

Policy Changes in the Marketplaces: Monitoring Impacts

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Recent federal policy actions, including [H.R.1](#), the [2025 Marketplace Integrity and Affordability Rule](#), and the pending [expiration of the enhanced premium tax credits \(ePTCs\)](#), are poised to significantly reshape the health insurance landscape across all states. For example, H.R.1 [ends the availability of Marketplace subsidies for certain non-citizens](#) starting January 1, 2026. Additionally, the scheduled expiration of the enhanced tax credits has been cited as a [contributing factor to rising premiums](#) for plan year 2026, and changes within the new Integrity and Affordability rule [limit states' flexibility to tailor Marketplace conditions](#) to the needs of their consumers.

The combination of these changes are highly likely to raise premiums, lead to a [decline in health insurance coverage](#), and [increase administrative burdens](#). As open enrollment approaches, there is mounting interest in monitoring the effects of federal policy changes on Marketplace performance.

State-Based Marketplaces (SBMs) can be at the forefront of documenting how federal policy changes shape affordability, access, and coverage stability, as there is uncertainty about whether the Centers for Medicare & Medicaid Services will systematically report Marketplace impacts. Fortunately, SBMs already have a strong tradition of transparency and public reporting, including:

- Maintaining robust, interactive data dashboards or monthly reports (e.g., [Colorado](#), [Connecticut](#), [Kentucky](#), [Maryland](#), [Massachusetts](#), and [New Mexico](#)).
- Reporting metrics to their boards (e.g., the [District of Columbia](#), [Minnesota](#), and [Virginia](#)).
- Releasing periodic snapshots during open enrollment (e.g., [Maine](#) and [New Jersey](#)).
- Producing special reports on specific policy impacts (e.g., [Washington's](#) report on coverage transitions during the Medicaid continuous coverage unwinding and [Pennsylvania's](#) report detailing insights from the state's uninsured population).
- Publishing public use data files (e.g., [California](#), [Georgia](#), [Nevada](#), and [New York](#)).

SBMs have historically prioritized transparency by communicating monitoring and evaluation efforts with stakeholders. They can respond to recent policy changes in a similar fashion. By coordinating their monitoring efforts, enhancing demographic and impact reporting, and incorporating consumer perspectives, SBMs will provide critical insights during this pivotal moment.

As SBMs consider what to report and how, they should ground their efforts in the four priority strategies outlined in this issue brief:

- (1) Publishing a core set of enrollment, financial assistance, and customer service measures.
- (2) Investing in longer-term impact metrics that capture broader policy effects.
- (3) Incorporating targeted consumer surveys to understand lived experiences.
- (4) Pursuing sustained, longitudinal monitoring efforts through research and evaluation partnerships.

Taken together, these strategies balance short-term responsiveness with long-term rigor, enabling SBMs to both meet immediate stakeholder needs and build a deeper evidence base to assess the full impact of federal policy changes. This issue brief details each of these recommended priority actions for monitoring changes, including specific recommended measures, potential consumer experience topics to explore, and emphasis on collaboration and coordination across SBMs.

Priority One: Enrollment, Financial Assistance, and Customer Service Measures

To document the impacts of federal policy changes and communicate them effectively, SBMs should prioritize the regular reporting of a limited set of priority metrics (see Table 1 below for a set of recommended measures). Most, if not all, of these metrics are already collected by SBMs for internal operations or federal reporting, and many are already shared publicly in some format (as noted above). This means they can be readily adapted for broader stakeholder use with relatively low burden.

Priority metrics should be reported in a consistent, accessible format, either through interactive dashboards or static reports, depending on the SBM's capacity and resources. Reports should be designed with the following principles in mind to maximize both clarity and impact:

- **Focused and manageable.** While many SBMs collect and report a wide range of data to assess Marketplace performance, a limited set of priority metrics that most clearly illustrate the immediate effects of federal policy changes should be published. Focusing on particular metrics supports timeliness and helps ensure the data tell a clear story without overwhelming users.
- **Contextualized and framed.** Data alone cannot explain the impacts of major policy shifts. Reports should provide context and framing—through brief narratives, annotations, or links to related publications—that connect the metrics to the broader policy environment. For example, clarifying changes in eligibility and enrollment processes when presenting data can also help avoid unproven assumptions about enrollee choices or behaviors. Referencing [prior analyses or estimates of potential Marketplace impacts](#) can also help stakeholders interpret trends and understand their significance.
- **Standardized across states.** Coordination between SBMs to report common metrics in consistent formats will allow states to collectively tell a stronger and more unified story. Alignment enhances comparability, strengthens evidence, and increases the visibility of shared challenges.
- **Timely.** Given the magnitude of recent policy changes and the likely scrutiny of reporting by policymakers, advocates, consumers and the media, metrics should be updated frequently—at least monthly, but ideally bi-weekly during open enrollment.
- **Granular.** Where feasible, SBMs should include demographic breakdowns, as these details are likely to be of particular interest to advocates and others focused on the disproportionate impact of policy changes on specific populations. At a minimum, reporting should cover sex, age, federal poverty level, race and ethnicity, and geography. Where possible, states should also include additional information such as employment status, self-reported disability, citizenship, language preference, gender identity, and sexual orientation.
- **Longitudinal.** Metrics should not only capture point-in-time snapshots but also track trends over multiple reporting periods. Monitoring shifts in enrollment, subsidy receipt, and other priority metrics over time allows SBMs to identify both immediate effects and longer-term impacts. This can also work to highlight emerging issues and populations disproportionately affected.

Table 1. Recommended Priority Measures for Documenting the Impact of Federal Policy Changes on SBMs

Recommended Measure	Rationale
Enrollment Measures	
Total plan selections	Tracking total plan selections captures how many consumers have chosen a Marketplace plan during the open enrollment period, providing the earliest indicator of coverage trends.
Total effectuated enrollment	Tracking effectuated enrollment captures how many consumers ultimately maintain active, paid coverage. This measure reflects the real impact of reduced subsidies due to the expiration of the ePTCs and other policy changes, offering the clearest picture of coverage retention.
New enrollment	Reporting new enrollment helps capture whether consumers who are newly eligible or shopping for coverage are being deterred by higher premiums, shorter enrollment periods, or changes in subsidy receipt.
Automatic enrollment	Monitoring automatic enrollment shows whether consumers are able to retain coverage passively. Declines over time signal increased administrative complexity and barriers to maintaining coverage, which is likely to be notable when auto-enrollment is eliminated in 2028.
Enrollment by metal tier	Metal tier distribution shows whether affordability pressures are shifting consumers toward lower-value plans (e.g., bronze) or deterring enrollment in higher-value coverage, highlighting the real-world impact of premium increases and subsidy reductions.
Special enrollment period (SEP) enrollment	Tracking SEP enrollment captures how many consumers are gaining coverage midyear due to life changes or loss of other insurance. This measure reflects the Marketplace’s ability to serve as a safety net between open enrollment periods. The elimination of the monthly low-income SEP and new verification requirements are expected to reduce SEP access and increase administrative barriers. Monitoring SEP activity helps identify where these policy shifts are contributing to coverage gaps or delayed enrollments.

Recommended Measure	Rationale
Data matching issues (DMIs)	Monitoring the number and share of enrollees with outstanding DMIs, and the timeliness of their resolution, helps assess administrative burden and enrollment stability. Higher DMI rates or delayed resolution can indicate that new verification requirements or system changes are creating obstacles to maintaining or finalizing coverage, increasing the risk of disenrollment and gaps in care.
Financial Assistance Measures	
Percent of enrollees that receive subsidies	Monitoring the share of enrollees receiving subsidies documents the shrinking reach of federal financial support, especially for populations losing eligibility. This measure also helps quantify impacts on affordability.
Average subsidy amount	Reporting average subsidy amounts illustrates the degree to which federal financial support has diminished in the wake of ePTC expiration and helps connect policy changes to rising consumer premium contributions.
Average out-of-pocket premium	Tracking average out-of-pocket premiums for both subsidized and unsubsidized enrollees illustrates how policy changes are reshaping affordability across the Marketplace. Monitoring these trends helps quantify the real-world affordability pressures consumers face and the extent to which federal policy shifts costs from the federal government to households.
Call Center Operations Measures	
Average daily call center volume	Monitoring average daily call center volume provides insight into consumer demand for assistance and potential confusion or difficulty navigating the Marketplace. Spikes or sustained increases in call volume can indicate where policy shifts, such as loss of subsidies, higher premiums, or changes in eligibility, are creating barriers or uncertainty for enrollees.
Call center wait times	Tracking average call center wait times provides insight into the level of consumer difficulty navigating Marketplace processes. Longer waits can indicate increased confusion, documentation burdens, or system bottlenecks related to new verification requirements, subsidy changes, or enrollment disruptions.

Priority Two: Investing In Longer-Term Impact Measures

In addition to the priority metrics that reflect more immediate changes in enrollment and financial assistance, states should also consider investing in more sophisticated measures that quantify the effects of federal policy changes in the long term. These types of metrics are most impactful when summarized annually or compared to prior years, and SBMs should follow the same principles as

outlined for priority one metrics above, including providing narratives, context, and clear framing. Contextualized reporting helps stakeholders understand how longer-term trends in affordability, coverage, and administrative burden demonstrate the effects of federal policy changes.

Examples of longer-term impact measures to consider include:

- **Change in average net premium** by income.
- **Change in average deductible** by income.
- **Estimated premium support lost** due to ePTC expiration.
- **Change in the length of open enrollment** and its **effect on sign-ups**.
- **Number of people able to access a \$10 or less plan** compared to prior years.
- **Change in termination rates** and documented **reasons for terminations**.
- **Change in application completion rates** to capture barriers to enrollment.
- **Change in enrollment of lawfully present immigrants**, including coverage trends of different groups of lawfully present immigrants who will no longer be eligible for Marketplace subsidies.
- **Navigator and assister engagement metrics**, such as the number of consumers served and the types of support provided.
- **Change in the number of participating Marketplace carriers** within rating areas.
- **Additional operating costs incurred** by SBMs (e.g., IT/systems updates, communications, outreach, training for call centers/Navigators, etc.).

Priority Three: Using Surveys to Understand Consumer Experiences

While quantitative metrics are essential, they cannot fully capture how consumers are experiencing Marketplace changes. Short, targeted surveys *can* provide insight into how households react to higher premiums, shorter enrollment windows, or coverage losses. The content of the questions could be segmented according to the target population, such as consumers who enrolled in a plan, consumers who terminated coverage, and/or consumers who shopped for coverage but did not enroll.

Topics could include:

- Shopping experience and information-seeking behaviors.
- Understanding and knowledge of financial assistance and coverage options.
- Reactions to higher premiums.
- Reasons for terminating coverage or not enrolling.
- Subsequent coverage status for those who lose or decline Marketplace plans.
- Financial and medical care access and/or use consequences for those who become uninsured.

Given the dynamic nature of open enrollment, surveying consumers quickly is important. For this reason, states should consider short surveys that are distributed by email or text message using a convenience sample (e.g., consumers who have created an account but have not enrolled). For the sake of administrative ease, states could work with a web survey vendor that offers a user-friendly interface; if possible, it can also be helpful to work with a vendor with whom states have an existing subscription or contract. Several states [leveraged consumer surveys during the Medicaid unwinding](#) both to gather essential information on the redetermination process and to provide a final nudge for consumers to complete the enrollment process.

SBMs considering using consumer experience surveys should work closely with their legal, marketing, customer service, and other relevant teams. Support and guidance from a legal team can be critical as states consider how the surveys will be sent and distributed (e.g., [via text message](#)). For example, can the state send text messages to consumers? If so, what limitations may be in place? Can the state upload consumer contact information into survey vendor platforms for the purposes of distributing a survey? These are just a few of the legal questions that must be considered. Additionally, [there are best practices for text messaging](#) that states should follow, such as keeping messages short, providing clear calls to action, and tailoring messages to different audiences.

Involving marketing and public relations teams can help ensure that terminology and messages are consistent and aligned with terminology used throughout shopping and enrollment. They can also provide insights on wording to improve clarity and prompt engagement. In addition, SBMs could consider engaging enrollees, or community-based organizations that engage in community relationship building, to gather input on survey topics and question wording.

Notifying customer service teams of when these surveys are going out, particularly if they are designed to spur final action or are directing consumers to specific supports, is essential so they are prepared and aligned with overall messaging.

Priority Four: Long-Term Monitoring Efforts

Finally, SBMs could consider investing in a longer-term strategy for evaluating the cumulative effects of policy changes. This may include performing longitudinal studies via collaborations with state universities, independent research organizations, or policy evaluation partners. Rigorous, longitudinal studies can help quantify impacts on coverage, affordability, health access, and state budgets, while highlighting how different populations—especially across geographic and economic groups—are affected, giving policymakers and stakeholders a more complete picture of Marketplace performance over time.

SBMs could also enhance long-term monitoring by collecting qualitative insights from Navigators and assisters, who are often the first to identify emerging issues consumers face when applying for or maintaining coverage. Structured feedback mechanisms, such as periodic interviews, focus groups, or short surveys of Navigators and assisters, can surface barriers or challenges not evident in quantitative enrollment data. These on-the-ground perspectives provide valuable context for understanding where barriers are most significant for consumers.

In addition, states could consider using their regulatory authority to issue a targeted data call to participating health plans. This would allow SBMs to capture information not otherwise available through enrollment files alone, such as shifts in premiums, plan participation, termination patterns, medical and prescription drug deductibles, and help them to better understand how federal policy changes are reverberating across the entire market.

Conclusion

The recent federal policy changes affecting Marketplaces are complex and far-reaching, with both immediate and long-term implications for eligibility, affordability, and operations. SBMs are uniquely

positioned to document these impacts, ensuring transparency and equipping policymakers, researchers, advocates, and consumers with timely insights.

While many of the priority metrics outlined here are already reported, presenting them with clear context and narrative is essential for linking observed trends to specific federal actions, such as H.R.1 and the expiration of ePTCs. Alignment across states is just as important: when SBMs adopt standardized metrics, reporting formats, and analytic approaches, they not only enhance comparability but also amplify the visibility of shared challenges, creating a stronger collective voice.

Pairing near real-time monitoring with longer-term evaluation strategies will allow SBMs to meet urgent information needs while holding policymakers accountable for the changes that have been enacted. Consistent metrics, paired with context and coordinated storytelling, enable SBMs to highlight their collective impact and provide a clear record of federal policy changes as they unfold.

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ABOUT SHADAC

This issue brief was prepared by Elizabeth Lukanen and Emily Zylla. The State Health Access Data Assistance Center (SHADAC) is an independent, multidisciplinary health policy research center housed in the School of Public Health at the University of Minnesota with a focus on state policy. SHADAC produces rigorous, policy-driven analyses and translates its complex research findings into actionable information for states. Learn more at www.shadac.org.