2026 ACA Marketplace Enrollment in Texas

KEY TAKEAWAYS

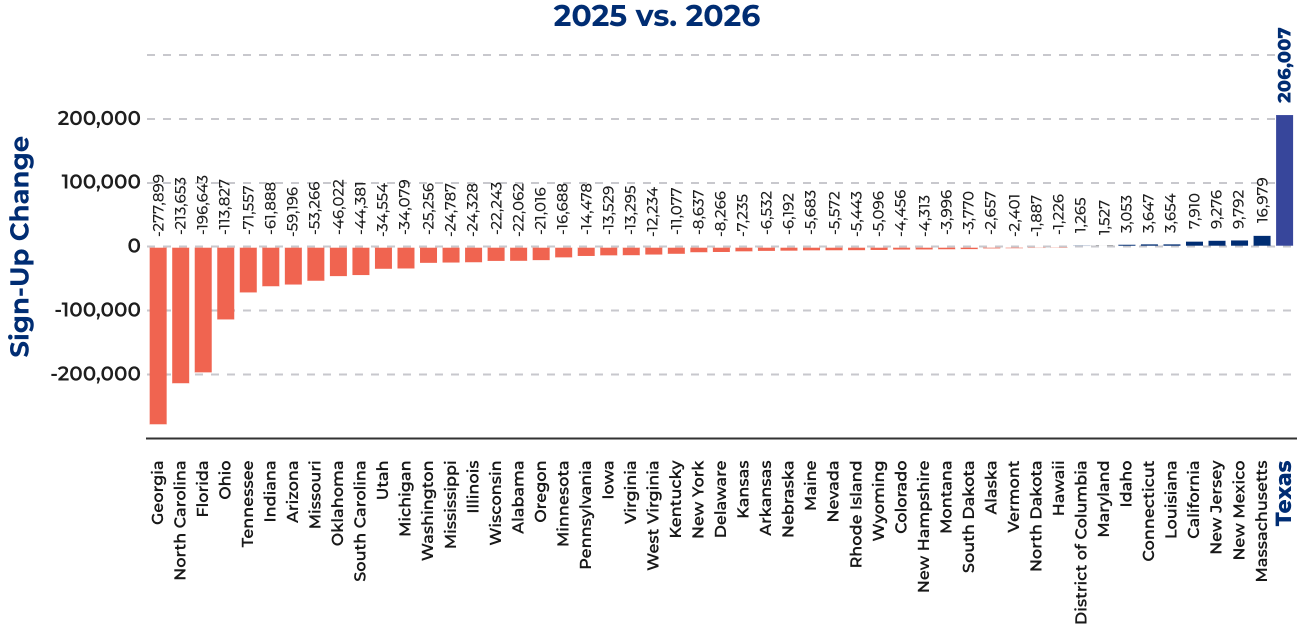
1. Texas **bucked the national trend,** adding more than **200,000 sign-ups,** the largest numerical gain in the country, even as national sign-ups fell by 1.2 million for the 2026 Marketplace.

2. **Actively shopping** for a plan was worth **$79 a month**: Texans who shopped paid that much less than those auto-re-enrolled, a $948 annual difference.

3. In Texas, **Gold tier** was the most commonly selected plan level, representing **41.3%** of selections, and carried an average after subsidy premium of **$86 a month**.

4. **How Texas got here: SB 1296.** A bipartisan 2021 law created a premium alignment framework that made Gold and Bronze more affordable for Texans.

ACA Marketplace Sign-Up Change by State 2025 vs. 2026



Passive Re-Enrollees Will Pay Nearly $950 Per Year More Than Active Re-Enrollees

Active re-enrollees averaged $66 per month in premiums after subsidies. Passive re-enrollees paid more than twice as much at $145 per month. This $79 monthly difference, totaling $948 per year, represents the measurable cost of not shopping.

Metric	Active re-enrollees	Auto re-enrollees	Difference
Avg. premium after subsidy	$66/mo	$145/mo	**+$79/mo**
Annual cost	$792/yr	$1,740/yr	**+$948/yr**
% paying ≤$10/mo	53%	32%	**−21 pts**
% receiving subsidy	96%	87%	**−9 pts**
Avg. subsidy received	$710/mo	$642/mo	**−$68/mo**

While Sticker Prices Rose, Net Premiums for Gold and Bronze Held

Under Texas' SB 1296 premium alignment framework, a higher Silver Benchmark premium generates larger tax credits across all metal levels, which is why gross premium growth does not directly translate into higher costs for most enrollees.

Metal level	2025 avg. premium	2026 avg. premium	2025 after subsidy	2026 after subsidy	2025 ≤$10/mo	2026 ≤$10/mo
Bronze	$493	$576	$72	$79	65%	**69%**
Silver	$597	$804	$37	$102	60%	**13%**
Gold	$581	$746	$76	$86	52%	**59%**

Alec Mendoza · Policy Advisor, Health and Economic Mobility
alec.mendoza@texas2036.org

Source: CMS 2026 OEP State, Metal Level, and Enrollment Status Public Use Files (Texas-specific data).

An Opportunity for Texas to Build off of Federal Billing Transparency Reform

KEY TAKEAWAY

1

Building on Federal Reform to Protect Texas Patients and Employers

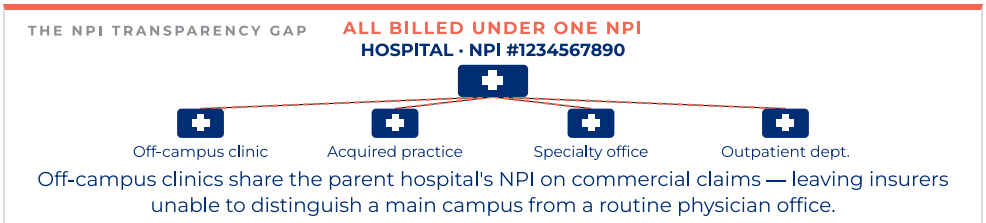
Requiring off-campus hospital outpatient departments to use location-specific billing identifiers on all Texas claims would improve market transparency, reduce hidden facility fees, and build on federal reform already signed into law.

FACILITY FEES AND THE NPI TRANSPARENCY GAP

When hospitals acquire physician practices and reclassify them as hospital outpatient departments (HOPDs), they may begin charging a separate facility fee on top of the physician's professional fee while billing under the main hospital's National Provider Identifier (NPI). Because off-campus clinics share that NPI, payers cannot distinguish a routine physician office visit from a main campus procedure, making it impossible to reimburse accurately by site of care.

$90 → $600

Cost of a routine pediatric Type 1 diabetes visit before and after a hospital ownership change triggered a new facility fee.



The result is a transparency gap that affects the entire market. According to the Health Care Cost Institute, the average primary care visit costs 87% more in a hospital outpatient department than in a physician's office for the same service. Without distinct billing identifiers, patients cannot anticipate cost differences, employers cannot evaluate spending by location, and payers cannot accurately distinguish reimbursement levels, creating a financial incentive for hospitals to acquire independent practices and contributing to higher prices over time.

FEDERAL BILLING TRANSPARENCY REFORM

Congress recognized the NPI transparency gap and acted. In the most recent federal government funding bill, off-campus hospital outpatient departments are now required to obtain a separate, unique NPI for Medicare claims. The Congressional Budget Office estimated the reform could save taxpayers approximately $2.3 billion over 10 years through more accurate reimbursement.

However, the federal requirement applies only to Medicare, leaving the commercial market unchanged. The majority of Texans are covered through employer-sponsored or commercial insurance plans, which are not subject to the new NPI requirement. This creates a two-tiered transparency standard: Medicare claims will now reflect the true site of care, while commercial claims may not.

Texas has the Opportunity to Require Location-Specific NPIs on All Claims

The Texas Legislature could require off-campus Hospital Outpatient Departments to use location-specific NPIs on all claims, building on the federal infrastructure now in place. Doing so would give Texas patients, employers, and payers the billing transparency the market currently lacks.

Alec Mendoza · Policy Advisor, Health and Economic Mobility
alec.mendoza@texas2036.org

Sources: U.S. Congress, "H.R. 7148 — Consolidated Appropriations Act," 119th Congress, 2026; Julian Gill, "Hospital facility fees are driving up health care costs in Houston — and catching the eye of lawmakers," Houston Chronicle; Bianca Silva Gordon & Katie Martin, "Facility Fees: What Are They and How Do They Impact Health Care Prices?," Health Care Cost Institute Report.