

119TH CONGRESS
1ST SESSION

H. R. 3947

To streamline enrollment in health insurance affordability programs and minimum essential coverage, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 12, 2025

Mr. BERA introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To streamline enrollment in health insurance affordability programs and minimum essential coverage, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Easy Enrollment in
5 Health Care Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) CHIP PROGRAM.—The term “CHIP pro-
2 gram” means a State plan for child health assist-
3 ance under title XXI of the Social Security Act (42
4 U.S.C. 1397aa et seq.), including any waiver of such
5 a plan.

6 (2) EXCHANGE.—The term “Exchange” means
7 an American Health Benefit Exchange established
8 under subtitle D of title I of the Patient Protection
9 and Affordable Care Act (42 U.S.C. 18021 et seq.).

10 (3) FAMILY SIZE.—The term “family size” has
11 the meaning given such term in section 36B(d) of
12 the Internal Revenue Code of 1986.

13 (4) GROUP HEALTH PLAN.—The term “group
14 health plan” has the meaning given such term in
15 section 5000(b)(1) of the Internal Revenue Code of
16 1986.

17 (5) HOUSEHOLD INCOME.—The term “house-
18 hold income” has the meaning given such term in
19 section 36B(d) of the Internal Revenue Code of
20 1986.

21 (6) HOUSEHOLD MEMBER.—The term “house-
22 hold member” means the taxpayer, the taxpayer’s
23 spouse, and any dependent of the taxpayer.

1 (7) INSURANCE AFFORDABILITY PROGRAM.—

2 The term “insurance affordability program” means
3 any of the following:

4 (A) A Medicaid program.

5 (B) A CHIP program.

6 (C) The program under title I of the Pa-
7 tient Protection and Affordable Care Act (42
8 U.S.C. 18001 et seq.) for the enrollment in
9 qualified health plans offered through an Ex-
10 change, including the premium tax credits
11 under section 36B of the Internal Revenue
12 Code of 1986, cost-sharing reductions under
13 section 1402 of the Patient Protection and Af-
14 fordable Care Act (42 U.S.C. 18071), and the
15 advance payment of such credits and reductions
16 under section 1412(a)(3) of the Patient Protec-
17 tion and Affordable Care Act (42 U.S.C.
18 18082(a)(3)).

19 (D) A State basic health program under
20 section 1331 of the Patient Protection and Af-
21 fordable Care Act (42 U.S.C. 18051).

22 (E) Any other Federal, State, or local pro-
23 gram that provides assistance for some or all of
24 the cost of minimum essential coverage and re-
25 quires eligibility for such program to be based

1 in whole or in part on income, including such
2 a program carried out through a waiver under
3 section 1332 of the Patient Protection and Af-
4 fordable Care Act (42 U.S.C. 18052) or a State
5 program supplementing the advanced payment
6 of tax credits and cost-sharing reductions under
7 section 1412(a)(3) of such Act (42 U.S.C.
8 18082(a)(3)).

9 (8) MEDICAID PROGRAM.—The term “Medicaid
10 program” means a State plan for medical assistance
11 under title XIX of the Social Security Act (42
12 U.S.C. 1396 et seq.), including any waiver of such
13 a plan.

14 (9) MINIMUM ESSENTIAL COVERAGE.—The
15 term “minimum essential coverage” has the meaning
16 given such term in section 5000A(f) of the Internal
17 Revenue Code of 1986.

18 (10) MODIFIED ADJUSTED GROSS INCOME.—
19 The term “modified adjusted gross income” has the
20 meaning given such term in section 36B(d)(2)(B) of
21 the Internal Revenue Code of 1986.

22 (11) NET PREMIUM.—The term “net pre-
23 mium”, with respect to a health plan or other form
24 of minimum essential coverage—

1 (A) except as provided in subparagraph
2 (B), means the payment from or on behalf of
3 an individual required to enroll in such plan or
4 coverage, after application of the premium tax
5 credit under section 36B of the Internal Rev-
6 enue Code of 1986, the advance payment of
7 such credit under section 1412(a)(3) of the Pa-
8 tient Protection and Affordable Care Act (42
9 U.S.C. 18082(a)(3)), and any other assistance
10 provided by an insurance affordability program;
11 and

12 (B) does not include any amounts de-
13 scribed in section 36B(b)(3)(D) of the Internal
14 Revenue Code of 1986 or section 1303(b)(2) of
15 the Patient Protection and Affordable Care Act
16 (42 U.S.C. 18023(b)(2)).

17 (12) POVERTY LINE.—The term “poverty line”
18 has the meaning given such term in section
19 36B(d)(3) of the Internal Revenue Code of 1986.

20 (13) QUALIFIED HEALTH PLAN.—The term
21 “qualified health plan” has the meaning given such
22 term in section 1301(a) of the Patient Protection
23 and Affordable Care Act (42 U.S.C. 18021(a)).

24 (14) RELEVANT RETURN INFORMATION.—The
25 term “relevant return information” means, with re-

1 spect to a taxpayer, any return information, as de-
2 fined in section 6103(b)(2) of the Internal Revenue
3 Code of 1986, which may be relevant, as determined
4 by the Secretary of the Treasury in consultation
5 with the Secretary of Health and Human Services,
6 with respect to—

7 (A) determining, or facilitating determina-
8 tion of, the eligibility of any household member
9 of the taxpayer for any insurance affordability
10 program, either directly or through enabling ac-
11 cess to additional information potentially rel-
12 evant to such eligibility; or

13 (B) enrolling, or facilitating the enrollment
14 of, such individual in minimum essential cov-
15 erage.

16 (15) SINGLE, STREAMLINED APPLICATION.—

17 The term “single, streamlined application” means
18 the form described in section 1413(b)(1)(A) of the
19 Patient Protection and Affordable Care Act (42
20 U.S.C. 18083(b)(1)(A)).

21 (16) TAX RETURN PREPARER.—The term “tax
22 return preparer” has the meaning given such term
23 in section 7701(a)(36) of the Internal Revenue Code
24 of 1986.

1 (17) ZERO NET PREMIUM.—The term “zero net
 2 premium”, with respect to a health plan or other
 3 form of minimum essential coverage, means a net
 4 premium of \$0.00 for such plan or coverage.

5 **SEC. 3. FEDERAL INCOME TAX RETURNS USED TO FACILI-**
 6 **TATE ENROLLMENT INTO INSURANCE AF-**
 7 **FORDABILITY PROGRAMS.**

8 (a) IN GENERAL.—Not later than January 1, 2028,
 9 the Secretary shall establish a program which allows any
 10 taxpayer who is not covered under minimum essential cov-
 11 erage at the time their return of tax for the taxable year
 12 is filed, as well as any other household member who is
 13 not covered under such coverage, to, in conjunction with
 14 the filing of their return of tax for any taxable year which
 15 begins after December 31, 2026, elect to—

16 (1) have a determination made as to whether
 17 the household member who is not covered under
 18 such coverage is eligible for an insurance afford-
 19 ability program; and

20 (2) have such household member enrolled into
 21 minimum essential coverage, provided that—

22 (A) such coverage is provided through a
 23 zero-net-premium plan, and

24 (B) the taxpayer does not—

1 (i) opt out of coverage through the
2 zero-net-premium plan, or

3 (ii) select a different plan.

4 (b) TAXPAYER REQUIREMENTS AND CONSENT.—

5 (1) IN GENERAL.—Pursuant to the program es-
6 tablished under subsection (a), the taxpayer may, in
7 conjunction with the filing of their return of tax for
8 the taxable year—

9 (A) identify any household member who is
10 not covered under minimum essential coverage
11 at the time of such filing; and

12 (B) with respect to each household member
13 identified under subparagraph (A), elect wheth-
14 er to—

15 (i) in accordance with section
16 6103(l)(23) of the Internal Revenue Code
17 of 1986 (as added by subsection (f)), con-
18 sent to the disclosure and transfer to the
19 applicable Exchange of any relevant return
20 information for purposes of determining
21 whether such household member may be el-
22 igible for any insurance affordability pro-
23 gram and facilitating enrollment into such
24 program and minimum essential coverage,
25 including any further disclosure and trans-

1 fer by the Exchange to any other entity as
2 is deemed necessary to accomplish such
3 purposes; and

4 (ii) in the case consent is provided
5 under clause (i) with respect to such
6 household member, enroll such household
7 member in any minimum essential cov-
8 erage that is available with a zero net pre-
9 mium, if—

10 (I) the member is eligible for
11 such coverage through an insurance
12 affordability program; and

13 (II) the member does not, by the
14 end of the special enrollment period
15 described in section 4(c)(1)(A)—

16 (aa) select a different plan
17 offering minimum essential cov-
18 erage; or

19 (bb) opt out of such cov-
20 erage that is available with a zero
21 net premium.

22 (2) ESTABLISHMENT OF OPTIONS FOR TAX-
23 PAYER CONSENT AND ELECTION.—For purposes of
24 paragraph (1)(B), the Secretary, in consultation
25 with the Secretary of Health and Human Services,

1 may provide the elections under such paragraph as
2 a single election or as 2 elections.

3 (3) SUPPLEMENTAL FORM.—

4 (A) IN GENERAL.—In the case of a tax-
5 payer who has consented to disclosure and
6 transfer of relevant return information pursu-
7 ant to paragraph (1)(B)(i), such taxpayer shall
8 be enrolled in the insurance affordability pro-
9 gram only if the taxpayer submits a supple-
10 mental form which is designed to collect addi-
11 tional information necessary (as determined by
12 the Secretary of Health and Human Services)
13 to establish eligibility for and enrollment in an
14 insurance affordability program, which may in-
15 clude (except as provided in subparagraph (B)),
16 with respect to each individual described in
17 paragraph (1)(A), the following:

18 (i) State of residence.

19 (ii) Date of birth.

20 (iii) Employment and the availability
21 of benefits under a group health plan at
22 the time the return of tax is filed.

23 (iv) Any changed circumstances de-
24 scribed in section 1412(b)(2) of the Pa-

1 tient Protection and Affordable Care Act;
2 (42 U.S.C. 18082(b)(2)).

3 (v) Solely for the purpose of facili-
4 tating automatic renewal of coverage and
5 eligibility redeterminations under section
6 1413(c)(3)(A) of such Act (42 U.S.C.
7 18083(c)(3)(A)), authorization for the Sec-
8 retary to disclose relevant return informa-
9 tion for subsequent taxable years to insur-
10 ance affordability programs.

11 (vi) Any methods preferred by the
12 taxpayer or household member for the pur-
13 pose of being contacted by the applicable
14 Exchange or insurance affordability pro-
15 gram with respect to any eligibility deter-
16 mination for, or enrollment in, an insur-
17 ance affordability program or minimum es-
18 sential coverage, such as an email address
19 or a phone number for calls or text mes-
20 sages.

21 (vii) Information about household
22 composition that—

23 (I) may affect eligibility for an
24 insurance affordability program, and

1 (II) is not otherwise included on
2 the return of tax.

3 (viii) Such other information as the
4 Secretary, in consultation with the Sec-
5 retary of Health and Human Services, may
6 require, including information requested on
7 the single, streamlined application.

8 (B) LIMITATIONS.—The information ob-
9 tained through the form described in subpara-
10 graph (A) may not include any request for in-
11 formation with respect to citizenship, immigra-
12 tion status, or health status of any household
13 member.

14 (C) ADDITIONAL INFORMATION.—The
15 form described in subparagraph (A) and the ac-
16 companying tax instructions may provide the
17 taxpayer with additional information about in-
18 surance affordability programs, including infor-
19 mation provided to applicants on the single,
20 streamlined application.

21 (D) ACCESSIBILITY.—

22 (i) IN GENERAL.—The Secretary shall
23 ensure that the form described in subpara-
24 graph (A) is made available to all tax-
25 payers without discrimination based on

1 language, disability, literacy, or internet
2 access.

3 (ii) RULE OF CONSTRUCTION.—Noth-
4 ing in clause (i) shall be construed as di-
5 minishing, reducing, or otherwise limiting
6 any other legal obligation for the Secretary
7 to avoid or to prevent discrimination.

8 (4) RETURN LANGUAGE.—The Secretary, in
9 consultation with the Secretary of Health and
10 Human Services, shall, with respect to any items de-
11 scribed in this subsection which are to be included
12 in a taxpayer's return of tax, develop language for
13 such items which is as simple and clear as possible
14 (such as referring to “insurance affordability pro-
15 grams” as “free or low-cost health insurance”).

16 (c) TAX RETURN PREPARERS.—

17 (1) IN GENERAL.—With respect to any infor-
18 mation submitted in conjunction with a tax return
19 solely for purposes of the program described in sub-
20 section (a), any tax return preparer involved in pre-
21 paring the return containing such information shall
22 not be obligated to assess the accuracy of such infor-
23 mation as provided by the taxpayer.

24 (2) SUBMISSION OF INFORMATION.—As part of
25 the program described in subsection (a), the Sec-

1 retary shall establish methods to allow for the imme-
2 diate transfer of any relevant return information to
3 the applicable Exchange and insurance affordability
4 programs in order to increase the potential for im-
5 mediate determinations of eligibility for and enroll-
6 ment in insurance affordability programs and min-
7 imum essential coverage.

8 (d) TRANSFER OF INFORMATION THROUGH SECURE
9 INTERFACE.—

10 (1) IN GENERAL.—As part of the program es-
11 tablished under subsection (a), the Secretary shall
12 develop a secure, electronic interface allowing an ex-
13 change of relevant return information with the appli-
14 cable Exchange in a manner similar to the interface
15 described in section 1413(c)(1) of the Patient Pro-
16 tection and Affordable Care Act (42 U.S.C.
17 18083(c)(1)). Upon receipt of such information, the
18 applicable Exchange may convey such information to
19 any other entity as needed to facilitate determina-
20 tion of eligibility for an insurance affordability pro-
21 gram or enrollment into minimum essential cov-
22 erage.

23 (2) TRANSFER BY TREASURY OR TAX PRE-
24 PARERS.—

1 (A) IN GENERAL.—The interface described
2 in paragraph (1) shall allow, for any taxpayer
3 who has provided consent pursuant to sub-
4 section (b)(1)(B)(i), for relevant return infor-
5 mation, along with confirmation that the Sec-
6 retary has accepted the return filing as meeting
7 applicable processing criteria, to be transferred
8 to an applicable Exchange by—

9 (i) the Secretary; or

10 (ii) pursuant to such requirements
11 and standards as are established by the
12 Secretary (in consultation with the Sec-
13 retary of Health and Human Services)—

14 (I) if the Secretary is not able to
15 transfer such information to the appli-
16 cable Exchange, the taxpayer; or

17 (II) the tax return preparer who
18 prepared the return containing such
19 information.

20 (B) TRANSFER REQUIREMENTS.—As soon
21 as is practicable after the filing of a return de-
22 scribed in subsection (a) in which the taxpayer
23 has provided consent pursuant to subsection
24 (b)(1)(B)(i), the Secretary shall provide for all

1 relevant return information to be transferred to
2 the applicable Exchange.

3 (C) DATA SECURITY.—Any transfer of rel-
4 evant return information described in this sub-
5 section shall be conducted—

6 (i) pursuant to interagency agree-
7 ments that ensure data security and main-
8 tain privacy in a manner that satisfies the
9 requirements under section 1942(b) of the
10 Social Security Act (42 U.S.C. 1396w-
11 2(b)); and

12 (ii) in the case of any taxpayer filing
13 their tax return electronically, in a manner
14 that maximizes the opportunity for such
15 taxpayer, as part of the process of filing
16 such return, to immediately—

17 (I) obtain a determination with
18 respect to the eligibility of any house-
19 hold member for any insurance af-
20 fordability program; and

21 (II) enroll in minimum essential
22 coverage.

23 (e) ERRORS THAT AFFECT ELIGIBILITY FOR INSUR-
24 ANCE AFFORDABILITY PROGRAMS.—The Secretary of
25 Health and Human Services, in consultation with the Sec-

1 retary, shall establish procedures for addressing instances
2 in which an error in relevant return information that was
3 transferred to an Exchange under subsection (d) may have
4 resulted in a determination that an individual is eligible
5 for more or less assistance under an insurance afford-
6 ability program than the assistance for which the indi-
7 vidual would otherwise have been eligible without the
8 error. Such procedures shall include procedures for—

9 (1) the reporting of such error to the individual,
10 the Secretary of Health and Human Services, and
11 the applicable Exchange and insurance affordability
12 program, regardless of whether such error was in-
13 cluded in an amendment to the tax return; and

14 (2) correcting, as soon as practicable, the indi-
15 vidual's eligibility status for insurance affordability
16 programs, subject to, in the case of reduced eligi-
17 bility for assistance, any right of notice and appeal
18 under laws governing the applicable insurance af-
19 fordability program, including section 1411(f) of the
20 Patient Protection and Affordable Care Act (42
21 U.S.C. 18081(f)).

22 (f) DISCLOSURE OF RETURN INFORMATION FOR DE-
23 TERMINING ELIGIBILITY FOR INSURANCE AFFORD-
24 ABILITY PROGRAMS AND ENROLLMENT INTO MINIMUM
25 ESSENTIAL HEALTH COVERAGE.—

1 (1) IN GENERAL.—Section 6103(l) of the Inter-
2 nal Revenue Code of 1986 is amended by adding at
3 the end the following:

4 “(23) DISCLOSURE OF RETURN INFORMATION
5 FOR DETERMINING ELIGIBILITY FOR INSURANCE AF-
6 FORDABILITY PROGRAMS AND ENROLLMENT INTO
7 MINIMUM ESSENTIAL HEALTH COVERAGE.—

8 “(A) IN GENERAL.—In the case of any
9 taxpayer who has consented to the disclosure
10 and transfer of any relevant return information
11 with respect to any household member pursuant
12 to section 3(b) of the Easy Enrollment in
13 Health Care Act, the Secretary shall disclose
14 such information to the applicable Exchange.

15 “(B) RESTRICTION ON DISCLOSURE.—Re-
16 turn information disclosed under subparagraph
17 (A) may be—

18 “(i) used by an Exchange only for the
19 purposes of, and to the extent necessary
20 in—

21 “(I) determining eligibility for an
22 insurance affordability program, or

23 “(II) facilitating enrollment into
24 minimum essential coverage, and

1 “(ii) further disclosed by an Exchange
2 to any other person only for the purposes
3 of, and to the extent necessary, to carry
4 out subclauses (I) and (II) of clause (i).

5 “(C) DEFINITIONS.—For purposes of this
6 paragraph, the terms ‘relevant return informa-
7 tion’, ‘Exchange’, ‘insurance affordability pro-
8 gram’, and ‘minimum essential coverage’ have
9 the same meanings given such terms under sec-
10 tion 2 of the Easy Enrollment in Health Care
11 Act.”.

12 (2) SAFEGUARDS.—Section 6103(p)(4) of the
13 Internal Revenue Code of 1986 is amended by in-
14 serting “or any Exchange described in subsection
15 (l)(23),” after “or any entity described in subsection
16 (l)(21),” each place it appears.

17 (g) APPLICATIONS FOR INSURANCE AFFORDABILITY
18 PROGRAMS WITHOUT RELIANCE ON FEDERAL INCOME
19 TAX RETURNS.—

20 (1) RULE OF CONSTRUCTION.—Nothing in this
21 Act shall be construed as requiring any individual,
22 as a condition of applying for an insurance afford-
23 ability program, to—

1 (A) file a return of tax for any taxable
2 year for which filing a return of tax would not
3 otherwise be required for such taxable year; or

4 (B) consent to disclosure of relevant return
5 information under subsection (b)(1)(B)(i).

6 (2) METHODS AND PROCEDURES.—Any agency
7 administering an insurance affordability program
8 shall implement methods and procedures, as pre-
9 scribed by the Secretary of Health and Human Serv-
10 ices, in consultation with the Secretary, through
11 which, in the case of an individual applying for an
12 insurance affordability program without filing a re-
13 turn of tax or consenting to disclosure of relevant
14 return information under subsection (b)(1)(B)(i),
15 the program determines household income and fam-
16 ily size for—

17 (A) a calendar year described in section
18 1902(e)(14)(D)(vii)(I) of the Social Security
19 Act (42 U.S.C. 1396a), as added by section
20 5(a); and

21 (B) an applicable taxable year, as defined
22 in section 36B(c)(5) of the Internal Revenue
23 Code of 1986 (as added by section 5(b)).

1 (h) SECRETARY.—In this section, the term “Sec-
2 retary” means the Secretary of the Treasury, or the Sec-
3 retary’s delegate.

4 **SEC. 4. EXCHANGE USE OF RELEVANT RETURN INFORMA-**
5 **TION.**

6 (a) IN GENERAL.—An Exchange that receives rel-
7 evant return information under section 3(d) with respect
8 to a taxpayer who has provided consent under section
9 3(b)(1)(B) shall—

10 (1) minimize additional information (if any)
11 that is required to be provided by such taxpayer for
12 a household member to qualify for any insurance af-
13 fordability program by, whenever feasible, qualifying
14 such household member for such program based
15 on—

16 (A) relevant information provided on the
17 tax return filed by the taxpayer, including in-
18 formation on the supplemental form described
19 in section 3(b)(3); and

20 (B) information from other reliable third-
21 party data sources that is relevant to eligibility
22 for such program but not available from the re-
23 turn, including information obtained through
24 data matching based on social security num-

1 bers, other identifying information, and other
2 items obtained from such return;

3 (2) determine the eligibility of any household
4 member for the CHIP program and, where eligibility
5 is determined based on modified adjusted gross in-
6 come, the Medicaid program, as required under sec-
7 tion 1413 of the Patient Protection and Affordable
8 Care Act (42 U.S.C. 18083) and section 1943 of the
9 Social Security Act (42 U.S.C. 1396w-3), subject to
10 any right of notice and appeal under laws governing
11 such programs, including section 1411(f) of the Pa-
12 tient Protection and Affordable Care Act (42 U.S.C.
13 18081(f));

14 (3) to the extent that any additional informa-
15 tion is necessary for determining the eligibility of
16 any household member for an insurance affordability
17 program, obtain such information in the manner
18 that—

19 (A) imposes the lowest feasible procedural
20 burden to the taxpayer, including—

21 (i) in the case of a taxpayer filing
22 their tax return electronically, online col-
23 lection of such information at or near the
24 time of such filing; and

1 (ii) prior to a denial of eligibility or
2 enrollment due to failure to provide such
3 information, attempting to contact the tax-
4 payer multiple times using the preferred
5 contact methods described in section
6 3(b)(3)(A)(vi); and

7 (B) provides the individual with all proce-
8 dural protections that would otherwise be avail-
9 able in applying for such program, including
10 the reasonable opportunity period described in
11 section 1137(d)(4)(A) of the Social Security
12 Act (42 U.S.C. 1320b–7(d)(4)(A)); and

13 (4) when an individual is found eligible for an
14 insurance affordability program other than the Med-
15 icaid program—

16 (A) enable such individual, through proce-
17 dures prescribed by the Secretary of Health and
18 Human Services, to seek coverage under the
19 Medicaid program or CHIP program by pro-
20 viding additional information demonstrating po-
21 tential eligibility for such program, with any re-
22 sulting determination subject to rights of notice
23 and appeal under laws governing insurance af-
24 fordability programs, including section 1411(f)

1 of the Patient Protection and Affordable Care
2 Act (42 U.S.C. 18081(f)); and

3 (B) provide such individual with notice of
4 such procedures.

5 (b) MEDICAID AND CHIP.—

6 (1) STATE OPTIONS.—

7 (A) IN GENERAL.—In a State for which
8 the Secretary of Health and Human Services is
9 determining eligibility for individuals who apply
10 for insurance affordability programs at the Ex-
11 change serving residents of the individual's
12 State, the Secretary of Health and Human
13 Services shall present the State with not less
14 than 3 sets of options for verification proce-
15 dures and business rules that the Exchange
16 serving residents of such State shall use in de-
17 termining eligibility for the State Medicaid pro-
18 gram and CHIP program with respect to indi-
19 viduals who are household members described
20 in section 3(b)(1)(B). Notwithstanding any
21 other provision of law, the Secretary of Health
22 and Human Services may present each State
23 with the same 3 sets of options, provided that
24 each set can be customized to reflect each
25 State's decisions about optional eligibility cat-

egories and criteria for the Medicaid program and CHIP program.

(B) BUSINESS RULES.—The business rules described in subparagraph (A) shall specify detailed eligibility determination rules and procedures for processing initial applications and renewals, including—

(i) the Secretary’s use of data from State agencies and other sources described in subsection (c)(3)(A)(ii) of section 1413 of the Patient Protection and Affordable Care Act (42 U.S.C. 18083); and

(ii) the circumstances for administrative renewal of eligibility for the Medicaid program and the CHIP program, based on data showing probable continued eligibility.

(C) DEFAULT.—In the case of a State described in subparagraph (A) that does not select an option from the set presented under such subparagraph within a timeframe specified by the Secretary of Health and Human Services, the Secretary of Health and Human Services shall determine the option that the Exchange shall use for such State for the purposes described in such subparagraph.

1 (D) RULE OF CONSTRUCTION.—Nothing in
2 this paragraph shall be construed as requiring
3 a State to provide benefits under title XIX or
4 XXI of the Social Security Act (42 U.S.C. 1396
5 et seq., 1397aa et seq.) to a category of individ-
6 uals, or to set an income eligibility threshold for
7 benefits under such titles at a certain level, if
8 the State is not otherwise required to do so
9 under such titles.

10 (2) ENROLLMENT.—

11 (A) IN GENERAL.—If the Exchange in a
12 State determines that an individual described in
13 paragraph (1)(A) is eligible for benefits under
14 the State Medicaid program or CHIP program,
15 the Exchange shall send the relevant informa-
16 tion about the individual to the State and, if
17 consent has been given under section
18 3(b)(1)(B) to enrollment in a health plan or
19 other form of minimum essential coverage with
20 a zero net premium, the State shall enroll such
21 individual in the State Medicaid program or
22 CHIP program (as applicable) as soon as prac-
23 ticable, except as provided in subparagraphs
24 (B) and (D).

1 (B) EXCEPTION.—A State shall not enroll
2 an individual in coverage under the State Med-
3 icaid program or CHIP program without the af-
4 firmative consent of the individual if the indi-
5 vidual would be required to pay a premium for
6 such coverage.

7 (C) MANAGED CARE.—If the State Med-
8 icaid program or CHIP program requires an in-
9 dividual enrolled under subparagraph (A) to re-
10 ceive coverage through a managed care organi-
11 zation or entity, the State shall use a procedure
12 for assigning the individual to such an organi-
13 zation or entity (including auto-assignment pro-
14 cedures) that is commonly used in the State
15 when an individual who is found eligible for
16 such program does not affirmatively select a
17 particular organization or entity.

18 (D) OPT-OUT PROCEDURES.—Notwith-
19 standing subparagraph (A), an individual de-
20 scribed in such subparagraph shall be given one
21 or more opportunities to opt out of coverage
22 under a State Medicaid program or CHIP pro-
23 gram, using procedures prescribed by the Sec-
24 retary of Health and Human Services.

1 (c) ADVANCE PREMIUM TAX CREDITS FOR QUALI-
2 FIED HEALTH PLANS.—

3 (1) IN GENERAL.—In the case where a taxpayer
4 has filed their return of tax for a taxable year on or
5 before the date specified under section 6072(a) of
6 the Internal Revenue Code of 1986 with respect to
7 such year and has provided consent described in sec-
8 tion 3(b)(1)(B)(i), if the Exchange has determined
9 that an applicable household member has not quali-
10 fied for the Medicaid program or the CHIP pro-
11 gram, such Exchange shall—

12 (A) in addition to any such period that
13 may otherwise be available, provide a special
14 enrollment period that begins on the date the
15 taxpayer has provided such consent; and

16 (B) determine—

17 (i) whether the taxpayer would, pursu-
18 ant to section 1412 of the Patient Protec-
19 tion and Affordable Care Act (42 U.S.C.
20 18082), be eligible for advance payment of
21 the premium assistance tax credit under
22 section 36B of the Internal Revenue Code
23 of 1986 if such household member of the
24 taxpayer were enrolled in a qualified health
25 plan; and

1 (ii) if the taxpayer has made the elec-
 2 tion described in section 3(b)(1)(B)(ii),
 3 whether such household member has one
 4 or more options to enroll in a qualified
 5 health plan with a zero net premium.

6 (2) ENROLLMENT IN A QUALIFIED HEALTH
 7 PLAN WITH A ZERO NET PREMIUM.—

8 (A) IN GENERAL.—In the case that a
 9 household member described in paragraph (1)
 10 has one or more options to enroll in a qualified
 11 health plan with a zero net premium, and con-
 12 sent has been given under section 3(b)(1)(B)
 13 for enrollment of such household member in a
 14 qualified health plan with a zero net premium—

15 (i) the Exchange shall identify a set of
 16 options (as described in subparagraph (B))
 17 for qualified health plans offering a zero
 18 net premium; and

19 (ii) from such set, select a qualified
 20 health plan as the default enrollment
 21 choice for the household member in accord-
 22 ance with subparagraph (C).

23 (B) OPTION SETS.—

24 (i) IN GENERAL.—In the case that
 25 multiple qualified health plans with a zero

1 net premium are available with more than
2 1 actuarial value, the Exchange shall limit
3 the set of options under subparagraph
4 (A)(i) to such qualified health plans with
5 the highest available actuarial value.

6 (ii) FURTHER RESTRICTIONS.—In the
7 case described in clause (i), the Exchange
8 may further limit the set of options under
9 subparagraph (A)(i), among the qualified
10 health plans that have the highest available
11 actuarial value as described in clause (i),
12 based on the generosity of such plans’ cov-
13 erage of services not subject to a deduct-
14 ible.

15 (iii) DEFINITION OF HIGHEST ACTU-
16 ARIAL VALUE.—For purposes of this sub-
17 paragraph, the term “highest actuarial
18 value” means the highest actuarial value
19 among—

20 (I) the levels of coverage de-
21 scribed in paragraph (1) of section
22 1302(d) of the Patient Protection and
23 Affordable Care Act (42 U.S.C.
24 18022(d)), without regard to allow-

1 able variance under paragraph (3) of
2 such section; and

3 (II) as applicable, the levels of
4 coverage that result from the applica-
5 tion of cost-sharing reductions under
6 section 1402 of such Act (42 U.S.C.
7 18071).

8 (C) SELECTING A DEFAULT OPTION.—The
9 Secretary of Health and Human Services shall
10 establish procedures that Exchanges may use in
11 selecting, from the set of options described in
12 subparagraph (B), the default enrollment choice
13 under subparagraph (A)(ii). Such procedures
14 shall include—

15 (i) State options for randomization
16 among health insurance issuers; and

17 (ii) factors that may be used to weight
18 such randomization.

19 (D) NOTIFICATION OF DEFAULT ENROLL-
20 MENT.—As soon as possible after an Exchange
21 has identified a default enrollment choice for an
22 individual under subparagraph (A)(ii), the Ex-
23 change shall provide the individual with notice
24 of such selection. The notice shall include—

1 (i) a description of coverage provided
2 by the selected qualified health plan;

3 (ii) encouragement to learn about all
4 available qualified health plan options be-
5 fore the end of the special enrollment pe-
6 riod under paragraph (1)(A) and to select
7 a plan that best meets the needs of the in-
8 dividual and the individual's family;

9 (iii) an explanation that, if the indi-
10 vidual does not select a qualified health
11 plan by the end of such special enrollment
12 period or opt out of default enrollment in
13 accordance with the process described in
14 clause (iv), the Exchange will enroll the in-
15 dividual in such selected qualified health
16 plan in accordance with subparagraph (E);

17 (iv) an explanation of the opt-out
18 process preceding implementation of de-
19 fault enrollment, which shall meet stand-
20 ards prescribed by the Secretary of Health
21 and Human Services; and

22 (v) information on options for assist-
23 ance with enrollment and plan choice, in-
24 cluding publicly funded navigators and pri-

vate brokers and agents approved by the Exchange.

(E) DEFAULT ENROLLMENT.—

(i) IN GENERAL.—Subject to subparagraph (F), an Exchange shall enroll in a default enrollment choice any individual who—

(I) is sent a notice under subparagraph (D); and

(II) fails to select a different qualified health plan, or opt out of default enrollment under this paragraph, by the end of the special enrollment period described in paragraph (1)(A).

(ii) UPDATED NOTICE.—At the time of the default enrollment described in clause (i), the Exchange shall send a notice to the individual explaining that default enrollment has occurred, describing the plan into which the individual has been enrolled, and explaining the reconsideration procedures described in subparagraph (F).

(F) RECONSIDERATION.—

(i) IN GENERAL.—Not later than 30 days after receiving a notice under sub-

1 paragraph (E)(ii), the individual receiving
2 such notice may use a method provided by
3 the Exchange to indicate—

4 (I) the individual’s decision to
5 disenroll from the qualified health
6 plan selected under subparagraph
7 (A)(ii); or

8 (II) in the case of a household
9 member for whom the selected quali-
10 fied health plan under such subpara-
11 graph is a high cost-sharing qualified
12 health plan, the individual’s decision
13 to enroll in a specified lower cost-
14 sharing qualified health plan, identi-
15 fied by the Exchange, that is offered
16 by the same health insurance issuer
17 that sponsors the qualified health plan
18 that was selected under such subpara-
19 graph.

20 (ii) DEFINITIONS.—For purposes of
21 this subparagraph:

22 (I) HIGH COST-SHARING QUALI-
23 FIED HEALTH PLAN.—The term “high
24 cost-sharing qualified health plan”
25 means—

1 (aa) in the case of a house-
2 hold member with a household
3 income at or below 200 percent
4 of the poverty line, a qualified
5 health plan that is not at the sil-
6 ver level; or

7 (bb) in the case of a house-
8 hold member with a household
9 income above 200 percent of the
10 poverty line, a qualified health
11 plan that is not at the gold or
12 platinum level.

13 (II) SPECIFIED LOWER COST-
14 SHARING QUALIFIED HEALTH PLAN.—
15 The term “specified lower cost-shar-
16 ing qualified health plan” means—

17 (aa) in the case of a house-
18 hold member with a household
19 income at or below 200 percent
20 of the poverty line, the lowest-
21 premium qualified health plan of-
22 fered by the health insurance
23 issuer that is at the silver level;
24 or

(bb) in the case of a household member with a household income above 200 percent of the poverty line, the lowest-premium qualified health plan offered by the health insurance issuer that is at the gold level.

SEC. 5. MODERNIZING ELIGIBILITY CRITERIA FOR INSURANCE AFFORDABILITY PROGRAMS.

(a) INCOME ELIGIBILITY DETERMINATIONS FOR MEDICAID AND CHIP.—

(1) IN GENERAL.—Section 1902(e)(14)(D) of the Social Security Act (42 U.S.C. 1396a(e)(14)(D)) is amended by adding at the end the following new clauses:

“(vi) SNAP AND TANF ELIGIBILITY FINDINGS.—

“(I) IN GENERAL.—Subject to subclause (III), a State shall provide that an individual for whom a finding has been made as described in clause (II) shall meet applicable eligibility for assistance under the State plan or a waiver of the plan involving financial eligibility, citizenship or satisfactory

1 immigration status, and State resi-
2 dence. A State shall rely on such a
3 finding both for the initial determina-
4 tion of eligibility for medical assist-
5 ance under the plan or waiver and any
6 subsequent redetermination of eligi-
7 bility.

8 “(II) FINDINGS DESCRIBED.—A
9 finding described in this subclause is
10 a determination made within a rea-
11 sonable period (as determined by the
12 Secretary) by a State agency respon-
13 sible for administering the Temporary
14 Assistance for Needy Families pro-
15 gram under part A of title IV or the
16 Supplemental Nutrition Assistance
17 Program established under the Food
18 and Nutrition Act of 2008 that an in-
19 dividual is eligible for benefits under
20 such program.

21 “(III) LIMITATION.—A State
22 shall be required to rely on the find-
23 ings of the State agency responsible
24 for administering the supplemental
25 nutrition assistance program estab-

lished under the Food and Nutrition
Act of 2008 only in the case of—

“(aa) an individual who is
under 19 years of age; or

“(bb) an individual who is
described in subsection
(a)(10)(A)(i)(VIII).

“(IV) STATE OPTION.—A State
may rely on the findings of the State
agency responsible for administering
the supplemental nutrition assistance
program established under the Food
and Nutrition Act of 2008 in the case
of an individual not described in sub-
clause (III).

“(vii) RECENT ANNUAL INCOME ES-
TABLISHING ELIGIBILITY.—

“(I) IN GENERAL.—For purposes
of determining the income eligibility
for medical assistance of an individual
whose eligibility is determined based
on the application of modified ad-
justed gross income under subpara-
graph (A), a State shall provide that
an individual whose eligibility date oc-

1 curs in January, February, March, or
2 April of a calendar year shall be fi-
3 nancially eligible if the individual's
4 modified adjusted gross income for
5 the preceding calendar year satisfies
6 the income eligibility requirement ap-
7 plicable to the individual.

8 “(II) DEFINITION.—For pur-
9 poses of this clause, an ‘eligibility
10 date’ means—

11 “(aa) in the case of an indi-
12 vidual who is not receiving med-
13 ical assistance when the indi-
14 vidual applies for an insurance
15 affordability program (as defined
16 in section 2 of the Easy Enroll-
17 ment in Health Care Act),
18 whether such application takes
19 place through section 3(b) of
20 such Act or otherwise, the date
21 on which such individual applies
22 for such program; and

23 “(bb) in the case of an indi-
24 vidual who is receiving medical
25 assistance and whose continued

1 eligibility for such assistance is
2 being redetermined, the date on
3 which the individual is deter-
4 mined to satisfy all eligibility re-
5 quirements applicable to the indi-
6 vidual other than income eligi-
7 bility.

8 “(III) RULES OF CONSTRUC-
9 TION.—

10 “(aa) ELIGIBILITY DETER-
11 MINATIONS DURING MAY
12 THROUGH DECEMBER.—Nothing
13 in subclause (I) shall be con-
14 strued as diminishing, reducing,
15 or otherwise limiting the State’s
16 obligation to grant eligibility,
17 under circumstances other than
18 those described in such sub-
19 clause, based on data that in-
20 clude income shown on an indi-
21 vidual’s tax return, including the
22 obligation under section
23 1413(c)(3)(A) of the Patient
24 Protection and Affordable Care
25 Act (42 U.S.C. 18083(c)(3)(A)).

1 “(bb) ALTERNATIVE
2 GROUNDS FOR ELIGIBILITY.—
3 Nothing in subclause (I) shall be
4 construed as diminishing, reduc-
5 ing, or otherwise limiting
6 grounds for eligibility other than
7 those described in such sub-
8 clause, including eligibility based
9 on income as of the point in time
10 at which an application for med-
11 ical assistance under the State
12 plan or a waiver of the plan is
13 processed.
14 “(cc) QUALIFYING FOR AD-
15 DITIONAL ASSISTANCE.—Not-
16 withstanding subclause (I), a
17 State shall use an individual’s
18 modified adjusted gross income
19 as determined as of the point in
20 time at which the individual’s ap-
21 plication for medical assistance is
22 processed or, in the case of rede-
23 termination of eligibility, pro-
24 jected annual income, to deter-
25 mine the individual’s eligibility

1 for medical assistance if using
 2 the individual’s modified adjusted
 3 gross income, as so determined,
 4 would result in the individual
 5 being eligible for greater benefits
 6 under the State plan (or a waiver
 7 of such plan) or in the imposition
 8 of lower premiums or cost-shar-
 9 ing on the individual under the
 10 plan (or waiver) than if the indi-
 11 vidual’s eligibility was determined
 12 using the modified adjusted gross
 13 income of the individual as shown
 14 on the individual’s tax return for
 15 the preceding calendar year.”.

16 (2) CONFORMING AMENDMENT.—Section
 17 1902(e)(14)(H)(i) of the Social Security Act (42
 18 U.S.C. 1396a(e)(14)(H)(i)) is amended by inserting
 19 “except as provided in subparagraph (D)(vii)(I),”
 20 before “the requirement”.

21 (3) EFFECTIVE DATE.—The amendments made
 22 by this subsection shall take effect on January 1,
 23 2027.

24 (b) IMPROVING THE STABILITY AND PREDICT-
 25 ABILITY OF EXCHANGE COVERAGE.—

(1) INTERNAL REVENUE CODE OF 1986.—Section 36B of the Internal Revenue Code of 1986 is amended—

(A) in subsection (b)—

(i) in paragraph (2)(B)(ii), by striking “taxable year” and inserting “applicable tax year”, and

(ii) in paragraph (3)—

(I) in subparagraph (A)—

(aa) in clause (i), by striking “taxable year” and inserting “applicable taxable year”, and

(bb) in clause (ii)(I), by inserting “(or, in the case of applicable taxable years beginning in any calendar year after 2027)” after “2014”, and

(II) in subparagraph (B)—

(aa) in clause (ii)(I)(aa), by striking “the taxable year” each place it appears and inserting “the applicable taxable year”, and

(bb) in the flush matter at the end—

1 (AA) striking “files a
 2 joint return and no credit is
 3 allowed” and inserting “filed
 4 a joint return during the ap-
 5 plicable taxable year and no
 6 credit was allowed”, and

7 (BB) striking “unless a
 8 deduction is allowed under
 9 section 151 for the taxable
 10 year” and inserting “unless
 11 a deduction was allowed
 12 under section 151 for the
 13 applicable taxable year”,

14 (B) in subsection (c)—

15 (i) in paragraph (1)—

16 (I) in subparagraphs (A) and
 17 (C), by striking “taxable year” each
 18 place it appears and inserting “appli-
 19 cable taxable year”, and

20 (II) in subparagraph (D), by
 21 striking “is allowable” and all that
 22 follows through the period and insert-
 23 ing “was allowable to another tax-
 24 payer for the applicable taxable
 25 year.”,

1 (ii) in paragraph (2)(C), by adding at
2 the end the following:

3 “(v) TIME PERIOD.—

4 “(I) IN GENERAL.—Except as
5 provided under subclause (II), eligi-
6 bility for minimum essential coverage
7 under this subparagraph shall be
8 based on the individual’s eligibility for
9 employer-sponsored minimum essen-
10 tial coverage during the open enroll-
11 ment period (or during a special en-
12 rollment period for an individual who
13 enrolls or who changes their qualified
14 health plan during a special enroll-
15 ment period), as determined by the
16 applicable Exchange.

17 “(II) EXCEPTION.—An individual
18 shall be considered eligible for min-
19 imum essential coverage under clause
20 (iii) for a month for which such Ex-
21 change has determined, subject to
22 rights of notice and appeal under laws
23 governing the applicable insurance af-
24 fordability program (including section
25 1411(f) of the Patient Protection and

1 Affordable Care Act (42 U.S.C.
2 18081(f))), that the individual is cov-
3 ered by an eligible employer-sponsored
4 plan.”, and
5 (iii) by adding at the end the fol-
6 lowing:

7 “(5) APPLICABLE TAXABLE YEAR.—The term
8 ‘applicable taxable year’ means—

9 “(A) with respect to a coverage month that
10 is January, February, March, April, or May,
11 the most recent taxable year that ended at least
12 12 months before January 1 of the plan year,
13 and

14 “(B) with respect to any coverage month
15 not described in subparagraph (A), the most re-
16 cent taxable year that ended before January 1
17 of the plan year.

18 “(6) EXCHANGE.—The term ‘Exchange’ means
19 an American Health Benefit Exchange established
20 under subtitle D of title I of the Patient Protection
21 and Affordable Care Act (42 U.S.C. 18021 et seq.).

22 “(7) OPEN ENROLLMENT PERIOD.—The term
23 ‘open enrollment period’ means an open enrollment
24 period described in subsection (c)(6)(B) of section

1 1311 of the Patient Protection and Affordable Care
 2 Act (42 U.S.C. 18031).”,

3 (C) in subsection (d)—

4 (i) in paragraph (1)—

5 (I) by striking “is allowed” and
 6 inserting “was allowed”, and

7 (II) by inserting “applicable” be-
 8 fore “taxable year”, and

9 (ii) in paragraph (3)(B), by inserting
 10 “applicable” before “taxable year”,

11 (D) in subsection (e)(1)—

12 (i) by striking “is allowed” and insert-
 13 ing “was allowed”, and

14 (ii) by inserting “applicable” before
 15 “taxable year”, and

16 (E) in subsection (f)(2)—

17 (i) in subparagraph (A), by striking
 18 “If” and inserting “Except as provided in
 19 subparagraphs (B) and (C), if”, and

20 (ii) by inserting at the end the fol-
 21 lowing:

22 “(C) SAFE HARBOR.—

23 “(i) INCOME AND FAMILY SIZE.—No
 24 increase under subparagraph (A) shall be
 25 imposed if the advance payments do not

1 exceed amounts that are consistent with
2 income and family size, either—

3 “(I) as shown on the return of
4 tax for the applicable plan year, pro-
5 vided such return was accepted by the
6 Secretary as meeting applicable proc-
7 essing criteria, or

8 “(II) as determined by the appli-
9 cable Exchange under subsection
10 (b)(4) of section 1412 of the Patient
11 Protection and Affordable Care Act
12 (42 U.S.C. 18082).

13 “(ii) EMPLOYER-SPONSORED MINIMUM
14 ESSENTIAL COVERAGE.—No increase under
15 subparagraph (A) shall be imposed based
16 on eligibility for minimum essential cov-
17 erage under subsection (c)(2)(C) if the ap-
18 plicable Exchange—

19 “(I) determined, under clause
20 (v)(I) of such subsection, that the in-
21 dividual was ineligible for employer-
22 sponsored minimum essential cov-
23 erage, and

24 “(II) did not determine, under
25 clause (v)(II) of such subsection, that

1 the individual was covered through
 2 employer-sponsored minimum essen-
 3 tial coverage.

4 “(iii) EXCEPTION.—Clauses (i) and
 5 (ii) shall not apply to the extent that any
 6 determination described in such clauses
 7 was based on a false statement by the tax-
 8 payer which—

9 “(I) was intentional or grossly
 10 negligent, and

11 “(II) was—

12 “(aa) made on a return of
 13 tax, or

14 “(bb) provided or caused to
 15 be provided to an Exchange by
 16 the taxpayer.”.

17 (2) PATIENT PROTECTION AND AFFORDABLE
 18 CARE ACT.—Section 1412(b) of the Patient Protec-
 19 tion and Affordable Care Act (42 U.S.C. 18082(b))
 20 is amended—

21 (A) in paragraph (1)(B), by striking “the
 22 most recent” and all that follows through the
 23 period at the end and inserting “the applicable
 24 taxable year, as defined in section 36B(c)(5) of
 25 the Internal Revenue Code of 1986.”;

(B) in paragraph (2)(B), by striking “second preceding taxable year” and inserting “applicable taxable year, as defined in such section 36B(c)(5)”; and

(C) by adding at the end the following:

“(3) CHANGE FORM.—If, after the submission of an individual’s application form, the individual experiences changes in circumstances as described in paragraph (2), the individual may, by submitting a change form as prescribed by the Secretary, apply for an increased amount of advance payments of the premium tax credit under section 36B of the Internal Revenue Code of 1986, increased cost-sharing reductions under section 1402, increased assistance under the basic health program under section 1331, and coverage through a State Medicaid program or CHIP program.

“(4) ELIGIBILITY FOR ADDITIONAL ASSISTANCE.—

“(A) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, shall establish a process through which—

“(i) an Exchange determines, through data sources and procedures described in sections 1411 and 1413 (42 U.S.C. 18081;

1 42 U.S.C. 18083), whether each individual
2 who has submitted a change form under
3 paragraph (3) has experienced substantial
4 changes in circumstances that warrant ad-
5 ditional assistance through an insurance
6 affordability program, as defined in section
7 2 of the Easy Enrollment in Health Care
8 Act;

9 “(ii) in the case the Exchange deter-
10 mines an individual has experienced sub-
11 stantial changes in circumstances as de-
12 scribed in clause (i), the Exchange conveys
13 such determination to the Secretary of the
14 Treasury under section 36B(f) of the In-
15 ternal Revenue Code of 1986 and to the
16 administrator of an insurance affordability
17 program for which the individual may
18 qualify under that determination; and

19 “(iii) in the case the Exchange deter-
20 mines an individual has experienced sub-
21 stantial changes in circumstances described
22 in clause (i), the individual may qualify
23 without delay for additional advance pre-
24 mium tax credits under section 36B of the
25 Internal Revenue Code of 1986, increased

cost-sharing reductions under section 1402, additional basic health program assistance under section 1331, or coverage through a State Medicaid program or CHIP program.

“(B) RIGHTS TO NOTICE AND APPEAL.—A determination made by an Exchange under this paragraph shall be subject to any applicable rights of notice and appeal, including such rights under section 1411(f).”.

(3) EFFECTIVE DATES.—The amendments made by this subsection shall take effect on January 1, 2028, and continue in effect through December 31, 2034.

SEC. 6. STRENGTHENING DATA INFRASTRUCTURE FOR ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS.

(a) INSURANCE AFFORDABILITY PROGRAM ACCESS TO NATIONAL DIRECTORY OF NEW HIRES.—Section 453(i) of the Social Security Act (42 U.S.C. 653(i)) is amended by adding at the end the following new paragraph:

“(5) ADMINISTRATION OF INSURANCE AFFORDABILITY PROGRAMS.—

1 “(A) IN GENERAL.—The Secretary shall
2 provide access to insurance affordability pro-
3 grams (as such term is defined in section 2 of
4 the Easy Enrollment in Health Care Act) to in-
5 formation in the National Directory of New
6 Hires that involves—

7 “(i) identity, employer, quarterly
8 wages, and unemployment compensation,
9 to the extent such information is poten-
10 tially relevant to determining the eligibility
11 or scope of coverage of an individual for
12 benefits provided by such a program; and

13 “(ii) new hires, to the extent such in-
14 formation is potentially relevant to deter-
15 mining whether an individual is offered
16 minimum essential coverage through a
17 group health plan, as defined in section
18 5000(b)(1) of the Internal Revenue Code
19 of 1986.

20 “(B) REIMBURSEMENT OF HHS COSTS.—
21 Insurance affordability programs shall reim-
22 burse the Secretary, in accordance with sub-
23 section (k)(3), for the additional costs incurred
24 by the Secretary in furnishing information
25 under this paragraph.”.

1 (b) USE OF INFORMATION FROM THE NATIONAL DI-
2 RECTORY OF NEW HIRES.—Notwithstanding any other
3 provision of law—

4 (1) in determining an individual’s eligibility for
5 advance payment of premium tax credits under sec-
6 tion 1412(a)(3) of the Patient Protection and Af-
7 fordable Care Act (42 U.S.C. 18082(a)(3)), and
8 cost-sharing reductions under section 1402 of the
9 Patient Protection and Affordable Care Act (42
10 U.S.C. 18071), and a basic health program under
11 section 1331 of the Patient Protection and Afford-
12 able Care Act (42 U.S.C. 18051), an Exchange may
13 use information about identity, employer, quarterly
14 wages, and unemployment compensation in the Na-
15 tional Directory of New Hires, and information
16 about new hires to determine whether an individual
17 is offered minimum essential coverage through a
18 group health plan, as defined in section 5000(b)(1)
19 of the Internal Revenue Code of 1986, subject to no-
20 tice and appeal rights for any resulting eligibility de-
21 termination, including the rights described in section
22 1411(f) of the Patient Protection and Affordable
23 Care Act (42 U.S.C. 18081(f)); and

24 (2) Medicaid programs and CHIP programs
25 may use information in the National Directory of

1 New Hires about identity, employer, quarterly
2 wages, and unemployment compensation to deter-
3 mine eligibility and to implement third-party liability
4 procedures or premium assistance programs other-
5 wise permitted or mandated under Federal law, and
6 use information about new hires to implement such
7 procedures and policies, subject to notice and appeal
8 rights for any resulting determination, including
9 those available under title XIX or title XXI of the
10 Social Security Act or under section 1411(f) of the
11 Patient Protection and Affordable Care Act (42
12 U.S.C. 18081(f)).

13 (c) USE OF INFORMATION ABOUT ELIGIBILITY FOR
14 OR RECEIPT OF GROUP HEALTH COVERAGE.—Notwith-
15 standing any other provision of Federal or State law:

16 (1) IN GENERAL.—Subject to the requirements
17 described in paragraph (2), for purposes of deter-
18 mining eligibility and, in the case of a Medicaid pro-
19 gram, for purposes of determining the applicability
20 of third-party liability procedures or premium assist-
21 ance policies otherwise permitted or mandated under
22 Federal law, an insurance affordability program
23 shall have access to any source of information, main-
24 tained by or accessible to a public entity, about re-

1 ceipt or offers of coverage through a group health
2 plan. Such sources shall include—

3 (A) information maintained by or acces-
4 sible to the Secretary of Health and Human
5 Services for purposes of implementing section
6 1862(b) of the Social Security Act (42 U.S.C.
7 1395y(b));

8 (B) information maintained by or acces-
9 sible to a State Medicaid program for purposes
10 of implementing subsection (a)(25) or (a)(60)
11 of section 1902 of the Social Security Act (42
12 U.S.C. 1396a); and

13 (C) information reported under sections
14 6055 and 6056 of the Internal Revenue Code of
15 1986.

16 (2) REQUIREMENTS.—An insurance afford-
17 ability program shall obtain the information de-
18 scribed in paragraph (1) pursuant to an interagency
19 or other agreement, consistent with standards pre-
20 scribed by the Secretary of Health and Human Serv-
21 ices, in consultation with the Secretary, that pre-
22 vents the unauthorized use, disclosure, or modifica-
23 tion of such information and otherwise protects pri-
24 vacy and data security.

1 (d) AUTHORIZATION TO RECEIVE RELEVANT INFOR-
2 MATION.—

3 (1) IN GENERAL.—Notwithstanding any other
4 provision of law, a Federal or State agency or pri-
5 vate entity in possession of the sources of data po-
6 tentially relevant to eligibility for an insurance af-
7 fordability program is authorized to convey such
8 data or information to the insurance affordability
9 program, and such program is authorized to receive
10 the data or information and to use it in determining
11 eligibility.

12 (2) APPLICATION OF REQUIREMENTS AND PEN-
13 ALTIES.—A conveyance of data to an insurance af-
14 fordability program under this subsection shall be
15 subject to the same requirements that apply to a
16 conveyance of data to a State Medicaid plan under
17 title XIX of the Social Security Act (42 U.S.C. 1396
18 et seq.) under section 1942 of such Act (42 U.S.C.
19 1396w–2), and the penalties that apply to a viola-
20 tion of such requirements, including penalties that
21 apply to a private entity making a conveyance.

22 (e) ELECTRONIC TRANSMISSION OF INFORMATION.—
23 In determining an individual’s eligibility for an insurance
24 affordability program, the program shall—

1 (1) with respect to verifying an element of eligi-
2 bility that is based on information from an Express
3 Lane Agency (as defined in section 1902(e)(13)(F)
4 of the Social Security Act (42 U.S.C.
5 1396a(e)(13)(F))), from another public agency, or
6 from another reliable source of relevant data, waive
7 any otherwise applicable requirement that the indi-
8 vidual must verify such information, provide an at-
9 testation as to the subject of such information, or
10 provide a signature for attestations that include that
11 subject, before the individual is enrolled into min-
12 imum essential coverage; and

13 (2) satisfy any otherwise applicable signature
14 requirement with respect to an individual's enroll-
15 ment in an insurance affordability program through
16 an electronic signature (as defined in section
17 1710(1) of the Government Paperwork Elimination
18 Act (44 U.S.C. 3504 note)).

19 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
20 tion shall be construed as diminishing, reducing, or other-
21 wise limiting the legal authority for an insurance afford-
22 ability program to grant eligibility, in whole or in part,
23 based on an attestation alone, without requiring
24 verification through data matches or other sources.

1 **SEC. 7. FUNDING FOR INFORMATION TECHNOLOGY DEVEL-**
2 **OPMENT AND OPERATIONS.**

3 (a) IN GENERAL.—Out of amounts in the Treasury
4 not otherwise appropriated, there are appropriated to the
5 Secretary of Health and Human Services such sums as
6 may be necessary to establish information exchange and
7 processing infrastructure and operate all information ex-
8 change and processing procedures described in this Act,
9 including for the costs of staff and contractors.

10 (b) AGENCIES RECEIVING FUNDING.—The Secretary
11 of Health and Human Services may, as necessary and in
12 accordance with the procedures described in subsection
13 (c), transfer amounts appropriated under subsection (a)
14 to entities that include the following for the purposes de-
15 scribed in such subsection:

16 (1) The Secretary of the Treasury, including
17 the Internal Revenue Service.

18 (2) The Office of Child Support Enforcement of
19 the Department of Health and Human Services.

20 (3) A State-administered insurance affordability
21 program, including a Medicaid or CHIP program
22 and a State basic health program under section
23 1331 of the Patient Protection and Affordable Care
24 Act (42 U.S.C. 18051).

25 (4) An entity operating an Exchange.

1 (5) A third-party data source, which may be a
2 public or private entity.

3 (c) PROCEDURES.—The Secretary of Health and
4 Human Services, in consultation with the Secretary of the
5 Treasury, shall establish procedures for the entities de-
6 scribed in subsection (b) to request a transfer of funding
7 from the amounts appropriated under subsection (a), in-
8 cluding procedures for reviewing such requests, modifying
9 and approving such requests, appealing decisions about
10 transfers, and auditing such transfers.

11 **SEC. 8. CONFORMING STATUTORY CHANGES.**

12 (a) STATE INCOME AND ELIGIBILITY VERIFICATION
13 SYSTEMS.—Section 1137 of the Social Security Act (42
14 U.S.C. 1320b–7) is amended—

15 (1) in subsection (a)(1), by inserting “(in the
16 case of an individual who has consented to the dis-
17 closure and transfer of relevant return information
18 that includes the individual’s social security account
19 number pursuant to section 3(b)(1)(B) of the Easy
20 Enrollment in Health Care Act, the State shall deem
21 such individual to have satisfied the requirement to
22 furnish such account number to the State under this
23 paragraph)” before the semicolon; and

24 (2) in subsection (d)—

1 (A) in paragraph (1)(A), by striking “The
 2 State shall require” and inserting “Subject to
 3 paragraph (6), the State shall require”; and

4 (B) by adding at the end the following new
 5 paragraph:

6 “(6) SATISFACTION OF REQUIREMENT
 7 THROUGH RELIABLE DATA MATCHES.—In the case
 8 of an individual applying for the program described
 9 in subsection (b) or the Children’s Health Insurance
 10 Program under title XXI of this Act, the program
 11 shall not require an individual to make the declara-
 12 tion described in paragraph (1)(A) if the procedures
 13 established pursuant to section 3(a)(1) of the Easy
 14 Enrollment in Health Care Act or section
 15 1413(c)(2)(B)(ii)(II) of the Patient Protection and
 16 Affordable Care Act (42 U.S.C.
 17 18083(c)(2)(B)(ii)(II)) were used to verify the indi-
 18 vidual’s citizenship, based on the individual’s social
 19 security number as well as other identifying informa-
 20 tion, which may include such facts as name and date
 21 of birth, that increases the accuracy of matches with
 22 applicable sources of citizenship data.”.

23 (b) ELIGIBILITY DETERMINATIONS UNDER
 24 PPACA.—Section 1411(b) of the Patient Protection and
 25 Affordable Care Act (42 U.S.C. 18081(b)) is amended—

1 (1) in paragraph (3), by striking subparagraph
 2 (A) and inserting the following:

3 “(A) INFORMATION REGARDING INCOME
 4 AND FAMILY SIZE.—The information described
 5 in paragraphs (21) and (23) of section 6103(l)
 6 of the Internal Revenue Code of 1986 for the
 7 applicable taxable year, as defined in section
 8 36B(c)(5) of such Code.”; and

9 (2) by adding at the end the following:

10 “(6) RECEIPT OF INFORMATION.—The require-
 11 ments for providing information under this sub-
 12 section may be satisfied through data submitted to
 13 the Exchange through reliable data matches, rather
 14 than by the applicant providing information. In the
 15 case described in paragraph (2)(A), data matches
 16 shall not be used for this purpose unless they meet
 17 the requirements described in section 1137(d)(6) of
 18 the Social Security Act (42 U.S.C. 1320b–
 19 7(d)(6)).”.

20 **SEC. 9. ADVISORY COMMITTEE.**

21 (a) IN GENERAL.—The Secretary of the Treasury, in
 22 conjunction with the Secretary of Health and Human
 23 Services, shall establish an advisory committee to provide
 24 guidance to both Secretaries in carrying out this Act. The
 25 members of the committee shall include—

1 (1) national experts in behavioral economics,
2 other behavioral science, insurance affordability pro-
3 grams, enrollment and retention in health programs
4 and other benefit programs, public benefits for im-
5 migrants, public benefits for other historically
6 marginalized or disadvantaged communities, and
7 Federal income tax policy and operations; and

8 (2) representatives of all relevant stakeholders,
9 including—

10 (A) consumers;

11 (B) health insurance issuers;

12 (C) health care providers; and

13 (D) tax return preparers.

14 (b) PURVIEW.—The advisory committee established
15 under subsection (a) shall be solicited for advice on any
16 topic chosen by the Secretary of the Treasury or the Sec-
17 retary of Health and Human Services, including (at a
18 minimum) all matters as to which a provision in this Act,
19 other than subsection (a), requires a consultation between
20 the Secretary of the Treasury and the Secretary of Health
21 and Human Services.

22 **SEC. 10. STUDY.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services shall conduct a study analyzing the im-
25 pact of this Act and making recommendations for—

1 (1) State pilot projects to test improvements to
2 this Act, including an analysis of policies that auto-
3 matically enroll eligible individuals into group health
4 plans;

5 (2) modifying open enrollment periods for Ex-
6 changes and plan years so that open enrollment co-
7 incides with filing of Federal income tax returns;
8 and

9 (3) other steps to improve outcomes achieved by
10 this Act.

11 (b) REPORT.—Not later than July 1, 2030, the Sec-
12 retary of Health and Human Services shall deliver a re-
13 port on the study and recommendations under subsection
14 (a) to the Committee on Ways and Means, the Committee
15 on Education and the Workforce, and the Committee on
16 Energy and Commerce of the House of Representatives
17 and to the Committee on Finance and the Committee on
18 Health, Education, Labor, and Pensions of the Senate.

19 **SEC. 11. APPROPRIATIONS.**

20 Out of amounts in the Treasury not otherwise appro-
21 priated, there are appropriated, in addition to the amounts
22 described in section 7 and any amounts otherwise made
23 available, to carry out the purposes of this Act, such sums
24 as may be necessary to the Secretary of the Treasury, and

- 1 such sums as may be necessary to the Secretary of Health
- 2 and Human Services, to remain available until expended.

