

119TH CONGRESS  
1ST SESSION

# H. R. 6232

To amend the Internal Revenue Code of 1986 to extend and modify the enhanced premium tax credit, and to amend the Patient Protection and Affordable Care Act to make certain adjustments to the operation of the Exchanges established under such Act.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2025

Mr. SUOZZI (for himself, Mr. BACON, Mr. GOTTHEIMER, and Mr. HURD of Colorado) 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

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## A BILL

To amend the Internal Revenue Code of 1986 to extend and modify the enhanced premium tax credit, and to amend the Patient Protection and Affordable Care Act to make certain adjustments to the operation of the Exchanges established under such Act.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Bipartisan Healthcare  
3 Optimization, Protection, and Extension Act” or the  
4 “HOPE Act”.

5 **SEC. 2. EXTENSION AND MODIFICATION OF ENHANCED**  
6 **PREMIUM TAX CREDIT.**

7 (a) **EXTENSION AND MODIFICATION OF RULES TO**  
8 **INCREASE PREMIUM ASSISTANCE AMOUNTS.**—Section  
9 36B(b)(3)(A)(iii) of the Internal Revenue Code of 1986  
10 is amended—

11 (1) by redesignating subclauses (I) and (II) as  
12 items (aa) and (bb), respectively, and adjusting the  
13 margins accordingly,

14 (2) by striking “TEMPORARY PERCENTAGES  
15 FOR 2021 THROUGH 2025.—In the case of” and in-  
16 sserting “TEMPORARY PERCENTAGES FOR CERTAIN  
17 YEARS.—

18 “(I) BEFORE 2026.—In the case  
19 of”, and

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

21 “(II) AFTER 2025.—In the case  
22 of a taxable year beginning after De-  
23 cember 31, 2025, and before January  
24 1, 2028—

25 “(aa) clause (ii) shall not  
26 apply for purposes of adjusting

1 premium percentages under this  
2 subparagraph, and

3 “(bb) the following table  
4 shall be applied in lieu of the  
5 table 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%  | 0.0%                               | 0.0%                             |
| 150% up to 200%   | 0.0%                               | 2.0%                             |
| 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 800%   | 8.5%                               | 9.0%                             |
| 800% up to 935%   | 9.0%                               | 9.35%”.                          |

6 (b) EXTENSION AND MODIFICATION OF RULE TO  
7 ALLOW CREDIT TO TAXPAYERS WHOSE HOUSEHOLD IN-  
8 COME EXCEEDS 400 PERCENT OF POVERTY LINE.—Sec-  
9 tion 36B(c)(1)(E) of such Code is amended—

10 (1) by striking “TEMPORARY RULE FOR 2021  
11 THROUGH 2025.—In the case of” and inserting  
12 “TEMPORARY RULE FOR CERTAIN YEARS.—

13 “(i) BEFORE 2026.—In the case of”,  
14 and

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

16 “(ii) AFTER 2025.—In the case of a  
17 taxable year beginning after December 31,  
18 2025, and before January 1, 2028, sub-  
19 paragraph (A) shall be applied by sub-

1                   stituting ‘but does not exceed 935 percent’  
2                   for ‘but does not exceed 400 percent’.”.

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

6 **SEC. 3. GUARDRAILS TO PREVENT FRAUD IN EXCHANGES.**

7           (a) REDUCTION OF FRAUDULENT ENROLLMENT IN  
8 QUALIFIED HEALTH PLANS.—

9                   (1) PENALTIES FOR AGENTS AND BROKERS.—

10           Section 1411(h)(1) of the Patient Protection and Af-  
11 fordable Care Act (42 U.S.C. 18081(h)(1)) is  
12 amended—

13                           (A) in subparagraph (A)—

14                                   (i) by redesignating clause (ii) as  
15                                   clause (iv);

16                                   (ii) in clause (i)—

17   (I) in the matter preceding sub-  
18   clause (I), by striking “If—” and all  
19   that follows through the “such per-  
20   son” in the matter following subclause  
21   (II) and inserting the following: “If  
22   any person (other than an agent or  
23   broker) fails to provide correct infor-  
24   mation under subsection (b) and such  
25   failure is attributable to negligence or

1 disregard of any rules or regulations  
2 of the Secretary, such person”; and

3 (II) in the second sentence, by  
4 striking “For purposes” and inserting  
5 the following:

6 “(iii) DEFINITIONS OF NEGLIGENCE,  
7 DISREGARD.—For purposes”;

8 (iii) by inserting after clause (i) the  
9 following:

10 “(ii) CIVIL PENALTIES FOR CERTAIN  
11 VIOLATIONS BY AGENTS OR BROKERS.—If  
12 any agent or broker fails to provide correct  
13 information under subsection (b) or section  
14 1311(c)(8) or other information, as speci-  
15 fied by the Secretary, and such failure is  
16 attributable to negligence or disregard of  
17 any rules or regulations of the Secretary,  
18 such agent or broker shall be subject, in  
19 addition to any other penalties that may be  
20 prescribed by law, including subparagraph  
21 (C), to a civil penalty of not less than  
22 \$10,000 and not more than \$50,000 with  
23 respect to each individual who is the sub-  
24 ject of an application for which such incor-  
25 rect information is provided.”; and

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

3 (B) in subparagraph (B)—

4 (i) by inserting “including subpara-  
5 graph (C),” after “law,”;

6 (ii) by striking “Any person” and in-  
7 serting the following:

8 “(i) IN GENERAL.—Any person”; and

9 (iii) by adding at the end the fol-  
10 lowing:

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

13 “(I) IN GENERAL.—Any agent or  
14 broker who knowingly provides false  
15 or fraudulent information under sub-  
16 section (b) or section 1311(c)(8), or  
17 other false or fraudulent information  
18 as part of an application for enroll-  
19 ment in a qualified health plan offered  
20 through an Exchange, as specified by  
21 the Secretary, shall be subject, in ad-  
22 dition to any other penalties that may  
23 be prescribed by law, including sub-  
24 paragraph (C), to a civil penalty of  
25 not more than \$200,000 with respect

1 to each individual who is the subject  
2 of an application for which such false  
3 or fraudulent information is provided.

4 “(II) PROCEDURE.—The provi-  
5 sions of section 1128A of the Social  
6 Security Act (other than subsections  
7 (a) and (b) of such section) shall  
8 apply to a civil monetary penalty  
9 under subclause (I) in the same man-  
10 ner as such provisions apply to a pen-  
11 alty or proceeding under section  
12 1128A of the Social Security Act.”;  
13 and

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

15 “(C) CRIMINAL PENALTIES.—Any agent or  
16 broker who knowingly and willfully provides  
17 false or fraudulent information under sub-  
18 section (b) or section 1311(c)(8), or other false  
19 or fraudulent information as part of an applica-  
20 tion for enrollment in a qualified health plan of-  
21 fered through an Exchange, as specified by the  
22 Secretary, shall be fined under title 18, United  
23 States Code, imprisoned for not more than 10  
24 years, or both.”.

25 (2) CONSUMER PROTECTIONS.—

1           (A) IN GENERAL.—Section 1311(c) of the  
2 Patient Protection and Affordable Care Act (42  
3 U.S.C. 18031(c)) is amended by adding at the  
4 end the following new paragraph:

5           “(8) AGENT- OR BROKER-ASSISTED ENROLL-  
6 MENT IN QUALIFIED HEALTH PLANS IN CERTAIN  
7 EXCHANGES.—

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, 2029, in  
11 the case of an Exchange that the Secretary op-  
12 erates pursuant to section 1321(c)(1), the Sec-  
13 retary shall establish a verification process for  
14 new enrollments of individuals in, and changes  
15 in coverage for individuals under, a qualified  
16 health plan offered through such Exchange,  
17 which are submitted by an agent or broker in  
18 accordance with section 1312(e) and for which  
19 the agent or broker is eligible to receive a com-  
20 mission.

21           “(B) REQUIREMENTS.—The enrollment  
22 verification process under subparagraph (A)  
23 shall include—

24           “(i) a requirement that the agent or  
25 broker provide with the new enrollment or

1 coverage change such documentation or  
2 evidence (such as a standardized consent  
3 form) or other sources as the Secretary de-  
4 termines necessary to establish that the  
5 agent or broker has the consent of the in-  
6 dividual for the new enrollment or coverage  
7 change;

8 “(ii) a requirement that any commis-  
9 sions due to a broker or agent for such  
10 new enrollment or coverage change are  
11 paid after the enrollee has resolved all in-  
12 consistencies in accordance with para-  
13 graphs (3) and (4) of section 1411(e);

14 “(iii) a requirement that the informa-  
15 tion required under clause (i) and, as ap-  
16 plicable, the date on which inconsistencies  
17 are resolved as described in clause (ii), is  
18 accessible to the applicable qualified health  
19 plan through a database or other resource,  
20 as determined by the Secretary, so that  
21 any commissions due to a broker or agent  
22 for such enrollment can be effectuated at  
23 the appropriate time;

24 “(iv) a requirement that individuals  
25 are notified of any changes to enrollment,

1 coverage, the agent of record, or premium  
2 tax credits in a timely manner and that  
3 such notice provides plain language in-  
4 structions on how individuals can cancel  
5 unauthorized activity;

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

18 “(vi) a requirement that the agent or  
19 broker report to the Secretary any third-  
20 party marketing organization or field mar-  
21 keting organization (as such terms are de-  
22 fined in section 1312(e)) involved in the  
23 chain of enrollment (as so defined) with re-  
24 spect to such new enrollment or coverage  
25 change.

1           “(C) CONSUMER PROTECTION.—The Sec-  
2           retary shall ensure that the enrollment  
3           verification process under subparagraph (A)  
4           prioritizes continuity of coverage and care for  
5           individuals, including by not disenrolling indi-  
6           viduals from a qualified health plan without the  
7           consent of the individual, regardless of whether  
8           the broker, agent, or qualified health plan is in  
9           violation of any requirement under this para-  
10          graph.”.

11          (B) REQUIRED REPORTING.—Section  
12          1311(c)(1) of the Patient Protection and Af-  
13          fordable Care Act (42 U.S.C. 18031(c)(1)) is  
14          amended—

15                 (i) in subparagraph (H), by striking  
16                 “and” at the end;

17                 (ii) in subparagraph (I), by striking  
18                 the period at the end and inserting “;  
19                 and”; and

20                 (iii) by adding at the end the fol-  
21                 lowing:

22                 “(J) report to the Secretary the termi-  
23                 nation (as defined in section 1312(e)(1)(C)) of  
24                 an issuer.”.

1           (3) AUTHORITY TO REGULATE FIELD MAR-  
2           KETING ORGANIZATIONS AND THIRD-PARTY MAR-  
3           KETING ORGANIZATIONS.—Section 1312(e) of the  
4           Patient Protection and Affordable Care Act (42  
5           U.S.C. 18032(e)) is amended—

6                   (A) by redesignating paragraphs (1) and  
7                   (2) as subclauses (I) and (II), respectively, and  
8                   adjusting the margins accordingly;

9                   (B) in subclause (II) (as so redesignated),  
10                  by striking the period at the end and inserting  
11                  “; and”;

12                  (C) by striking the subsection designation  
13                  and heading and all that follows through “bro-  
14                  kers—” and inserting the following:

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

17                   “(1) AGENTS, BROKERS, AND CERTAIN MAR-  
18                   KETING ORGANIZATIONS.—

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

22                                   “(i) agents or brokers—”; and

23                           (D) by adding at the end the following:

24                                   “(ii) field marketing organizations  
25                           and third-party marketing organizations to

1           participate in the chain of enrollment for  
2           an individual with respect to qualified  
3           health plans offered through an Exchange.

4           “(B) CRITERIA.—For plan years beginning  
5           on or after such date specified by the Secretary,  
6           but not later than January 1, 2029, the Sec-  
7           retary, by regulation, shall establish criteria for  
8           States to use in determining whether to allow  
9           agents and brokers to enroll individuals and  
10          employers in qualified health plans as described  
11          in subclause (I) of subparagraph (A)(i) and to  
12          assist individuals as described in subclause (II)  
13          of such subparagraph and field marketing orga-  
14          nizations and third-party marketing organiza-  
15          tions to participate in the chain of enrollment  
16          as described in subparagraph (A)(ii). Such cri-  
17          teria shall, at a minimum, require that—

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

22                   “(ii) a field marketing organization or  
23                   third-party marketing organization agree  
24                   to report the termination of an agent or  
25                   broker to the applicable State and the Sec-

1           retary, including the reason for termi-  
2           nation; and

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

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

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

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

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

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

22          “(VI) register with the Secretary;  
23          and

24          “(VII) does not compensate any  
25          individual or organization for referrals

1 or any other service relating to the  
2 sale of, marketing for, or enrollment  
3 in qualified health plans unless such  
4 individual or organization meets the  
5 criteria described in subclauses (I)  
6 through (VI).

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

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

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

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

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

11                   “(I) are intended—

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

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

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

24                           “(II) include or address content  
25                           regarding the benefits, benefit struc-

1           ture, premiums, or cost sharing of  
2           such plan.

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

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

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

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

1           (4) TRANSPARENCY.—Section 1312(e) of the  
2 Patient Protection and Affordable Care Act (42  
3 U.S.C. 18032(e)), as amended by paragraph (3), is  
4 further amended by adding at the end the following  
5 new paragraphs:

6           “(2) AUDITS.—

7                   “(A) IN GENERAL.—For plan years begin-  
8 ning on or after such date specified by the Sec-  
9 retary, but not later than January 1, 2029, the  
10 Secretary, in coordination with the States and  
11 in consultation with the National Association of  
12 Insurance Commissioners, shall implement a  
13 process for the oversight and enforcement of  
14 agent and broker compliance with this section  
15 and other applicable Federal and State law (in-  
16 cluding regulations) that shall include—

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

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

24                                   “(II) an incident or enrollment  
25 pattern that suggests fraud; and

1                   “(III) other factors determined  
2                   by the Secretary; and

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

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

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

15                  (b) REMOVAL OF DECEASED INDIVIDUALS FROM EX-  
16                  CHANGE PLANS.—Section 1311(c) of the Patient Protec-  
17                  tion and Affordable Care Act (42 U.S.C. 18031(c)), as  
18                  amended by subsection (a), is further amended by adding  
19                  at the end the following new paragraph:

20                  “(9) REMOVAL OF DECEASED INDIVIDUALS  
21                  FROM EXCHANGE PLANS.—

22                  “(A) IN GENERAL.—Not later than 90  
23                  days after the date of the enactment of this  
24                  paragraph, and on a quarterly basis thereafter,  
25                  the Secretary shall conduct a check of the

1           Death Master File (as such term is defined in  
2           section 203(d) of the Bipartisan Budget Act of  
3           2013) for purposes of identifying individuals  
4           enrolled in a qualified health plan through an  
5           Exchange who are deceased.

6                   “(B) PROCESS.—The Secretary shall—

7                           “(i) establish a process to verify that  
8                           an individual identified pursuant to a  
9                           check described in subparagraph (A) is de-  
10                          ceased; and

11                           “(ii) require an Exchange to termi-  
12                           nate such individual’s enrollment under a  
13                           qualified health plan.”.

14           (c) STANDARD OF PROOF FOR TERMINATING  
15 AGENTS AND BROKERS.—Section 1312(e) of the Patient  
16 Protection and Affordable Care Act (42 U.S.C. 18032(e)),  
17 as amended by subsection (a), is further amended by add-  
18 ing at the end the following new paragraph:

19                   “(4) STANDARD FOR TERMINATION FOR CER-  
20 TAIN EXCHANGES.—In the case of an agent or  
21 broker with an agreement in effect with an Ex-  
22 change operated by the Secretary pursuant to sec-  
23 tion 1321(c) to perform activities described in para-  
24 graph (1)(A)(i) with respect to such Exchange, the  
25 Secretary may terminate such agreement for cause

1 if the Secretary finds, based on a preponderance of  
2 the evidence, that such agent or broker has violated  
3 such agreement, otherwise applicable law, or any  
4 other requirement applicable to such agent or  
5 broker.”.

6 (d) REQUIREMENT FOR EXCHANGE TO NOTIFY INDIVIDUALS OF VALUE OF PREMIUM TAX CREDITS.—Section  
7 1412(c)(2) of the Patient Protection and Affordable Care  
8 Act (42 U.S.C. 18082(c)(2)) is amended by adding at the  
9 end the following new subparagraph:  
10

11 “(C) EXCHANGE RESPONSIBILITIES.—Be-  
12 ginning January 1, 2027, if an Exchange is no-  
13 tified under paragraph (1) of an advance deter-  
14 mination under section 1411 with respect to the  
15 eligibility of an individual for a premium tax  
16 credit under section 36B of the Internal Rev-  
17 enue Code of 1986, the Exchange shall, prior to  
18 enrolling such individual in a qualified health  
19 plan, clearly notify such individual of the  
20 amount of such tax credit.”.

21 **SEC. 4. EXTENDING ANNUAL OPEN ENROLLMENT PERIOD**  
22 **FOR EXCHANGES FOR PLAN YEAR 2026.**

23 The Secretary of Health and Human Services shall  
24 revise section 155.410(e) of title 45, Code of Federal Reg-  
25 ulations (or any successor regulation) to provide that the

1 annual open enrollment period determined for plan year  
2 2026 pursuant to section 1311(c)(6) of the Patient Pro-  
3 tection and Affordable Care Act (42 U.S.C. 18031(c)(6))  
4 shall begin on November 1, 2025, and end on May 15,  
5 2026.

○