

119TH CONGRESS
1ST SESSION

H. R. 6010

To amend the Internal Revenue Code of 1986 to extend and modify the enhanced premium tax credit, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 10, 2025

Mr. LICCARDO (for himself, Mr. KILEY of California, Mr. BACON, Ms. GOODLANDER, and Ms. ROSS) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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 amend the Internal Revenue Code of 1986 to extend and modify the enhanced premium tax credit, 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. TEMPORARY PREMIUM PERCENTAGES FOR**
4 **2026 AND 2027.**

5 (a) IN GENERAL.—Section 36B(b)(3)(A)(iii) of the
6 Internal Revenue Code of 1986 is amended to read as fol-
7 lows:

1 “(iii) TEMPORARY PERCENTAGES FOR
 2 2026 AND 2027.—In the case of a taxable
 3 year beginning after December 31, 2025,
 4 and before January 1, 2028, the following
 5 table shall be applied in lieu of the table
 6 contained in clause (i):

“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—
Up to 150 percent	0.0	0.0
150 percent up to 200 percent	0.0	2.0
200 percent up to 250 percent	2.0	4.0
250 percent up to 300 percent	4.0	6.0
300 percent up to 400 percent	6.0	8.5
400 percent up to 600 percent	8.5	8.5”.

7 (b) CONFORMING AMENDMENT.—Section
 8 36B(c)(1)(E) of such Code is amended to read as follows:

9 “(E) TEMPORARY RULE FOR 2026 AND
 10 2027.—In the case of a taxable year beginning
 11 after December 31, 2025, and before January
 12 1, 2028, subparagraph (A) shall be applied by
 13 substituting ‘600 percent’ for ‘400 percent’.”.

14 (c) EFFECTIVE DATE.—The amendments made by
 15 this section shall apply to taxable years beginning after
 16 December 31, 2025.

1 **SEC. 2. IMPROVING RISK ADJUSTMENT UNDER MEDICARE**
 2 **ADVANTAGE.**

3 (a) USE OF 2 YEARS OF DIAGNOSTIC DATA.—Sec-
 4 tion 1853(a)(3)(C)(iii) of the Social Security Act (42
 5 U.S.C. 1395w–23(a)(3)(C)(iii)) is amended—

6 (1) by striking “METHODOLOGY.—Such risk”
 7 and inserting “METHODOLOGY.—

8 “(I) IN GENERAL.—Subject to
 9 subclause (II), such risk”; and

10 (2) by adding at the end the following new sub-
 11 clause:

12 “(II) USE OF HEALTH STATUS
 13 DATA.—For 2026 and each subse-
 14 quent year, the Secretary shall use 2
 15 years of diagnostic data (when avail-
 16 able) under such risk adjustment
 17 methodology.”.

18 (b) EXCLUSION OF DIAGNOSES COLLECTED FROM
 19 CHART REVIEWS AND HEALTH RISK ASSESSMENTS.—
 20 Section 1853(a)(1)(C) of such Act (42 U.S.C. 1395w–
 21 23(a)(1)(C)) is amended by adding at the end the fol-
 22 lowing new clause:

23 “(iv) EXCLUSION OF DIAGNOSES COL-
 24 LECTED FROM CHART REVIEWS AND
 25 HEALTH RISK ASSESSMENTS.—

1 “(I) IN GENERAL.—For 2026
 2 and each subsequent year, for pur-
 3 poses of establishing the payment ad-
 4 justment factors and adjusting pay-
 5 ment based on health status under
 6 clause (i), the Secretary shall not take
 7 into account a diagnosis collected
 8 from a chart review or a health risk
 9 assessment.

10 “(II) IDENTIFICATION OF DIAG-
 11 NOSES COLLECTED FROM CHART RE-
 12 VIEWS AND HEALTH RISK ASSESS-
 13 MENTS.—The Secretary shall estab-
 14 lish procedures to provide for the
 15 identification and verification of diag-
 16 noses collected from chart reviews and
 17 health risk assessments.”.

18 (c) APPLICATION OF CODING ADJUSTMENT.—Sec-
 19 tion 1853(a)(1)(C)(ii) of such Act (42 U.S.C. 1395w-
 20 23(a)(1)(C)(ii)) is amended—

21 (1) in subclause (III), by striking “In calcu-
 22 lating” and inserting “Subject to subclause (V), in
 23 calculating”; and

24 (2) by adding at the end the following new sub-
 25 clause:

1 “(V) In calculating such adjust-
 2 ment for 2026 and each subsequent
 3 year, the Secretary shall evaluate the
 4 impact on risk scores for Medicare
 5 Advantage enrollees of differences in
 6 coding patterns between Medicare Ad-
 7 vantage plans and providers under
 8 parts A and B and publicly report the
 9 results of such evaluation. The Sec-
 10 retary shall ensure that such adjust-
 11 ment, which may include adjustment
 12 on a plan or contract level, fully ac-
 13 counts for the impact of coding pat-
 14 tern differences not otherwise ac-
 15 counted for to the extent that the Sec-
 16 retary identifies such differences
 17 through annual evaluation.”.

18 **SEC. 3. REDUCTION OF FRAUDULENT ENROLLMENT IN**
 19 **QUALIFIED HEALTH PLANS.**

20 (a) PENALTIES FOR AGENTS AND BROKERS.—Sec-
 21 tion 1411(h)(1) of the Patient Protection and Affordable
 22 Care Act (42 U.S.C. 18081(h)(1)) is amended—

23 (1) in subparagraph (A)—

24 (A) by redesignating clause (ii) as clause
 25 (iv);

1 (B) in clause (i)—

2 (i) in the matter preceding subclause
3 (I), by striking “If—” and all that follows
4 through the “such person” in the matter
5 following subclause (II) and inserting the
6 following: “If any person (other than an
7 agent or broker) fails to provide correct in-
8 formation under subsection (b) and such
9 failure is attributable to negligence or dis-
10 regard of any rules or regulations of the
11 Secretary, such person”; and

12 (ii) in the second sentence, by striking
13 “For purposes” and inserting the fol-
14 lowing:

15 “(iii) DEFINITIONS OF NEGLIGENCE,
16 DISREGARD.—For purposes”;

17 (C) by inserting after clause (i) the fol-
18 lowing:

19 “(ii) CIVIL PENALTIES FOR CERTAIN
20 VIOLATIONS BY AGENTS OR BROKERS.—If
21 any agent or broker fails to provide correct
22 information under subsection (b) or section
23 1311(c)(8) or other information, as speci-
24 fied by the Secretary, and such failure is
25 attributable to negligence or disregard of

any rules or regulations of the Secretary, such agent or broker shall be subject, in addition to any other penalties that may be prescribed by law, including subparagraph (C), to a civil penalty of not less than \$10,000 and not more than \$50,000 with respect to each individual who is the subject of an application for which such incorrect information is provided.”; and

(D) in clause (iv) (as so redesignated), by inserting “or (ii)” after “clause (i)”;

(2) in subparagraph (B)—

(A) by inserting “including subparagraph (C),” after “law,”;

(B) by striking “Any person” and inserting the following:

“(i) IN GENERAL.—Any person”; and

(C) by adding at the end the following:

“(ii) CIVIL PENALTIES FOR KNOWING VIOLATIONS BY AGENTS OR BROKERS.—

“(I) IN GENERAL.—Any agent or broker who knowingly provides false or fraudulent information under subsection (b) or section 1311(c)(8), or other false or fraudulent information

1 as part of an application for enroll-
2 ment in a qualified health plan offered
3 through an Exchange, as specified by
4 the Secretary, shall be subject, in ad-
5 dition to any other penalties that may
6 be prescribed by law, including sub-
7 paragraph (C), to a civil penalty of
8 not more than \$200,000 with respect
9 to each individual who is the subject
10 of an application for which such false
11 or fraudulent information is provided.

12 “(II) PROCEDURE.—The provi-
13 sions of section 1128A of the Social
14 Security Act (other than subsections
15 (a) and (b) of such section) shall
16 apply to a civil monetary penalty
17 under subclause (I) in the same man-
18 ner as such provisions apply to a pen-
19 alty or proceeding under section
20 1128A of the Social Security Act.”;
21 and

22 (3) by adding at the end the following:

23 “(C) CRIMINAL PENALTIES.—Any agent or
24 broker who knowingly and willfully provides
25 false or fraudulent information under sub-

1 section (b) or section 1311(c)(8), or other false
2 or fraudulent information as part of an applica-
3 tion for enrollment in a qualified health plan of-
4 fered through an Exchange, as specified by the
5 Secretary, shall be fined under title 18, United
6 States Code, imprisoned for not more than 10
7 years, or both.”.

8 (b) CONSUMER PROTECTIONS.—

9 (1) IN GENERAL.—Section 1311(c) of the Pa-
10 tient Protection and Affordable Care Act (42 U.S.C.
11 18031(c)) is amended by adding at the end the fol-
12 lowing:

13 “(8) AGENT-OR BROKER-ASSISTED ENROLL-
14 MENT IN QUALIFIED HEALTH PLANS IN CERTAIN
15 EXCHANGES.—

16 “(A) IN GENERAL.—For plan years begin-
17 ning on or after such date specified by the Sec-
18 retary, but not later than January 1, 2028, in
19 the case of an Exchange that the Secretary op-
20 erates pursuant to section 1321(c)(1), the Sec-
21 retary shall establish a verification process for
22 new enrollments of individuals in, and changes
23 in coverage for individuals under, a qualified
24 health plan offered through such Exchange,
25 which are submitted by an agent or broker in

1 accordance with section 1312(e) and for which
2 the agent or broker is eligible to receive a com-
3 mission.

4 “(B) REQUIREMENTS.—The enrollment
5 verification process under subparagraph (A)
6 shall include—

7 “(i) a requirement that the agent or
8 broker provide with the new enrollment or
9 coverage change such documentation or
10 evidence (such as a standardized consent
11 form) or other sources as the Secretary de-
12 termines necessary to establish that the
13 agent or broker has the consent of the in-
14 dividual for the new enrollment or coverage
15 change;

16 “(ii) a requirement that any commis-
17 sions due to a broker or agent for such
18 new enrollment or coverage change are
19 paid after the enrollee has resolved all in-
20 consistencies in accordance with para-
21 graphs (3) and (4) of section 1411(e);

22 “(iii) a requirement that the informa-
23 tion required under clause (i) and, as ap-
24 plicable, the date on which inconsistencies
25 are resolved as described in clause (ii), is

1 accessible to the applicable qualified health
2 plan through a database or other resource,
3 as determined by the Secretary, so that
4 any commissions due to a broker or agent
5 for such enrollment can be effectuated at
6 the appropriate time;

7 “(iv) a requirement that individuals
8 are notified of any changes to enrollment,
9 coverage, the agent of record, or premium
10 tax credits in a timely manner and that
11 such notice provides plain language in-
12 structions on how individuals can cancel
13 unauthorized activity;

14 “(v) a requirement that individuals be
15 able to access their account information on
16 a website or other technology platform, as
17 defined by the Secretary, when used to
18 submit an enrollment or plan change, in
19 lieu of the Exchange website described in
20 subsection (d)(4)(C), including information
21 on the agent of record, the qualified health
22 plan, and when any changes are made to
23 the agent of record or the qualified health
24 plan, on a consumer-facing website or
25 through a toll-free telephone hotline; and

1 “(vi) a requirement that the agent or
 2 broker report to the Secretary any third-
 3 party marketing organization or field mar-
 4 keting organization (as such terms are de-
 5 fined in section 1312(e)) involved in the
 6 chain of enrollment (as so defined) with re-
 7 spect to such new enrollment or coverage
 8 change.

9 “(C) CONSUMER PROTECTION.—The Sec-
 10 retary shall ensure that the enrollment
 11 verification process under subparagraph (A)
 12 prioritizes continuity of coverage and care for
 13 individuals, including by not disenrolling indi-
 14 viduals from a qualified health plan without the
 15 consent of the individual, regardless of whether
 16 the broker, agent, or qualified health plan is in
 17 violation of any requirement under this para-
 18 graph.”.

19 (2) REQUIRED REPORTING.—Section
 20 1311(c)(1) of the Patient Protection and Affordable
 21 Care Act (42 U.S.C. 18031(c)(1)) is amended—

22 (A) in subparagraph (H), by striking
 23 “and” at the end;

24 (B) in subparagraph (I), by striking the
 25 period at the end and inserting “; and”; and

1 (C) by adding at the end the following:

2 “(J) report to the Secretary the termi-
3 nation (as defined in section 1312(e)(4)(C)) of
4 an issuer.”.

5 (c) AUTHORITY TO REGULATE FIELD MARKETING
6 ORGANIZATIONS AND THIRD-PARTY MARKETING ORGANI-
7 ZATIONS.—Section 1312(e) of the Patient Protection and
8 Affordable Care Act (42 U.S.C. 18032(e)) is amended—

9 (1) by redesignating paragraphs (1) and (2) as
10 subclauses (I) and (II), respectively, and adjusting
11 the margins accordingly;

12 (2) in subclause (II) (as so redesignated), by
13 striking the period at the end and inserting “; and”;

14 (3) by striking the subsection designation and
15 heading and all that follows through “brokers—”
16 and inserting the following:

17 “(e) REGULATION OF AGENTS, BROKERS, AND CER-
18 TAIN MARKETING ORGANIZATIONS.—

19 “(1) AGENTS, BROKERS, AND CERTAIN MAR-
20 KETING ORGANIZATIONS.—

21 “(A) IN GENERAL.—The Secretary shall
22 establish procedures under which a State may
23 allow—

24 “(i) agents or brokers—”; and

25 (4) by adding at the end the following:

1 “(ii) field marketing organizations
2 and third-party marketing organizations to
3 participate in the chain of enrollment for
4 an individual with respect to qualified
5 health plans offered through an Exchange.

6 “(B) CRITERIA.—For plan years beginning
7 on or after such date specified by the Secretary,
8 but not later than January 1, 2028, the Sec-
9 retary, by regulation, shall establish criteria for
10 States to use in determining whether to allow
11 agents and brokers to enroll individuals and
12 employers in qualified health plans as described
13 in subclause (I) of subparagraph (A)(i) and to
14 assist individuals as described in subclause (II)
15 of such subparagraph and field marketing orga-
16 nizations and third-party marketing organiza-
17 tions to participate in the chain of enrollment
18 as described in subparagraph (A)(ii). Such cri-
19 teria shall, at a minimum, require that—

20 “(i) an agent or broker act in accord-
21 ance with a standard of conduct that in-
22 cludes a duty of such agent or broker to
23 act in the best interests of the enrollee;

24 “(ii) a field marketing organization or
25 third-party marketing organization agree

1 to report the termination of an agent or
2 broker to the applicable State and the Sec-
3 retary, including the reason for termi-
4 nation; and

5 “(iii) an agent, broker, field mar-
6 keting organization, or third-party mar-
7 keting organization—

8 “(I) meet such marketing re-
9 quirements as are required by the
10 Secretary;

11 “(II) meet marketing require-
12 ments in accordance with other appli-
13 cable Federal or State law;

14 “(III) does not employ practices
15 that are confusing or misleading, as
16 determined by the Secretary;

17 “(IV) submit all marketing mate-
18 rials to the Secretary for, as deter-
19 mined appropriate by the Secretary,
20 review and approval;

21 “(V) is a licensed agent or broker
22 or meets other licensure requirements,
23 as required by the State;

24 “(VI) register with the Secretary;
25 and

1 “(VII) does not compensate any
2 individual or organization for referrals
3 or any other service relating to the
4 sale of, marketing for, or enrollment
5 in qualified health plans unless such
6 individual or organization meets the
7 criteria described in subclauses (I)
8 through (VI).

9 “(C) DEFINITIONS.—In this paragraph:

10 “(i) CHAIN OF ENROLLMENT.—The
11 term ‘chain of enrollment’, with respect to
12 enrollment of an individual in a qualified
13 health plan offered through an Exchange,
14 means any steps taken from marketing to
15 such individual, to such individual making
16 an enrollment decision with respect to such
17 a plan.

18 “(ii) FIELD MARKETING ORGANIZA-
19 TION.—The term ‘field marketing organi-
20 zation’ means an organization or individual
21 that directly employs or contracts with
22 agents and brokers, or contracts with car-
23 riers, to provide functions relating to en-
24 rollment of individuals in qualified health

1 plans offered through an Exchange as part
2 of the chain of enrollment.

3 “(iii) MARKETING.—The term ‘mar-
4 keting’ means the use of marketing mate-
5 rials to provide information to current and
6 prospective enrollees in a qualified health
7 plan offered through an Exchange.

8 “(iv) MARKETING MATERIALS.—The
9 term ‘marketing materials’ means mate-
10 rials relating to a qualified health plan of-
11 fered through an Exchange or benefits of-
12 fered through an Exchange that—

13 “(I) are intended—

14 “(aa) to draw an individual’s
15 attention to such plan or the pre-
16 mium tax credits or cost-sharing
17 reductions for such plan or plans
18 offered through an Exchange;

19 “(bb) to influence an indi-
20 vidual’s decision-making process
21 when selecting a qualified health
22 plan in which to enroll; or

23 “(cc) to influence an enroll-
24 ee’s decision to stay enrolled in
25 such plan; and

1 “(II) include or address content
2 regarding the benefits, benefit struc-
3 ture, premiums, or cost sharing of
4 such plan.

5 “(v) TERMINATION.—The term ‘ter-
6 mination’, with respect to a contract or
7 business arrangement between an agent or
8 broker and a field marketing organization,
9 third-party marketing organization, or
10 health insurance issuer, means—

11 “(I) the ending of such contract
12 or business arrangement, either uni-
13 laterally by one of the parties or on
14 mutual agreement; or

15 “(II) the expiration of such con-
16 tract or business arrangement that is
17 not replaced by a substantially similar
18 agreement.

19 “(vi) THIRD-PARTY MARKETING ORGA-
20 NIZATION.—The term ‘third-party mar-
21 keting organization’ means an organization
22 or individual that is compensated to per-
23 form lead generation, marketing, or sales
24 relating to enrollment of individuals in
25 qualified health plans offered through an

1 Exchange as part of the chain of enroll-
2 ment.”.

3 (d) TRANSPARENCY.—Section 1312(e) of the Patient
4 Protection and Affordable Care Act (42 U.S.C. 18032(e))
5 (as amended by subsection (c)) is amended by adding at
6 the end the following:

7 “(2) AUDITS.—

8 “(A) IN GENERAL.—For plan years begin-
9 ning on or after such date specified by the Sec-
10 retary, but not later than January 1, 2028, the
11 Secretary, in coordination with the States and
12 in consultation with the National Association of
13 Insurance Commissioners, shall implement a
14 process for the oversight and enforcement of
15 agent and broker compliance with this section
16 and other applicable Federal and State law (in-
17 cluding regulations) that shall include—

18 “(i) periodic audits of agents and bro-
19 kers based on—

20 “(I) complaints filed with the
21 Secretary by individuals enrolled by
22 such an agent or broker in a qualified
23 health plan offered through an Ex-
24 change;

1 “(II) an incident or enrollment
2 pattern that suggests fraud; and

3 “(III) other factors determined
4 by the Secretary; and

5 “(ii) a process under which the Sec-
6 retary shall share audit results and refer
7 potential cases of fraud to the relevant
8 State department of insurance.

9 “(B) EFFECT.—Nothing in this paragraph
10 limits or restricts any referrals made under sec-
11 tion 1311(i)(3) or any enforcement actions
12 under section 1411(h).

13 “(3) LIST.—The Secretary shall develop a proc-
14 ess to regularly provide to qualified health plans,
15 Exchanges, and States a list of suspended and ter-
16 minated agents and brokers.”.

○