

119TH CONGRESS  
1ST SESSION

# S. 3368

To improve patient protections and affordability under the Patient Protection and Affordable Care Act, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

DECEMBER 4, 2025

Ms. BLUNT ROCHESTER (for herself, Mr. WYDEN, Mr. BOOKER, Mr. MERKLEY, and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To improve patient protections and affordability under the Patient Protection and Affordable Care Act, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Restoring Patient Protections and Affordability Act of  
6 2025”.

7 (b) TABLE OF CONTENTS.—The table of contents for  
8 this Act is as follows:

Sec. 1. Short title; table of contents.

## TITLE I—CONSUMER PROTECTIONS

- Sec. 101. Extension of temporary enhanced premium credits.  
 Sec. 102. Extending annual open enrollment period for plan year 2026.  
 Sec. 103. Restoring navigator program.  
 Sec. 104. Repeal of disallowance of premium tax credit in case of certain coverage enrolled in during special enrollment period.

## TITLE II—HEALTH PLAN ACCOUNTABILITY

- Sec. 201. Minimum notice requirements for plan year 2025 enrollees.  
 Sec. 202. Minimum notice requirements for plan year 2026 enrollees.  
 Sec. 203. Health insurance issuer reporting requirements.  
 Sec. 204. Enforcement.

## TITLE III—ELIMINATING RED TAPE

- Sec. 301. Applying commercial market policy to reenrollment process.  
 Sec. 302. Protection against bureaucratic coverage denials.  
 Sec. 303. Automatic enrollment from bronze to silver level qualified health plans offered on Exchanges.

## TITLE IV—MARKET STABILIZATION

- Sec. 401. Restoring marketplace flexibility.  
 Sec. 402. No health plan gouging.  
 Sec. 403. Protecting continuity of coverage.  
 Sec. 404. Protecting enrollees from surprise premium bills.  
 Sec. 405. No ACA and employer coverage premium spikes.

- 1                   **TITLE I—CONSUMER**  
 2                   **PROTECTIONS**  
 3 **SEC. 101. EXTENSION OF TEMPORARY ENHANCED PRE-**  
 4                   **MIUM CREDITS.**  
 5           (a) IN GENERAL.—Clause (iii) of section  
 6 36B(b)(3)(A) of the Internal Revenue Code of 1986 is  
 7 amended—  
 8           (1) by striking “January 1, 2026” and insert-  
 9           ing “January 1, 2029”, and  
 10           (2) by striking “2025” in the heading and in-  
 11           serting “2028”.  
 12           (b) TAXPAYERS WHOSE HOUSEHOLD INCOME EX-  
 13 CEEDS 400 PERCENT OF THE POVERTY LINE.—Section

1 36B(c)(1)(E) of the Internal Revenue Code of 1986 is  
2 amended—

3 (1) by striking “January 1, 2026” and insert-  
4 ing “January 1, 2029”, and

5 (2) by striking “2025” in the heading and in-  
6 serting “2028”.

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

10 **SEC. 102. EXTENDING ANNUAL OPEN ENROLLMENT PERIOD**  
11 **FOR PLAN YEAR 2026.**

12 With respect to plan year 2026, the annual open en-  
13 rollment period required to be provided by Exchanges  
14 under section 1311(c)(6) of the Patient Protection and Af-  
15 fordable Care Act (42 U.S.C. 18031(c)(6)) shall extend  
16 through May 1, 2026.

17 **SEC. 103. RESTORING NAVIGATOR PROGRAM.**

18 (a) FUNDING.—Section 1311(i)(6) of the Patient  
19 Protection and Affordable Care Act (42 U.S.C.  
20 18031(i)(6)) is amended—

21 (1) by striking “Grants under” and inserting  
22 the following:

23 “(A) STATE EXCHANGES.—In the case of  
24 an Exchange established and operated by a

1 State pursuant to subsection (b), grants  
2 under”; and

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

4 “(B) FEDERAL EXCHANGES.—For pur-  
5 poses of carrying out this subsection with re-  
6 spect to an Exchange established and operated  
7 by the Secretary pursuant to section 1321(c),  
8 the Secretary shall obligate \$100,000,000 out  
9 of amounts collected through the user fees on  
10 participating health insurance issuers pursuant  
11 to section 156.50 of title 45, Code of Federal  
12 Regulations (or any successor regulations) for  
13 fiscal year 2026. Such amount so obligated for  
14 a fiscal year shall remain available until ex-  
15 pended.”.

16 (b) STANDARDS.—Section 1311(i)(4)(A) of the Pa-  
17 tient Protection and Affordable Care Act (42 U.S.C.  
18 18031(i)(4)(A)) is amended—

19 (1) in clause (i), by striking “or” at the end;

20 (2) in clause (ii), by striking the period and in-  
21 serting a semicolon; and

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

23 “(iii) charge any fees to applicants or  
24 enrollees; or

1 “(iv) request any form of remunera-  
 2 tion from or on behalf of any applicant or  
 3 enrollee.”.

4 **SEC. 104. REPEAL OF DISALLOWANCE OF PREMIUM TAX**  
 5 **CREDIT IN CASE OF CERTAIN COVERAGE EN-**  
 6 **ROLLED IN DURING SPECIAL ENROLLMENT**  
 7 **PERIOD.**

8 (a) IN GENERAL.—Section 36B(c)(3)(A) of the In-  
 9 ternal Revenue Code of 1986, as amended by Public Law  
 10 119–21, is amended by striking clause (iii).

11 (b) EFFECTIVE DATE.—The amendment made by  
 12 this section shall apply with respect to plan years begin-  
 13 ning after December 31, 2025.

14 **TITLE II—HEALTH PLAN**  
 15 **ACCOUNTABILITY**

16 **SEC. 201. MINIMUM NOTICE REQUIREMENTS FOR PLAN**  
 17 **YEAR 2025 ENROLLEES.**

18 The Secretary of Health and Human Services shall  
 19 require each health insurance issuer that offered a quali-  
 20 fied health plan through a Federal or State Exchange for  
 21 plan year 2025 to notify, not later than 15 days after the  
 22 date of enactment of this Act, all individuals enrolled in  
 23 such plan for any month during plan year 2025 of—

24 (1) changes to eligibility for premium assistance  
 25 credits, and to the premium assistance credit

1 amounts, under section 36B of the Internal Revenue  
2 Code of 1986 that first take effect with respect to  
3 plan year 2026;

4 (2) the extended open enrollment period for  
5 plan year 2026 pursuant to section 101; and

6 (3) any additional information relating to such  
7 eligibility and enrollment, as the Secretary deter-  
8 mines appropriate, including the website and phone  
9 number for the applicable Federal or State Ex-  
10 change.

11 **SEC. 202. MINIMUM NOTICE REQUIREMENTS FOR PLAN**  
12 **YEAR 2026 ENROLLEES.**

13 (a) IN GENERAL.—The Secretary of Health and  
14 Human Services shall require each health insurance issuer  
15 that offers a qualified health plan through a Federal or  
16 State Exchange for plan year 2026 to notify all individuals  
17 enrolled in such plan for plan year 2026 of—

18 (1) changes to eligibility for premium assistance  
19 credits, and to the premium assistance credit  
20 amounts, under section 36B of the Internal Revenue  
21 Code of 1986 that first take effect with respect to  
22 plan year 2026;

23 (2) the extended open enrollment period for  
24 plan year 2026 pursuant to section 101; and

1           (3) any additional information relating to such  
2           eligibility and enrollment, as the Secretary deter-  
3           mines appropriate, including the website and phone  
4           number for the applicable Federal or State Ex-  
5           change.

6           (b) **TIMING.**—The notification by a health insurance  
7           issuer under subsection (a) shall be made—

8           (1) not later than 15 days after the date of en-  
9           actment of this Act, with respect to individuals en-  
10          rolled in such plan as of the date of enactment of  
11          this Act; and

12          (2) not later than 15 days after an individual’s  
13          enrollment, with respect to individuals enrolling,  
14          after such date of enactment, in the plan during the  
15          open enrollment period for plan year 2026.

16 **SEC. 203. HEALTH INSURANCE ISSUER REPORTING RE-**  
17 **QUIREMENTS.**

18          (a) **REPORT FROM ISSUER.**—Not later than 90 days  
19          after the date of enactment of this Act, each health insur-  
20          ance issuer that is subject to the reporting requirements  
21          under sections 201 and 202 shall submit to the Secretary  
22          of Health and Human Services a report attesting to com-  
23          pliance with the requirements under sections 201 and 202.

24          (b) **CONSOLIDATED REPORT TO CONGRESS.**—Not  
25          later than 120 days after the date of enactment of this

1 Act, the Secretary of Health and Human Services shall  
2 submit to the Committee on Finance and the Committee  
3 on Health, Education, Labor, and Pensions of the Senate  
4 and the Committee on Ways and Means, the Committee  
5 on Energy and Commerce, and the Committee on Edu-  
6 cation and Workforce of the House of Representatives a  
7 report that consolidates the reports submitted by issuers  
8 under subsection (a).

9 **SEC. 204. ENFORCEMENT.**

10 (a) IN GENERAL.—Consistent with the process set  
11 forth in subsections (d) and (e) of section 156.805 of title  
12 45, Code of Federal Regulations (or successor regula-  
13 tions), the Secretary of Health and Human Services may  
14 impose a civil monetary penalty upon any health insurance  
15 issuer who fails to comply with the notification require-  
16 ments under section 201 or 202 or the reporting require-  
17 ments under section 203.

18 (b) PENALTY AMOUNTS.—

19 (1) VIOLATIONS REGARDING NOTICE TO EN-  
20 ROLLEES.—In the case of a violation of section 201  
21 or 202, such penalty shall be in the amount equal  
22 to \$1,000 for each individual enrolled in a plan for  
23 plan year 2025 or 2026 who did not receive a notice  
24 as required under section 201 or 202, as applicable,  
25 for each day between the date on which such notice

1 was due and the date on which the notice is pro-  
2 vided.

3 (2) REPORTING VIOLATIONS.—In the case of a  
4 violation of section 203, such penalty shall be in the  
5 amount of \$1,000 per day for each individual en-  
6 rolled in health insurance coverage with respect to  
7 which the report is required, for each day between  
8 the date on which the report under section 302 was  
9 due and the date on which the report is submitted.

## 10 **TITLE III—ELIMINATING RED** 11 **TAPE**

### 12 **SEC. 301. APPLYING COMMERCIAL MARKET POLICY TO RE-** 13 **ENROLLMENT PROCESS.**

14 (a) IN GENERAL.—Section 36B(c)(5)(A) of the In-  
15 ternal Revenue Code of 1986, as added by Public Law  
16 119–21, is amended by striking “, using applicable enroll-  
17 ment information that shall be provided or verified by the  
18 applicant,”.

19 (b) EFFECTIVE DATE.—The amendment made by  
20 this section shall apply to taxable years beginning after  
21 December 31, 2027.

1 **SEC. 302. PROTECTION AGAINST BUREAUCRATIC COV-**  
 2 **ERAGE DENIALS.**

3 (a) IN GENERAL.—Section 1311(c)(6) of the Patient  
 4 Protection and Affordable Care Act (42 U.S.C.  
 5 18031(c)(6)) is amended—

6 (1) in subparagraph (C), by striking “; and”  
 7 and inserting a semicolon; and

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

9 “(E) special enrollment periods for any in-  
 10 dividual denied the advance payment for which  
 11 the individual applies for one or more months  
 12 pending the verification prescribed by section  
 13 36B(c)(5)(A) of the Internal Revenue Code of  
 14 1986, to permit enrollment of any such indi-  
 15 vidual following such verification; and”.

16 (b) EFFECTIVE DATE.—The amendment made by  
 17 this section shall apply with respect to plan years begin-  
 18 ning on or after January 1, 2028.

19 **SEC. 303. AUTOMATIC ENROLLMENT FROM BRONZE TO SIL-**  
 20 **VER LEVEL QUALIFIED HEALTH PLANS OF-**  
 21 **FERED ON EXCHANGES.**

22 The Secretary of Health and Human Services shall  
 23 revise section 155.335(j) of title 45, Code of Federal Reg-  
 24 ulations (or any successor regulation) to ensure that, with  
 25 respect to reenrollments for plan years beginning on or  
 26 after January 1, 2026, a Federal or State Exchange es-

1 tablished under subtitle D of title I of the Patient Protec-  
 2 tion and Affordable Care Act (42 U.S.C. 18021 et seq.)  
 3 may reenroll an individual who was enrolled in a bronze  
 4 level qualified health plan in a silver level qualified health  
 5 plan (as such terms are defined in section 1301(a) and  
 6 described in 1302(d) of such Act (42 U.S.C. 18021(a);  
 7 18022(d))).

## 8 **TITLE IV—MARKET** 9 **STABILIZATION**

### 10 **SEC. 401. RESTORING MARKETPLACE FLEXIBILITY.**

11 (a) IN GENERAL.—Section 1311(c)(6) of the Patient  
 12 Protection and Affordable Care Act (42 U.S.C.  
 13 18031(c)(6)), as amended by section 302(a), is further  
 14 amended by adding at the end the following:

15 “(F) a special enrollment period once per  
 16 month for any individual who is eligible for the  
 17 advance payment of premium tax credits under  
 18 section 1412 and whose household income is  
 19 not expected to exceed 150 percent of the pov-  
 20 erty line for a family of the size involved.”.

21 (b) EFFECTIVE DATE.—The amendment made by  
 22 subsection (a) shall apply with respect to plan years begin-  
 23 ning on or after January 1, 2026.

### 24 **SEC. 402. NO HEALTH PLAN GOUGING.**

25 The Secretary of Health and Human Services shall—

1           (1) revise section 156.140(e) of title 45, Code  
2 of Federal Regulations (or a successor regulation),  
3 to provide that, for plan years beginning on or after  
4 January 1, 2026, the allowable variation in the actu-  
5 arial value of a health plan applicable under such  
6 section shall be the allowable variation for such plan  
7 applicable under such section for plan year 2025;  
8 and

9           (2) revise section 156.400 of title 45, Code of  
10 Federal Regulations (or a successor regulation), to  
11 provide that, for plan years beginning on or after  
12 January 1, 2026, the term “de minimis variation for  
13 a silver plan variation” means a minus 0 percentage  
14 point and plus 2 percentage point allowable actuarial  
15 value variation.

16 **SEC. 403. PROTECTING CONTINUITY OF COVERAGE.**

17       (a) IN GENERAL.—The Secretary of Health and  
18 Human Services shall revise section 155.305(f)(4) of title  
19 45, Code of Federal Regulations (or a successor regula-  
20 tion) to provide that an Exchange may determine an en-  
21 rollee ineligible for an advance premium tax credit under  
22 section 36B of the Internal Revenue Code of 1986 as de-  
23 scribed in such section 155.305(f)(4) only after a taxpayer  
24 (or a taxpayer’s spouse, if married) has failed to file a  
25 Federal income tax return and reconcile their past ad-

1 vance premium tax credit for 2 consecutive years for which  
 2 tax data will be utilized for verification of household in-  
 3 come and family size.

4 (b) EFFECTIVE DATE.—The requirement described  
 5 in subsection (a) shall apply with respect to plan years  
 6 beginning on or after January 1, 2026.

7 **SEC. 404. PROTECTING ENROLLEES FROM SURPRISE PRE-**  
 8 **MIUM BILLS.**

9 (a) IN GENERAL.—Section 36B(f)(2) of the Internal  
 10 Revenue Code of 1986, as amended by Public Law 119–  
 11 21, is amended—

12 (1) by striking “If the advanced payments” and  
 13 inserting the following:

14 “(A) IN GENERAL.—If the advanced pay-  
 15 ments”, and

16 (2) by adding at the end the following new sub-  
 17 paragraph:

18 “(B) LIMITATION ON INCREASE.—

19 “(i) IN GENERAL.—In the case of a  
 20 taxpayer whose household income is less  
 21 than 400 percent of the poverty line for  
 22 the size of the family involved for the tax-  
 23 able year, the amount of the increase  
 24 under subparagraph (A) shall in no event  
 25 exceed the applicable dollar amount deter-

1                   mined in accordance with the following  
 2                   table (one-half of such amount in the case  
 3                   of a taxpayer whose tax is determined  
 4                   under section 1(c) for the taxable year):

“If the household income (expressed as a percentage of the poverty line) is:	The applicable dollar amount is:
Less than 200% .....	\$600
At least 200% but less than 300% .....	\$1,500
At least 300% but less than 400% .....	\$2,500.

5                   “(ii) INDEXING OF AMOUNT.—In the  
 6                   case of any calendar year beginning after  
 7                   2014, each of the dollar amounts in the  
 8                   table contained under clause (i) shall be in-  
 9                   creased by an amount equal to—

10                   “(I) such dollar amount, multi-  
 11                   plied by

12                   “(II) the cost-of-living adjust-  
 13                   ment determined under section 1(f)(3)  
 14                   for the calendar year, determined by  
 15                   substituting ‘calendar year 2013’ for  
 16                   ‘calendar year 2016’ in subparagraph  
 17                   (A)(ii) thereof.

18                   If the amount of any increase under clause  
 19                   (i) is not a multiple of \$50, such increase  
 20                   shall be rounded to the next lowest mul-  
 21                   tiple of \$50.”.

1 (b) CONFORMING AMENDMENT.—Section  
 2 35(g)(12)(B)(ii) of such Code is amended by striking “the  
 3 amount determined under clause (i) shall be substituted  
 4 for the amount determined under section 36B(f)(2)” and  
 5 inserting “then section 36B(f)(2)(B) shall be applied by  
 6 substituting the amount determined under clause (i) for  
 7 the amount determined under section 36(f)(2)(A)”.

8 (c) EFFECTIVE DATE.—The amendment made by  
 9 this section shall apply to taxable years beginning after  
 10 December 31, 2025.

11 **SEC. 405. NO ACA AND EMPLOYER COVERAGE PREMIUM**  
 12 **SPIKES.**

13 Section 1302(c)(4) of the Patient Protection and Af-  
 14 fordable Care Act (42 U.S.C. 18022(c)(4)) is amended by  
 15 adding at the end the following: “For calendar year 2026  
 16 and each subsequent calendar year, the lower bound of  
 17 the allowable premium adjustment percentage for pur-  
 18 poses of paragraph (1)(B)(i) is the lower bound of the pre-  
 19 mium adjustment percentage that applied under this para-  
 20 graph for plan year 2022 using National Health Expendi-  
 21 ture Accounts projections of average per enrollee em-  
 22 ployer-sponsored insurance premiums.”.

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