

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.

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

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 serting “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 in- come 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-

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

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

SEC. 3. GUARDRAILS TO PREVENT FRAUD IN EXCHANGES.

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

(1) PENALTIES FOR AGENTS AND BROKERS.—

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

(A) in subparagraph (A)—

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

(ii) in clause (i)—

(I) in the matter preceding sub-
clause (I), by striking “If—” and all
that follows through the “such per-
son” in the matter following subclause
(II) and inserting the following: “If
any person (other than an agent or
broker) fails to provide correct infor-
mation under subsection (b) and such
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:

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.

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