

## Bipartisan Health Insurance Affordability Act

*Reps. Fitzpatrick, Golden, Bacon, Suozzi, Bresnahan, Don Davis, Malliotakis, Perez*  
*Section-by-Section*

### Section 1: Short Title

*Bipartisan Health Insurance Affordability Act.*

### Section 2: Extension and Modification of Enhanced Premium Tax Credit

This section extends the Enhanced Premium Tax Credit through **two years** with the following reforms:

- Amending FPL scale:

“In the case of household income (expressed as a percent of poverty line) within the following income tier:	The initial premium percentage is-	The final premium percentage is-
200% up to 250%	2.0%	4.0%
250% up to 300%	4.0%	6.0%
300% up to 400%	6.0%	8.5%
400% up to 600%	8.5%	8.5%
600% up to 700%	8.5%	9.25%”.

- Limit of 700% FPL. This is \$109k for an individual, \$225k for a family of four.
- For those on the ACA marketplace below 150% FPL, there is a monthly \$5 premium payment.
  - This payment can also be made one time as a \$60 option (Section 8)

### Section 3: Guardrails to Prevent Fraud in Exchanges

- Senator Wyden’s [Insurance Fraud Accountability Act](#)
  - Civil penalties and holding agents and brokers criminally responsible for knowingly and willfully providing false or fraudulent information to enrollees.
  - Require the Secretary to establish a consent verification process for new enrollments and coverage changes that includes notifying individuals when there has been a change in their enrollment, agent of record, or tax subsidy.
  - Regulating field marketing organizations and third-party marketers by requiring these groups to register with the Secretary and meet state and federal marketing standards.
  - Requiring periodic audits of agent and broker enrollments to investigate complaints and enrollment patterns that suggest fraud.
  - Requiring that the Secretary regularly share a list of suspended or terminated agents or brokers with qualified health plans and States.

- Death master file quarterly checks
- Codification of broker provision from CMS marketplace integrity rule
- Requirement for exchanges to clearly notify enrollees of the amount of their PTC

#### **Section 4: Extending Annual Open Enrollment Period for Exchanges for Plan Year 2026**

This section extends the open enrollment period to March 1, 2026.

#### **Section 5: Modernizing and Ensuring PBM Accountability**

This section is from the previously vetted and negotiated December 2024 CR:

- Ban of spread pricing in Medicaid, transitioning to a transparent reimbursement model that ensures fair payment to pharmacies (sec. 227)
- Reform of Medicare Part D by delinking PBM compensation from drug prices (sec. 227)

#### **Section 6: Full Rebate Pass Through to Plan; Exception for Innocent Plan Fiduciaries**

This section is from the previously vetted and negotiated December 2024 CR:

- Requirement that PBMs to pass through 100% of rebates and discounts to health plans /employers (sec. 902)

#### **Section 7: Qualified Exchange Enrollees Eligible to Establish Health Savings Accounts**

This section establishes an option for enrollees in a qualified health plan, who select the lowest cost bronze plan available, or if previously enrolled in the Marketplace select a plan that is lower in monthly premium payments than the previous year, to establish and contribute to an HSA. 50% of the credit for the eligible enrollees will be deposited into a Health Savings Account, and this account can be used to pay for health insurance premiums as well as other defined health care costs.

#### **Section 8: Option to Prepay Annual Premium; Option to Direct Partial Advance Payment of PTC into an HSA**

This section allows for a one-time \$60 payment of premiums for an individuals rather than monthly payment.

#### **Section 9: Report**

Secretary of the Treasury and Secretary of HHS to submit a report to Congress within 12 months on the implementation of sections 7 and 8 and expanding the accessibility of HSAs.