their Trump HSA to offset it.

Figure 3: Cash price estimate of an inpatient cholecystectomy at Ochsner Baton Rouge Hospital, Baton Rouge, LA

You Pay		Reference #7215429
\$26,126		
Subtotal ⓘ		\$28,903
Discount ⓘ		-\$2,777

²⁹ Jones, et al. "Open Cholecystectomy." StatPearls (2023). <https://www.ncbi.nlm.nih.gov/books/NBK448176/>; Snyder, et al. "Acute Appendicitis: Efficient Diagnosis and Management." American Family Physician (2018). <https://www.aafp.org/pubs/afp/issues/2018/0701/p25.html>

Cardiovascular disease

Cardiovascular disease is the leading cause of death in the United States and a leading cause of health care expenses both to the health care system and to individuals.³⁰ Over 800,000 people have a heart attack and nearly 800,000 people have a stroke every year in the United States.³¹ Hospitalization for a heart attack or stroke can average tens of thousands of dollars and varies depending on the treatments required.³² Many people who have a heart attack have a stent placed in an artery through a procedure called an angioplasty.

Angioplasties had list prices ranging from \$31,864 (New Hampshire) to \$138,557 (Louisiana) and cash prices ranging from \$11,790 (New Hampshire) to \$76,203 (Louisiana).

Table 7: List and cash price of an angioplasty at hospitals in six states³³

State	List price	Cash price	Trump price	Hospital
Florida	\$89,357	\$58,082	\$51,582	Baptist Health Hospital Doral, South Florida
Kansas	\$63,061	\$63,061	\$56,561	Saint Luke's South Community Hospital at Legends
Louisiana	\$138,557	\$76,203	\$69,703	Northern Louisiana Medical Center
New Hampshire	\$31,864	\$11,790	\$5,290	Elliot Hospital
Washington	\$87,936	\$57,158	\$50,658	St. Joseph Medical Campus, PeaceHealth

A patient receiving an angioplasty at Baptist Health Hospital Doral in Doral, Florida could expect to pay \$58,000 for an inpatient angioplasty procedure after a heart attack, excluding all other care, such as a prescription for an anti-coagulant drug and rehabilitative care.

³⁰ Kazi, et al. "Forecasting the Economic Burden of Cardiovascular Disease and Stroke in the United States Through 2050: A Presidential Advisory From the American Heart Association." American Heart Association (2024).

<https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000001258>

³¹ "Heart Disease Facts." Centers for Disease Control and Prevention (2024).

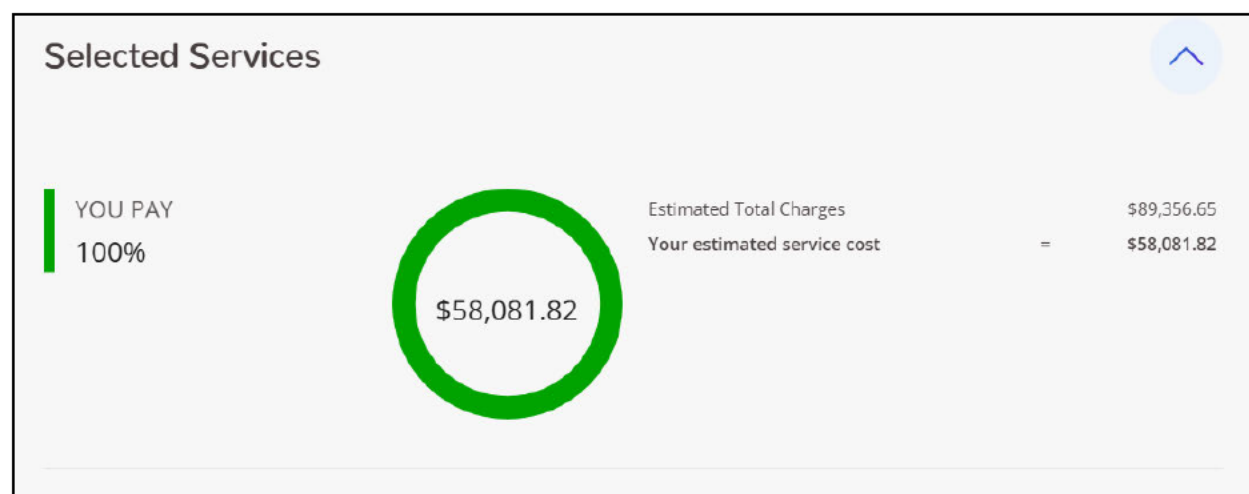
<https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>

³² Tajeu, et al. "Cost of Cardiovascular Disease Event and Cardiovascular Disease Treatment-Related Complication Hospitalizations in the United States." National Library of Medicine (2024).

<https://pubmed.ncbi.nlm.nih.gov/38328916/>

³³ No price calculator in Vermont listed an angioplasty

Figure 4: Cash price estimate of an inpatient percutaneous cardiovascular procedure with stent at Baptist Health Hospital Doral, South Florida



Sports injury

In 2024, 4.4 million people went to the emergency room for a sports-related injury.³⁴ One of the most common sports-related surgeries is an ACL repair surgery: approximately 400,000 are performed every year in the U.S.³⁵ In the six sample states, ACL reconstruction surgery prices were listed from \$12,253 (Florida) to \$71,813 (Kansas) with cash prices from \$12,253 (Florida) to \$57,432 (Louisiana).

Table 8: List and cash price of an ACL reconstruction at hospitals in six states³⁶

State	List price	Cash price	Trump price	Hospital
Florida	\$12,253	\$12,253	\$5,753	AdventHealth Altamonte Springs
Kansas	\$71,813	\$15,672	\$9,172	University of Kansas Hospital
Louisiana	\$57,432	\$57,432	\$50,932	Willis Knighton Health System North
New Hampshire	\$45,835	\$45,835	\$39,335	Portsmouth Regional Medical Center
Vermont	\$36,514	\$25,557	\$19,057	Brattleboro Memorial Hospital
Washington	\$41,908	\$41,908	\$35,408	Overlake Medical Center & Clinics

An ACL repair at Willis Knighton Health System in Shreveport, Louisiana costs an estimated \$57,432. This figure does not include costs for an emergency department visit, durable medical equipment (e.g., crutches), or additional rehabilitative services (e.g., physical therapy).

³⁴ “Sports and Recreational Injuries.” National Safety Council (2025).
<https://injuryfacts.nsc.org/home-and-community/safety-topics/sports-and-recreational-injuries/>

³⁵ Evans, et al. “Anterior Cruciate Ligament Knee Injury.” StatPearls (2023).
<https://www.ncbi.nlm.nih.gov/books/NBK499848/>

³⁶ No price calculator in Vermont listed an angioplasty

Figure 5: Cash price estimate of an ACL repair surgery at Willis Knighton Health System North, Shreveport, LA

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$57,432
Knee arthroscopy/surgery	VARIABLE	100%	Your Estimated Out-of-Pocket Cost: \$57,432	
General procedure services	\$43,011	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Coverage and payment options may exist for uninsured patients. Please contact us to learn more.	
General supporting services	\$3,377	100%		
Chorionic gonadotropin assay	\$90	33%		
Fluoroscope examination	\$784	8%		
X-ray exam of knee 1 or 2	\$510	6%		
Routine venipuncture	\$31	3%		
Complete cbc w/auto diff wbc	\$235	3%		

Impact of Buying “Junk” Plans

Trump and Scott’s proposal would allow states to undermine their own health insurance marketplaces, encouraging healthy people to go without insurance or to purchase junk insurance that will not cover their bills should they face an unexpected medical event. For people with pre-existing conditions, coverage in the ACA marketplaces would become increasingly expensive, and experts suggest that the plan could cause marketplaces to collapse in states that choose to waive ACA protections.³⁷ This could cause more patients to lose insurance and pay cash prices.

Junk plans are dangerous. Currently, some insurance companies sell a type of junk coverage called short-term, limited duration insurance plans that are not required to comply with federal consumer protections. As a result, they cover fewer services, reject patients with preexisting conditions, and have enormous deductibles and out-of-pocket maximums. In fact, these plans are required to come with a warning to consumers that they may not cover needed medical services--unlike ACA plans available on HealthCare.gov.

³⁷ Larry Levitt and Cynthia Cox. “The New ACA Repeal and Replace: Health Savings Accounts.” KFF (2025). <https://www.kff.org/affordable-care-act/the-new-aca-repeal-and-replace-health-savings-accounts/>

Figure 6: Warning label for short term limited duration insurance plan, Federal Register

**IMPORTANT: This is a short-term, limited-duration policy,
NOT comprehensive health coverage**

This is a temporary limited policy that has fewer benefits and Federal protections than other types of health insurance options, like those on HealthCare.gov.

This policy	Insurance on HealthCare.gov
Might not cover you due to preexisting health conditions like diabetes, cancer, stroke, arthritis, heart disease, mental health & substance use disorders	Can't deny you coverage due to preexisting health conditions
Might not cover things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy & more	Covers all essential health benefits
Might have no limit on what you pay out-of-pocket for care	Protects you with limits on what you pay each year out-of-pocket for essential health benefits
You won't qualify for Federal financial help to pay premiums & out-of-pocket costs	Many people qualify for Federal financial help
Doesn't have to meet Federal standards for comprehensive health coverage	All plans must meet Federal standards

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."

When Trump expanded the sale of this junk coverage during his first administration, the LA Times reported that one plan sold by UnitedHealth subsidiary Golden Rule Insurance,

excludes pregnancy and provides for a lifetime maximum benefit of only \$250,000. Remarkably, it won't cover hospital room, board or nursing services for patients admitted to a hospital on a Friday or Saturday, unless for an emergency or for necessary surgery the next day. (In other words, if you get sick, make sure you do so early in the week.)³⁸

Even today, these plans are allowed to deny coverage or charge higher premiums based on medical needs. The current application for one UnitedHealth short term plan sold in Florida includes questions that would deny coverage to millions of people, including questions such as:

- “Is any applicant currently pregnant, an expectant parent, in the process of adopting a child, or undergoing infertility treatment? **If yes, coverage cannot be issued.**”

³⁸ Michael Hiltzik. “Column: The fine print of those short-term health plans favored by Trump: Don’t get sick on a weekend.” Los Angeles Times (2018). <https://www.latimes.com/business/hiltzik/la-fi-hiltzik-short-term-insurance-20180426-story.html>

- “Within the last 5 years, has any applicant received medical or surgical consultation, advice, or treatment, including medication, for **any of the following**: blood disorders, liver disorders, kidney disorders, chronic obstructive pulmonary disorder (COPD) or emphysema, diabetes, cancer, multiple sclerosis, heart or circulatory system disorders (excluding high blood pressure), Crohn’s disease or ulcerative colitis, or alcohol or drug abuse or immune system disorders? **The person(s) named will not be covered under the policy/certificate.**”
- “During the past 12 months, has any applicant been advised to undergo any test (except for HIV test), treatment, hospitalization, or surgery which has not yet been completed or for which results have not yet been received? **The person(s) named will not be covered under the policy/certificate.**”³⁹

KFF reported that, in 2016, the top two insurers selling short-term, limited duration insurance only spent about 50 percent of collected premiums on medical claims.⁴⁰ In other words, nearly one in every two dollars paid by enrollees went to administrative costs, marketing, executive compensation, and profit. While actual benefits structures of short-term plans vary widely, one report found that a consumer with diabetes enrolled in an ACA plan would pay between \$3,000-\$9,000 less per year than a consumer in a short-term, limited duration plan. The same report estimated that a consumer in an ACA plan would pay between \$24,000-\$34,000 less for care after a heart attack than a patient in a short-term, limited duration plan.⁴¹

The first Trump administration solicited comments on a proposal to loosen restrictions on short-term plans. Many major insurers, who do not sell the unregulated plans, commented that loosening restrictions on the plans could cause people “to enroll in products that do not provide meaningful coverage for either a preexisting condition or a serious illness that develops after the policy is issued.”⁴² With the promotion of alternatives to the ACA, the second Trump administration seems poised to expand the use of junk plans as well.

III. Conclusion

Our current healthcare system is broken, dysfunctional and cruel. The Republican proposals would only make this situation worse by throwing millions of people off their health insurance and increasing health care costs at a time when Americans already pay, by far, the highest prices in the world. That is unacceptable.

³⁹ “Health Coverage: Individuals & Family.” United Healthcare (2025). <https://www.uhc.com/shop/individuals-families/en/quote/census?leadsourcename=UHC-Website-TriTermMedical&tfn=1-800-276-9071>

⁴⁰ Pollitz, et al. “Understanding Short-Term Limited Duration Health Insurance.” KFF (2018). <https://www.kff.org/affordable-care-act/understanding-short-term-limited-duration-health-insurance/>

⁴¹ Dane Hansen and Gabriela Dieguez. “The impact of short-term limited-duration policy expansion on patients and the ACA individual market.” https://media.milliman.com/v1/media/edge/images/millimaninc5660-milliman6442-prod27d5-0001/media/Milliman/PDFs/Articles/STLD-Impact-Report_20200219.pdf

⁴² Kris Haltmeyer. “RE: Short-Term, Limited-Duration Insurance (CMS-9924-P)” BlueCross BlueShield Association (2025). <https://www.regulations.gov/docket/CMS-2018-0015>

In the short term, we must extend the ACA tax credits to prevent massive premium increases. We also need to rescind the \$1 trillion in cuts to Medicaid and the ACA so that 15 million Americans do not lose their health care coverage. In the longer term, we should move toward a Medicare for All system that guarantees health care as a human right and ensures that no one faces financial ruin because they get sick.

V. Appendix

Childbirth

One of the most common reasons for hospital admission in the U.S. is pregnancy, and cesarean section deliveries are one of the most common surgeries for non-elderly adults. According to the Centers for Disease Control and Prevention (CDC), nearly 1-in-3 deliveries are performed by cesarean, totaling over 1.1 million deliveries in 2023.⁴³

Prices vary widely at hospitals across the country for cesarean deliveries. List prices range from \$19,569 (Arizona) to \$87,757 (Alabama), and cash prices range from \$7,895 (Mississippi) to \$61,847 (Nevada).

Table 9: Cost of a cesarean section at select hospitals by state

State	Hospital Name	List price	Cash price	Trump price
Alabama	Grandview Medical Center	\$87,757	\$21,062	\$14,562
Alaska	Bartlett Regional Hospital	\$23,706	\$20,151	\$13,651
Arizona	Tucson Medical Center	\$19,569	\$14,800	\$8,300
Arkansas	University of Arkansas for Medical Sciences Medical Center	\$27,107	\$10,843	\$4,343
California	Ronald Reagan UCLA Medical Center	\$53,897	\$29,643	\$23,143
Colorado	Medical Center of the Rockies	\$33,169	\$23,427	\$16,927
Connecticut	UConn John Dempsey Hospital	\$29,829	\$29,829	\$23,329
Delaware	Bayhealth Hospital	\$41,928	\$36,058	\$29,558
District of Columbia	GW Hospital	\$27,008	\$22,957	\$16,457
Florida	Tallahassee Memorial Healthcare	\$37,439	\$26,200	\$19,700
Georgia	Piedmont Newnan Hospital	\$52,119	\$15,636	\$9,136
Hawaii	Kapiolani Medical Center for Women & Children	\$35,611	\$21,367	\$14,867
Idaho	Portneuf Medical Center	\$37,114	\$22,268	\$15,768
Illinois	SSM Health Good Samaritan - Mt. Vernon	\$29,166	\$18,958	\$12,458
Indiana	IU Health North Hospital	\$17,161	\$17,161	\$10,661
Iowa	Mercy Medical Center Cedar Rapids	\$17,621	\$10,572	\$4,072
Kansas	University of Kansas Hospital	\$42,301	\$10,619	\$4,119
Kentucky	AdventHealth Manchester	\$13,004	\$13,004	\$6,504
Louisiana	St. Francis Medical Center	\$27,870	\$27,870	\$21,370
Maine	MaineHealth Maine Medical Center Portland	\$33,840	\$33,840	\$27,340
Maryland	University of Maryland Baltimore Washington Medical Center	\$12,744	\$12,489	\$5,989

⁴³ Winger, et al. "Health costs associated with pregnancy, childbirth, and infant care." KFF, Peterson Center on Healthcare (2025). <https://www.healthsystemtracker.org/brief/health-costs-associated-with-pregnancy-childbirth-and-postpartum-care/>; "Births – Method of Delivery." Centers for Disease Control and Prevention (2025). <https://www.cdc.gov/nchs/fastats/delivery.htm>

Massachusetts	Tufts Medical Center	\$25,752	\$22,690	\$16,190
Michigan	University Hospital Michigan Medicine	\$43,114	\$17,246	\$10,746
Minnesota	Hennepin Healthcare	\$32,599	\$14,670	\$8,170
Mississippi	Magnolia Regional Health Center	\$23,220	\$7,895	\$1,395
Missouri	University of Missouri Health Care	\$32,705	\$13,082	\$6,582
Montana	Providence St. Patrick Hospital	\$29,317	\$23,454	\$16,954
Nebraska	Grand Island Regional Medical Center	\$23,935	\$8,377	\$1,877
Nevada	Summerlin Hospital Medical Center	\$72,918	\$61,980	\$55,480
New Hampshire	Dartmouth Hitchcock Medical Center	\$53,314	\$16,314	\$9,814
New Jersey	Holy Name Medical Center Teaneck	\$18,249	\$18,249	\$11,749
New Mexico	Presbyterian Rust Medical Center	\$26,613	\$18,629	\$12,129
New York	Bellevue Hospital Center	\$16,719	\$10,779	\$4,279
North Carolina	Cape Fear Valley Medical Center	\$17,015	\$10,209	\$3,709
North Dakota	Sanford Medical Center Fargo	\$27,892	\$27,892	\$21,392
Ohio	Promedica Toledo Hospital	\$34,094	\$22,161	\$15,661
Oklahoma	SSM Health St. Anthony Hospital, Oklahoma City	\$23,873	\$12,414	\$5,914
Oregon	OHSU Hospital, Portland	\$46,403	\$30,162	\$23,662
Pennsylvania	PennState Health Milton S. Hershey Medical Center	\$15,483	\$15,483	\$8,983
Rhode Island	South County Hospital	\$11,226	\$11,226	\$4,726
South Carolina	HCA Healthcare Summerville Hospital	\$43,748	\$43,748	\$37,248
South Dakota	Sanford Hospital Bismarck	\$29,335	\$29,335	\$22,835
Tennessee	Vanderbilt University Medical Center	\$49,653	\$49,653	\$43,153
Texas	Nacogdoches Medical Center	\$52,253	\$52,253	\$45,753
Utah	University of Utah Health	\$31,112	\$21,778	\$15,278
Vermont	Central Vermont Medical Center	\$34,386	\$17,262	\$10,762
Virginia	UVA Health University Medical Center	\$46,273	\$27,764	\$21,264
Washington	Swedish Medical Center Redmond	\$46,786	\$22,457	\$15,957
West Virginia	United Hospital Center (Bridgeport)	\$26,772	\$16,709	\$10,209
Wisconsin	Froedtert Menomonee Falls Hospital	\$50,871	\$27,979	\$21,479
Wyoming	Campbell County Memorial Hospital	\$19,901	\$19,901	\$13,401