

119TH CONGRESS  
1ST SESSION

# S. 2057

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

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## IN THE SENATE OF THE UNITED STATES

JUNE 12, 2025

Mr. VAN HOLLEN (for himself, Ms. ALSOBROOKS, Mr. WELCH, and Mrs. GILLIBRAND) introduced the following bill; which was read twice and referred to the Committee on Finance

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## 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:

8               (1) **CHIP PROGRAM.**—The term “CHIP pro-  
9       gram” means a State plan for child health assist-

1       ance under title XXI of the Social Security Act (42  
2       U.S.C. 1397aa et seq.), including any waiver of such  
3       a plan.

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

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

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

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

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

22          (7) INSURANCE AFFORDABILITY PROGRAM.—  
23      The term “insurance affordability program” means  
24      any of the following:

25           (A) A Medicaid program.

1 (B) A CHIP program.

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

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

18 (E) Any other Federal, State, or local pro-  
19 gram that provides assistance for some or all of  
20 the cost of minimum essential coverage and re-  
21 quires eligibility for such program to be based  
22 in whole or in part on income, including such  
23 a program carried out through a waiver under  
24 section 1332 of the Patient Protection and Af-  
25 fordable Care Act (42 U.S.C. 18052) or a State

1           program supplementing the advanced payment  
2           of tax credits and cost-sharing reductions under  
3           section 1412(a)(3) of such Act (42 U.S.C.  
4           18082(a)(3)).

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

10          (9) MINIMUM ESSENTIAL COVERAGE.—The  
11          term “minimum essential coverage” has the meaning  
12          given such term in section 5000A(f) of the Internal  
13          Revenue Code of 1986.

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

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

21                 (A) except as provided in subparagraph  
22                 (B), means the payment from or on behalf of  
23                 an individual required to enroll in such plan or  
24                 coverage, after application of the premium tax  
25                 credit under section 36B of the Internal Rev-

1           enue Code of 1986, the advance payment of  
 2           such credit under section 1412(a)(3) of the Pa-  
 3           tient Protection and Affordable Care Act (42  
 4           U.S.C. 18082(a)(3)), and any other assistance  
 5           provided by an insurance affordability program;  
 6           and

7           (B) does not include any amounts de-  
 8           scribed in section 36B(b)(3)(D) of the Internal  
 9           Revenue Code of 1986 or section 1303(b)(2) of  
 10          the Patient Protection and Affordable Care Act  
 11          (42 U.S.C. 18023(b)(2)).

12          (12) POVERTY LINE.—The term “poverty line”  
 13          has the meaning given such term in section  
 14          36B(d)(3) of the Internal Revenue Code of 1986.

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

19          (14) RELEVANT RETURN INFORMATION.—The  
 20          term “relevant return information” means, with re-  
 21          spect to a taxpayer, any return information, as de-  
 22          fined in section 6103(b)(2) of the Internal Revenue  
 23          Code of 1986, which may be relevant, as determined  
 24          by the Secretary of the Treasury in consultation

1 with the Secretary of Health and Human Services,  
 2 with respect to—

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

9 (B) enrolling, or facilitating the enrollment  
 10 of, such individual in minimum essential cov-  
 11 erage.

12 (15) SINGLE, STREAMLINED APPLICATION.—  
 13 The term “single, streamlined application” means  
 14 the form described in section 1413(b)(1)(A) of the  
 15 Patient Protection and Affordable Care Act (42  
 16 U.S.C. 18083(b)(1)(A)).

17 (16) TAX RETURN PREPARER.—The term “tax  
 18 return preparer” has the meaning given such term  
 19 in section 7701(a)(36) of the Internal Revenue Code  
 20 of 1986.

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

1 **SEC. 3. FEDERAL INCOME TAX RETURNS USED TO FACILI-**  
 2 **TATE ENROLLMENT INTO INSURANCE AF-**  
 3 **FORDABILITY PROGRAMS.**

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

12 (1) have a determination made as to whether  
 13 the household member who is not covered under  
 14 such coverage is eligible for an insurance afford-  
 15 ability program; and

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

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

20 (B) the taxpayer does not—

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

23 (ii) select a different plan.

24 (b) TAXPAYER REQUIREMENTS AND CONSENT.—

25 (1) IN GENERAL.—Pursuant to the program es-  
 26 tablished under subsection (a), the taxpayer may, in

1 conjunction with the filing of their return of tax for  
2 the taxable year—

3 (A) identify any household member who is  
4 not covered under minimum essential coverage  
5 at the time of such filing; and

6 (B) with respect to each household member  
7 identified under subparagraph (A), elect wheth-  
8 er to—

9 (i) in accordance with section  
10 6103(l)(23) of the Internal Revenue Code  
11 of 1986 (as added by subsection (f)), con-  
12 sent to the disclosure and transfer to the  
13 applicable Exchange of any relevant return  
14 information for purposes of determining  
15 whether such household member may be el-  
16 igible for any insurance affordability pro-  
17 gram and facilitating enrollment into such  
18 program and minimum essential coverage,  
19 including any further disclosure and trans-  
20 fer by the Exchange to any other entity as  
21 is deemed necessary to accomplish such  
22 purposes; and

23 (ii) in the case consent is provided  
24 under clause (i) with respect to such  
25 household member, enroll such household



member in any minimum essential coverage that is available with a zero net premium, if—

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

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

(aa) select a different plan offering minimum essential coverage; or

(bb) opt out of such coverage that is available with a zero net premium.

(2) ESTABLISHMENT OF OPTIONS FOR TAXPAYER CONSENT AND ELECTION.—For purposes of paragraph (1)(B), the Secretary, in consultation with the Secretary of Health and Human Services, may provide the elections under such paragraph as a single election or as 2 elections.

(3) SUPPLEMENTAL FORM.—

(A) IN GENERAL.—In the case of a taxpayer who has consented to disclosure and transfer of relevant return information pursu-

1 ant to paragraph (1)(B)(i), such taxpayer shall  
2 be enrolled in the insurance affordability pro-  
3 gram only if the taxpayer submits a supple-  
4 mental form which is designed to collect addi-  
5 tional information necessary (as determined by  
6 the Secretary of Health and Human Services)  
7 to establish eligibility for and enrollment in an  
8 insurance affordability program, which may in-  
9 clude (except as provided in subparagraph (B)),  
10 with respect to each individual described in  
11 paragraph (1)(A), the following:

12 (i) State of residence.

13 (ii) Date of birth.

14 (iii) Employment and the availability  
15 of benefits under a group health plan at  
16 the time the return of tax is filed.

17 (iv) Any changed circumstances de-  
18 scribed in section 1412(b)(2) of the Pa-  
19 tient Protection and Affordable Care Act;  
20 (42 U.S.C. 18082(b)(2)).

21 (v) Solely for the purpose of facili-  
22 tating automatic renewal of coverage and  
23 eligibility redeterminations under section  
24 1413(c)(3)(A) of such Act (42 U.S.C.  
25 18083(c)(3)(A)), authorization for the Sec-

1           retary to disclose relevant return informa-  
2           tion for subsequent taxable years to insur-  
3           ance affordability programs.

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

14          (vii) Information about household  
15          composition that—

16               (I) may affect eligibility for an  
17               insurance affordability program, and

18               (II) is not otherwise included on  
19               the return of tax.

20          (viii) Such other information as the  
21          Secretary, in consultation with the Sec-  
22          retary of Health and Human Services, may  
23          require, including information requested on  
24          the single, streamlined application.

1 (B) LIMITATIONS.—The information ob-  
2 tained through the form described in subpara-  
3 graph (A) may not include any request for in-  
4 formation with respect to citizenship, immigra-  
5 tion status, or health status of any household  
6 member.

7 (C) ADDITIONAL INFORMATION.—The  
8 form described in subparagraph (A) and the ac-  
9 companying tax instructions may provide the  
10 taxpayer with additional information about in-  
11 surance affordability programs, including infor-  
12 mation provided to applicants on the single,  
13 streamlined application.

14 (D) ACCESSIBILITY.—

15 (i) IN GENERAL.—The Secretary shall  
16 ensure that the form described in subpara-  
17 graph (A) is made available to all tax-  
18 payers without discrimination based on  
19 language, disability, literacy, or internet  
20 access.

21 (ii) RULE OF CONSTRUCTION.—Noth-  
22 ing in clause (i) shall be construed as di-  
23 minishing, reducing, or otherwise limiting  
24 any other legal obligation for the Secretary  
25 to avoid or to prevent discrimination.

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

9       (c) TAX RETURN PREPARERS.—

10           (1) IN GENERAL.—With respect to any infor-  
 11       mation submitted in conjunction with a tax return  
 12       solely for purposes of the program described in sub-  
 13       section (a), any tax return preparer involved in pre-  
 14       paring the return containing such information shall  
 15       not be obligated to assess the accuracy of such infor-  
 16       mation as provided by the taxpayer.

17           (2) SUBMISSION OF INFORMATION.—As part of  
 18       the program described in subsection (a), the Sec-  
 19       retary shall establish methods to allow for the imme-  
 20       diate transfer of any relevant return information to  
 21       the applicable Exchange and insurance affordability  
 22       programs in order to increase the potential for im-  
 23       mediate determinations of eligibility for and enroll-  
 24       ment in insurance affordability programs and min-  
 25       imum essential coverage.

1 (d) TRANSFER OF INFORMATION THROUGH SECURE  
2 INTERFACE.—

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

16 (2) TRANSFER BY TREASURY OR TAX PRE-  
17 PARERS.—

18 (A) IN GENERAL.—The interface described  
19 in paragraph (1) shall allow, for any taxpayer  
20 who has provided consent pursuant to sub-  
21 section (b)(1)(B)(i), for relevant return infor-  
22 mation, along with confirmation that the Sec-  
23 retary has accepted the return filing as meeting  
24 applicable processing criteria, to be transferred  
25 to an applicable Exchange by—

1 (i) the Secretary; or

2 (ii) pursuant to such requirements  
3 and standards as are established by the  
4 Secretary (in consultation with the Sec-  
5 retary of Health and Human Services)—

6 (I) if the Secretary is not able to  
7 transfer such information to the appli-  
8 cable Exchange, the taxpayer; or

9 (II) the tax return preparer who  
10 prepared the return containing such  
11 information.

12 (B) TRANSFER REQUIREMENTS.—As soon  
13 as is practicable after the filing of a return de-  
14 scribed in subsection (a) in which the taxpayer  
15 has provided consent pursuant to subsection  
16 (b)(1)(B)(i), the Secretary shall provide for all  
17 relevant return information to be transferred to  
18 the applicable Exchange.

19 (C) DATA SECURITY.—Any transfer of rel-  
20 evant return information described in this sub-  
21 section shall be conducted—

22 (i) pursuant to interagency agree-  
23 ments that ensure data security and main-  
24 tain privacy in a manner that satisfies the  
25 requirements under section 1942(b) of the

1 Social Security Act (42 U.S.C. 1396w–  
 2 2(b)); and

3 (ii) in the case of any taxpayer filing  
 4 their tax return electronically, in a manner  
 5 that maximizes the opportunity for such  
 6 taxpayer, as part of the process of filing  
 7 such return, to immediately—

8 (I) obtain a determination with  
 9 respect to the eligibility of any house-  
 10 hold member for any insurance af-  
 11 fordability program; and

12 (II) enroll in minimum essential  
 13 coverage.

14 (e) ERRORS THAT AFFECT ELIGIBILITY FOR INSUR-  
 15 ANCE AFFORDABILITY PROGRAMS.—The Secretary of  
 16 Health and Human Services, in consultation with the Sec-  
 17 retary, shall establish procedures for addressing instances  
 18 in which an error in relevant return information that was  
 19 transferred to an Exchange under subsection (d) may have  
 20 resulted in a determination that an individual is eligible  
 21 for more or less assistance under an insurance afford-  
 22 ability program than the assistance for which the indi-  
 23 vidual would otherwise have been eligible without the  
 24 error. Such procedures shall include procedures for—



1           (1) the reporting of such error to the individual,  
 2           the Secretary of Health and Human Services, and  
 3           the applicable Exchange and insurance affordability  
 4           program, regardless of whether such error was in-  
 5           cluded in an amendment to the tax return; and

6           (2) correcting, as soon as practicable, the indi-  
 7           vidual's eligibility status for insurance affordability  
 8           programs, subject to, in the case of reduced eligi-  
 9           bility for assistance, any right of notice and appeal  
 10          under laws governing the applicable insurance af-  
 11          fordability program, including section 1411(f) of the  
 12          Patient Protection and Affordable Care Act (42  
 13          U.S.C. 18081(f)).

14          (f) DISCLOSURE OF RETURN INFORMATION FOR DE-  
 15          TERMINING ELIGIBILITY FOR INSURANCE AFFORD-  
 16          ABILITY PROGRAMS AND ENROLLMENT INTO MINIMUM  
 17          ESSENTIAL HEALTH COVERAGE.—

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

21           “(23) DISCLOSURE OF RETURN INFORMATION  
 22          FOR DETERMINING ELIGIBILITY FOR INSURANCE AF-  
 23          FORDABILITY PROGRAMS AND ENROLLMENT INTO  
 24          MINIMUM ESSENTIAL HEALTH COVERAGE.—

1           “(A) IN GENERAL.—In the case of any  
 2 taxpayer who has consented to the disclosure  
 3 and transfer of any relevant return information  
 4 with respect to any household member pursuant  
 5 to section 3(b) of the Easy Enrollment in  
 6 Health Care Act, the Secretary shall disclose  
 7 such information to the applicable Exchange.

8           “(B) RESTRICTION ON DISCLOSURE.—Re-  
 9 turn information disclosed under subparagraph  
 10 (A) may be—

11                   “(i) used by an Exchange only for the  
 12 purposes of, and to the extent necessary  
 13 in—

14                           “(I) determining eligibility for an  
 15 insurance affordability program, or

16                           “(II) facilitating enrollment into  
 17 minimum essential coverage, and

18                   “(ii) further disclosed by an Exchange  
 19 to any other person only for the purposes  
 20 of, and to the extent necessary, to carry  
 21 out subclauses (I) and (II) of clause (i).

22           “(C) DEFINITIONS.—For purposes of this  
 23 paragraph, the terms ‘relevant return informa-  
 24 tion’, ‘Exchange’, ‘insurance affordability pro-  
 25 gram’, and ‘minimum essential coverage’ have

1 the same meanings given such terms under sec-  
 2 tion 2 of the Easy Enrollment in Health Care  
 3 Act.”.

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

9 (g) APPLICATIONS FOR INSURANCE AFFORDABILITY  
 10 PROGRAMS WITHOUT RELIANCE ON FEDERAL INCOME  
 11 TAX RETURNS.—

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

16 (A) file a return of tax for any taxable  
 17 year for which filing a return of tax would not  
 18 otherwise be required for such taxable year; or

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

21 (2) METHODS AND PROCEDURES.—Any agency  
 22 administering an insurance affordability program  
 23 shall implement methods and procedures, as pre-  
 24 scribed by the Secretary of Health and Human Serv-  
 25 ices, in consultation with the Secretary, through

1       which, in the case of an individual applying for an  
 2       insurance affordability program without filing a re-  
 3       turn of tax or consenting to disclosure of relevant  
 4       return information under subsection (b)(1)(B)(i),  
 5       the program determines household income and fam-  
 6       ily size for—

7               (A) a calendar year described in section  
 8               1902(e)(14)(D)(vii)(I) of the Social Security  
 9               Act (42 U.S.C. 1396a), as added by section  
 10              5(a); and

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

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

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

19       (a) IN GENERAL.—An Exchange that receives rel-  
 20       evant return information under section 3(d) with respect  
 21       to a taxpayer who has provided consent under section  
 22       3(b)(1)(B) shall—

23             (1) minimize additional information (if any)  
 24             that is required to be provided by such taxpayer for  
 25             a household member to qualify for any insurance af-

1       fordability program by, whenever feasible, qualifying  
2       such household member for such program based  
3       on—

4               (A) relevant information provided on the  
5               tax return filed by the taxpayer, including in-  
6               formation on the supplemental form described  
7               in section 3(b)(3); and

8               (B) information from other reliable third-  
9               party data sources that is relevant to eligibility  
10              for such program but not available from the re-  
11              turn, including information obtained through  
12              data matching based on social security num-  
13              bers, other identifying information, and other  
14              items obtained from such return;

15       (2) determine the eligibility of any household  
16       member for the CHIP program and, where eligibility  
17       is determined based on modified adjusted gross in-  
18       come, the Medicaid program, as required under sec-  
19       tion 1413 of the Patient Protection and Affordable  
20       Care Act (42 U.S.C. 18083) and section 1943 of the  
21       Social Security Act (42 U.S.C. 1396w–3), subject to  
22       any right of notice and appeal under laws governing  
23       such programs, including section 1411(f) of the Pa-  
24       tient Protection and Affordable Care Act (42 U.S.C.  
25       18081(f));

1           (3) to the extent that any additional informa-  
2           tion is necessary for determining the eligibility of  
3           any household member for an insurance affordability  
4           program, obtain such information in the manner  
5           that—

6                   (A) imposes the lowest feasible procedural  
7           burden to the taxpayer, including—

8                           (i) in the case of a taxpayer filing  
9                           their tax return electronically, online col-  
10                          lection of such information at or near the  
11                          time of such filing; and

12                           (ii) prior to a denial of eligibility or  
13                           enrollment due to failure to provide such  
14                           information, attempting to contact the tax-  
15                           payer multiple times using the preferred  
16                           contact methods described in section  
17                           3(b)(3)(A)(vi); and

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

(4) when an individual is found eligible for an insurance affordability program other than the Medicaid program—

(A) enable such individual, through procedures prescribed by the Secretary of Health and Human Services, to seek coverage under the Medicaid program or CHIP program by providing additional information demonstrating potential eligibility for such program, with any resulting determination subject to rights of notice and appeal under laws governing insurance affordability programs, including section 1411(f) of the Patient Protection and Affordable Care Act (42 U.S.C. 18081(f)); and

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

(b) MEDICAID AND CHIP.—

(1) STATE OPTIONS.—

(A) IN GENERAL.—In a State for which the Secretary of Health and Human Services is determining eligibility for individuals who apply for insurance affordability programs at the Exchange serving residents of the individual's State, the Secretary of Health and Human Services shall present the State with not less

1           than 3 sets of options for verification proce-  
2           dures and business rules that the Exchange  
3           serving residents of such State shall use in de-  
4           termining eligibility for the State Medicaid pro-  
5           gram and CHIP program with respect to indi-  
6           viduals who are household members described  
7           in section 3(b)(1)(B). Notwithstanding any  
8           other provision of law, the Secretary of Health  
9           and Human Services may present each State  
10          with the same 3 sets of options, provided that  
11          each set can be customized to reflect each  
12          State's decisions about optional eligibility cat-  
13          egories and criteria for the Medicaid program  
14          and CHIP program.

15                (B) BUSINESS RULES.—The business rules  
16                described in subparagraph (A) shall specify de-  
17                tailed eligibility determination rules and proce-  
18                dures for processing initial applications and re-  
19                newals, including—

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



1 (ii) the circumstances for administra-  
2 tive renewal of eligibility for the Medicaid  
3 program and the CHIP program, based on  
4 data showing probable continued eligibility.

5 (C) DEFAULT.—In the case of a State de-  
6 scribed in subparagraph (A) that does not se-  
7 lect an option from the set presented under  
8 such subparagraph within a timeframe specified  
9 by the Secretary of Health and Human Serv-  
10 ices, the Secretary of Health and Human Serv-  
11 ices shall determine the option that the Ex-  
12 change shall use for such State for the purposes  
13 described in such subparagraph.

14 (D) RULE OF CONSTRUCTION.—Nothing in  
15 this paragraph shall be construed as requiring  
16 a State to provide benefits under title XIX or  
17 XXI of the Social Security Act (42 U.S.C. 1396  
18 et seq., 1397aa et seq.) to a category of individ-  
19 uals, or to set an income eligibility threshold for  
20 benefits under such titles at a certain level, if  
21 the State is not otherwise required to do so  
22 under such titles.

23 (2) ENROLLMENT.—

24 (A) IN GENERAL.—If the Exchange in a  
25 State determines that an individual described in

1 paragraph (1)(A) is eligible for benefits under  
2 the State Medicaid program or CHIP program,  
3 the Exchange shall send the relevant informa-  
4 tion about the individual to the State and, if  
5 consent has been given under section  
6 3(b)(1)(B) to enrollment in a health plan or  
7 other form of minimum essential coverage with  
8 a zero net premium, the State shall enroll such  
9 individual in the State Medicaid program or  
10 CHIP program (as applicable) as soon as prac-  
11 ticable, except as provided in subparagraphs  
12 (B) and (D).

13 (B) EXCEPTION.—A State shall not enroll  
14 an individual in coverage under the State Med-  
15 icaid program or CHIP program without the af-  
16 firmative consent of the individual if the indi-  
17 vidual would be required to pay a premium for  
18 such coverage.

19 (C) MANAGED CARE.—If the State Med-  
20 icaid program or CHIP program requires an in-  
21 dividual enrolled under subparagraph (A) to re-  
22 ceive coverage through a managed care organi-  
23 zation or entity, the State shall use a procedure  
24 for assigning the individual to such an organi-  
25 zation or entity (including auto-assignment pro-

cedures) that is commonly used in the State when an individual who is found eligible for such program does not affirmatively select a particular organization or entity.

(D) OPT-OUT PROCEDURES.—Notwithstanding subparagraph (A), an individual described in such subparagraph shall be given one or more opportunities to opt out of coverage under a State Medicaid program or CHIP program, using procedures prescribed by the Secretary of Health and Human Services.

(c) ADVANCE PREMIUM TAX CREDITS FOR QUALIFIED HEALTH PLANS.—

(1) IN GENERAL.—In the case where a taxpayer has filed their return of tax for a taxable year on or before the date specified under section 6072(a) of the Internal Revenue Code of 1986 with respect to such year and has provided consent described in section 3(b)(1)(B)(i), if the Exchange has determined that an applicable household member has not qualified for the Medicaid program or the CHIP program, such Exchange shall—

(A) in addition to any such period that may otherwise be available, provide a special

1 enrollment period that begins on the date the  
 2 taxpayer has provided such consent; and

3 (B) determine—

4 (i) whether the taxpayer would, pursu-  
 5 ant to section 1412 of the Patient Protec-  
 6 tion and Affordable Care Act (42 U.S.C.  
 7 18082), be eligible for advance payment of  
 8 the premium assistance tax credit under  
 9 section 36B of the Internal Revenue Code  
 10 of 1986 if such household member of the  
 11 taxpayer were enrolled in a qualified health  
 12 plan; and

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

18 (2) ENROLLMENT IN A QUALIFIED HEALTH  
 19 PLAN WITH A ZERO NET PREMIUM.—

20 (A) IN GENERAL.—In the case that a  
 21 household member described in paragraph (1)  
 22 has one or more options to enroll in a qualified  
 23 health plan with a zero net premium, and con-  
 24 sent has been given under section 3(b)(1)(B)

for enrollment of such household member in a  
qualified health plan with a zero net premium—

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

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

(B) OPTION SETS.—

(i) IN GENERAL.—In the case that  
multiple qualified health plans with a zero  
net premium are available with more than  
1 actuarial value, the Exchange shall limit  
the set of options under subparagraph  
(A)(i) to such qualified health plans with  
the highest available actuarial value.

(ii) FURTHER RESTRICTIONS.—In the  
case described in clause (i), the Exchange  
may further limit the set of options under  
subparagraph (A)(i), among the qualified  
health plans that have the highest available  
actuarial value as described in clause (i),  
based on the generosity of such plans' cov-

erage of services not subject to a deductible.

(iii) DEFINITION OF HIGHEST ACTUARIAL VALUE.—For purposes of this subparagraph, the term “highest actuarial value” means the highest actuarial value among—

(I) the levels of coverage described in paragraph (1) of section 1302(d) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(d)), without regard to allowable variance under paragraph (3) of such section; and

(II) as applicable, the levels of coverage that result from the application of cost-sharing reductions under section 1402 of such Act (42 U.S.C. 18071).

(C) SELECTING A DEFAULT OPTION.—The Secretary of Health and Human Services shall establish procedures that Exchanges may use in selecting, from the set of options described in subparagraph (B), the default enrollment choice

under subparagraph (A)(ii). Such procedures shall include—

- (i) State options for randomization among health insurance issuers; and
- (ii) factors that may be used to weight such randomization.

(D) NOTIFICATION OF DEFAULT ENROLLMENT.—As soon as possible after an Exchange has identified a default enrollment choice for an individual under subparagraph (A)(ii), the Exchange shall provide the individual with notice of such selection. The notice shall include—

- (i) a description of coverage provided by the selected qualified health plan;
- (ii) encouragement to learn about all available qualified health plan options before the end of the special enrollment period under paragraph (1)(A) and to select a plan that best meets the needs of the individual and the individual's family;
- (iii) an explanation that, if the individual does not select a qualified health plan by the end of such special enrollment period or opt out of default enrollment in accordance with the process described in

1 clause (iv), the Exchange will enroll the in-  
 2 dividual in such selected qualified health  
 3 plan in accordance with subparagraph (E);

4 (iv) an explanation of the opt-out  
 5 process preceding implementation of de-  
 6 fault enrollment, which shall meet stand-  
 7 ards prescribed by the Secretary of Health  
 8 and Human Services; and

9 (v) information on options for assist-  
 10 ance with enrollment and plan choice, in-  
 11 cluding publicly funded navigators and pri-  
 12 vate brokers and agents approved by the  
 13 Exchange.

14 (E) DEFAULT ENROLLMENT.—

15 (i) IN GENERAL.—Subject to subpara-  
 16 graph (F), an Exchange shall enroll in a  
 17 default enrollment choice any individual  
 18 who—

19 (I) is sent a notice under sub-  
 20 paragraph (D); and

21 (II) fails to select a different  
 22 qualified health plan, or opt out of de-  
 23 fault enrollment under this paragraph,  
 24 by the end of the special enrollment  
 25 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 subparagraph (E)(ii), the individual receiving such notice may use a method provided by the Exchange to indicate—

(I) the individual's decision to disenroll from the qualified health plan selected under subparagraph (A)(ii); or

(II) in the case of a household member for whom the selected qualified health plan under such subparagraph is a high cost-sharing qualified health plan, the individual's decision to enroll in a specified lower cost-sharing qualified health plan, identi-

1           fied by the Exchange, that is offered  
2           by the same health insurance issuer  
3           that sponsors the qualified health plan  
4           that was selected under such subpara-  
5           graph.

6           (ii) DEFINITIONS.—For purposes of  
7           this subparagraph:

8                   (I) HIGH COST-SHARING QUALI-  
9                   FIED HEALTH PLAN.—The term “high  
10                  cost-sharing qualified health plan”  
11                  means—

12                           (aa) in the case of a house-  
13                           hold member with a household  
14                           income at or below 200 percent  
15                           of the poverty line, a qualified  
16                           health plan that is not at the sil-  
17                           ver level; or

18                           (bb) in the case of a house-  
19                           hold member with a household  
20                           income above 200 percent of the  
21                           poverty line, a qualified health  
22                           plan that is not at the gold or  
23                           platinum level.

24                   (II) SPECIFIED LOWER COST-  
25                   SHARING QUALIFIED HEALTH PLAN.—

The term “specified lower cost-sharing qualified health plan” means—

(aa) in the case of a household member with a household income at or below 200 percent of the poverty line, the lowest-premium qualified health plan offered by the health insurance issuer that is at the silver level; 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:

1 “(vi) SNAP AND TANF ELIGIBILITY

2 FINDINGS.—

3 “(I) IN GENERAL.—Subject to  
4 subclause (III), a State shall provide  
5 that an individual for whom a finding  
6 has been made as described in clause  
7 (II) shall meet applicable eligibility for  
8 assistance under the State plan or a  
9 waiver of the plan involving financial  
10 eligibility, citizenship or satisfactory  
11 immigration status, and State resi-  
12 dence. A State shall rely on such a  
13 finding both for the initial determina-  
14 tion of eligibility for medical assist-  
15 ance under the plan or waiver and any  
16 subsequent redetermination of eligi-  
17 bility.

18 “(II) FINDINGS DESCRIBED.—A  
19 finding described in this subclause is  
20 a determination made within a rea-  
21 sonable period (as determined by the  
22 Secretary) by a State agency respon-  
23 sible for administering the Temporary  
24 Assistance for Needy Families pro-  
25 gram under part A of title IV or the

1 Supplemental Nutrition Assistance  
2 Program established under the Food  
3 and Nutrition Act of 2008 that an in-  
4 dividual is eligible for benefits under  
5 such program.

6 “(III) LIMITATION.—A State  
7 shall be required to rely on the find-  
8 ings of the State agency responsible  
9 for administering the supplemental  
10 nutrition assistance program estab-  
11 lished under the Food and Nutrition  
12 Act of 2008 only in the case of—

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

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

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

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

3 “(I) IN GENERAL.—For purposes  
4 of determining the income eligibility  
5 for medical assistance of an individual  
6 whose eligibility is determined based  
7 on the application of modified ad-  
8 justed gross income under subpara-  
9 graph (A), a State shall provide that  
10 an individual whose eligibility date oc-  
11 curs in January, February, March, or  
12 April of a calendar year shall be fi-  
13 nancially eligible if the individual’s  
14 modified adjusted gross income for  
15 the preceding calendar year satisfies  
16 the income eligibility requirement ap-  
17 plicable to the individual.

18 “(II) DEFINITION.—For pur-  
19 poses of this clause, an ‘eligibility  
20 date’ means—

21 “(aa) in the case of an indi-  
22 vidual who is not receiving med-  
23 ical assistance when the indi-  
24 vidual applies for an insurance  
25 affordability program (as defined

1 in section 2 of the Easy Enrollment  
 2 in Health Care Act),  
 3 whether such application takes  
 4 place through section 3(b) of  
 5 such Act or otherwise, the date  
 6 on which such individual applies  
 7 for such program; and

8 “(bb) in the case of an indi-  
 9 vidual who is receiving medical  
 10 assistance and whose continued  
 11 eligibility for such assistance is  
 12 being redetermined, the date on  
 13 which the individual is deter-  
 14 mined to satisfy all eligibility re-  
 15 quirements applicable to the indi-  
 16 vidual other than income eligi-  
 17 bility.

18 “(III) RULES OF CONSTRU-  
 19 TION.—

20 “(aa) ELIGIBILITY DETER-  
 21 MINATIONS DURING MAY  
 22 THROUGH DECEMBER.—Nothing  
 23 in subclause (I) shall be con-  
 24 strued as diminishing, reducing,  
 25 or otherwise limiting the State’s

obligation to grant eligibility,  
 under circumstances other than  
 those described in such sub-  
 clause, based on data that in-  
 clude income shown on an indi-  
 vidual's tax return, including the  
 obligation under section  
 1413(c)(3)(A) of the Patient  
 Protection and Affordable Care  
 Act (42 U.S.C. 18083(c)(3)(A)).

“(bb) ALTERNATIVE  
 GROUNDS FOR ELIGIBILITY.—  
 Nothing in subclause (I) shall be  
 construed as diminishing, reduc-  
 ing, or otherwise limiting  
 grounds for eligibility other than  
 those described in such sub-  
 clause, including eligibility based  
 on income as of the point in time  
 at which an application for med-  
 ical assistance under the State  
 plan or a waiver of the plan is  
 processed.

“(cc) QUALIFYING FOR AD-  
 DITIONAL ASSISTANCE.—Not-



1           withstanding subclause (I), a  
2           State shall use an individual's  
3           modified adjusted gross income  
4           as determined as of the point in  
5           time at which the individual's ap-  
6           plication for medical assistance is  
7           processed or, in the case of rede-  
8           termination of eligibility, pro-  
9           jected annual income, to deter-  
10          mine the individual's eligibility  
11          for medical assistance if using  
12          the individual's modified adjusted  
13          gross income, as so determined,  
14          would result in the individual  
15          being eligible for greater benefits  
16          under the State plan (or a waiver  
17          of such plan) or in the imposition  
18          of lower premiums or cost-shar-  
19          ing on the individual under the  
20          plan (or waiver) than if the indi-  
21          vidual's eligibility was determined  
22          using the modified adjusted gross  
23          income of the individual as shown  
24          on the individual's tax return for  
25          the preceding calendar year."

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

6           (3) EFFECTIVE DATE.—The amendments made  
 7       by this subsection shall take effect on January 1,  
 8       2027.

9       (b) IMPROVING THE STABILITY AND PREDICT-  
 10   ABILITY OF EXCHANGE COVERAGE.—

11           (1) INTERNAL REVENUE CODE OF 1986.—Sec-  
 12       tion 36B of the Internal Revenue Code of 1986 is  
 13       amended—

14           (A) in subsection (b)—

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

18                   (ii) in paragraph (3)—

19                           (I) in subparagraph (A)—

20                                   (aa) in clause (i), by striking  
 21                                   “taxable year” and inserting “ap-  
 22                                   plicable taxable year”, and

23                                   (bb) in clause (ii)(I), by in-  
 24                                   serting “(or, in the case of appli-  
 25                                   cable taxable years beginning in

1 any calendar year after 2027)”

2 after “2014”, and

3 (II) in subparagraph (B)—

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

9 (bb) in the flush matter at  
10 the end—

11 (AA) striking “files a  
12 joint return and no credit is  
13 allowed” and inserting “filed  
14 a joint return during the ap-  
15 plicable taxable year and no  
16 credit was allowed”, and

17 (BB) striking “unless a  
18 deduction is allowed under  
19 section 151 for the taxable  
20 year” and inserting “unless  
21 a deduction was allowed  
22 under section 151 for the  
23 applicable taxable year”,

24 (B) in subsection (c)—

25 (i) in paragraph (1)—

1 (I) in subparagraphs (A) and  
 2 (C), by striking “taxable year” each  
 3 place it appears and inserting “appli-  
 4 cable taxable year”, and

5 (II) in subparagraph (D), by  
 6 striking “is allowable” and all that  
 7 follows through the period and insert-  
 8 ing “was allowable to another tax-  
 9 payer for the applicable taxable  
 10 year.”,

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

13 “(v) TIME PERIOD.—

14 “(I) IN GENERAL.—Except as  
 15 provided under subclause (II), eligi-  
 16 bility for minimum essential coverage  
 17 under this subparagraph shall be  
 18 based on the individual’s eligibility for  
 19 employer-sponsored minimum essen-  
 20 tial coverage during the open enroll-  
 21 ment period (or during a special en-  
 22 rollment period for an individual who  
 23 enrolls or who changes their qualified  
 24 health plan during a special enroll-

ment period), as determined by the applicable Exchange.

“(II) EXCEPTION.—An individual shall be considered eligible for minimum essential coverage under clause (iii) for a month for which such Exchange has determined, subject to rights of notice and appeal under laws governing the applicable insurance affordability program (including section 1411(f) of the Patient Protection and Affordable Care Act (42 U.S.C. 18081(f))), that the individual is covered by an eligible employer-sponsored plan.”, and

(iii) by adding at the end the following:

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

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

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

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

9           “(7) OPEN ENROLLMENT PERIOD.—The term  
 10          ‘open enrollment period’ means an open enrollment  
 11          period described in subsection (c)(6)(B) of section  
 12          1311 of the Patient Protection and Affordable Care  
 13          Act (42 U.S.C. 18031).”,

14                 (C) in subsection (d)—

15                         (i) in paragraph (1)—

16                                 (I) by striking “is allowed” and  
 17                                 inserting “was allowed”, and

18                                 (II) by inserting “applicable” be-  
 19                                 fore “taxable year”, and

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

22                 (D) in subsection (e)(1)—

23                         (i) by striking “is allowed” and insert-  
 24                         ing “was allowed”, and

1 (ii) by inserting “applicable” before  
 2 “taxable year”, and

3 (E) in subsection (f)(2)—

4 (i) in subparagraph (A), by striking  
 5 “If” and inserting “Except as provided in  
 6 subparagraphs (B) and (C), if”, and

7 (ii) by inserting at the end the fol-  
 8 lowing:

9 “(C) SAFE HARBOR.—

10 “(i) INCOME AND FAMILY SIZE.—No  
 11 increase under subparagraph (A) shall be  
 12 imposed if the advance payments do not  
 13 exceed amounts that are consistent with  
 14 income and family size, either—

15 “(I) as shown on the return of  
 16 tax for the applicable plan year, pro-  
 17 vided such return was accepted by the  
 18 Secretary as meeting applicable proc-  
 19 essing criteria, or

20 “(II) as determined by the appli-  
 21 cable Exchange under subsection  
 22 (b)(4) of section 1412 of the Patient  
 23 Protection and Affordable Care Act  
 24 (42 U.S.C. 18082).

1 “(ii) EMPLOYER-SPONSORED MINIMUM  
2 ESSENTIAL COVERAGE.—No increase under  
3 subparagraph (A) shall be imposed based  
4 on eligibility for minimum essential cov-  
5 erage under subsection (c)(2)(C) if the ap-  
6 plicable Exchange—

7 “(I) determined, under clause  
8 (v)(I) of such subsection, that the in-  
9 dividual was ineligible for employer-  
10 sponsored minimum essential cov-  
11 erage, and

12 “(II) did not determine, under  
13 clause (v)(II) of such subsection, that  
14 the individual was covered through  
15 employer-sponsored minimum essen-  
16 tial coverage.

17 “(iii) EXCEPTION.—Clauses (i) and  
18 (ii) shall not apply to the extent that any  
19 determination described in such clauses  
20 was based on a false statement by the tax-  
21 payer which—

22 “(I) was intentional or grossly  
23 negligent, and

24 “(II) was—



1 “(aa) made on a return of  
2 tax, or

3 “(bb) provided or caused to  
4 be provided to an Exchange by  
5 the taxpayer.”.

6 (2) PATIENT PROTECTION AND AFFORDABLE  
7 CARE ACT.—Section 1412(b) of the Patient Protec-  
8 tion and Affordable Care Act (42 U.S.C. 18082(b))  
9 is amended—

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

15 (B) in paragraph (2)(B), by striking “sec-  
16 ond preceding taxable year” and inserting “ap-  
17 plicable taxable year, as defined in such section  
18 36B(c)(5)”; and

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

20 “(3) CHANGE FORM.—If, after the submission  
21 of an individual’s application form, the individual ex-  
22periences changes in circumstances as described in  
23 paragraph (2), the individual may, by submitting a  
24 change form as prescribed by the Secretary, apply  
25 for an increased amount of advance payments of the

1 premium tax credit under section 36B of the Inter-  
 2 nal Revenue Code of 1986, increased cost-sharing  
 3 reductions under section 1402, increased assistance  
 4 under the basic health program under section 1331,  
 5 and coverage through a State Medicaid program or  
 6 CHIP program.

7 “(4) ELIGIBILITY FOR ADDITIONAL ASSIST-  
 8 ANCE.—

9 “(A) IN GENERAL.—The Secretary, in con-  
 10 sultation with the Secretary of the Treasury,  
 11 shall establish a process through which—

12 “(i) an Exchange determines, through  
 13 data sources and procedures described in  
 14 sections 1411 and 1413 (42 U.S.C. 18081;  
 15 42 U.S.C. 18083), whether each individual  
 16 who has submitted a change form under  
 17 paragraph (3) has experienced substantial  
 18 changes in circumstances that warrant ad-  
 19 ditional assistance through an insurance  
 20 affordability program, as defined in section  
 21 2 of the Easy Enrollment in Health Care  
 22 Act;

23 “(ii) in the case the Exchange deter-  
 24 mines an individual has experienced sub-  
 25 stantial changes in circumstances as de-

1 scribed in clause (i), the Exchange conveys  
2 such determination to the Secretary of the  
3 Treasury under section 36B(f) of the In-  
4 ternal Revenue Code of 1986 and to the  
5 administrator of an insurance affordability  
6 program for which the individual may  
7 qualify under that determination; and

8 “(iii) in the case the Exchange deter-  
9 mines an individual has experienced sub-  
10 stantial changes in circumstances described  
11 in clause (i), the individual may qualify  
12 without delay for additional advance pre-  
13 mium tax credits under section 36B of the  
14 Internal Revenue Code of 1986, increased  
15 cost-sharing reductions under section  
16 1402, additional basic health program as-  
17 sistance under section 1331, or coverage  
18 through a State Medicaid program or  
19 CHIP program.

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

1           (3) EFFECTIVE DATES.—The amendments  
 2       made by this subsection shall take effect on January  
 3       1, 2028, and continue in effect through December  
 4       31, 2034.

5 **SEC. 6. STRENGTHENING DATA INFRASTRUCTURE FOR ELI-**  
 6                   **GIBILITY FOR INSURANCE AFFORDABILITY**  
 7                   **PROGRAMS.**

8       (a) INSURANCE AFFORDABILITY PROGRAM ACCESS  
 9 TO NATIONAL DIRECTORY OF NEW HIRES.—Section  
 10 453(i) of the Social Security Act (42 U.S.C. 653(i)) is  
 11 amended by adding at the end the following new para-  
 12 graph:

13           “(5) ADMINISTRATION OF INSURANCE AFFORD-  
 14       ABILITY PROGRAMS.—

15           “(A) IN GENERAL.—The Secretary shall  
 16       provide access to insurance affordability pro-  
 17       grams (as such term is defined in section 2 of  
 18       the Easy Enrollment in Health Care Act) to in-  
 19       formation in the National Directory of New  
 20       Hires that involves—

21           “(i) identity, employer, quarterly  
 22       wages, and unemployment compensation,  
 23       to the extent such information is poten-  
 24       tially relevant to determining the eligibility

1 or scope of coverage of an individual for  
 2 benefits provided by such a program; and

3 “(ii) new hires, to the extent such in-  
 4 formation is potentially relevant to deter-  
 5 mining whether an individual is offered  
 6 minimum essential coverage through a  
 7 group health plan, as defined in section  
 8 5000(b)(1) of the Internal Revenue Code  
 9 of 1986.

10 “(B) REIMBURSEMENT OF HHS COSTS.—

11 Insurance affordability programs shall reim-  
 12 burse the Secretary, in accordance with sub-  
 13 section (k)(3), for the additional costs incurred  
 14 by the Secretary in furnishing information  
 15 under this paragraph.”.

16 (b) USE OF INFORMATION FROM THE NATIONAL DI-  
 17 RECTORY OF NEW HIRES.—Notwithstanding any other  
 18 provision of law—

19 (1) in determining an individual’s eligibility for  
 20 advance payment of premium tax credits under sec-  
 21 tion 1412(a)(3) of the Patient Protection and Af-  
 22 fordable Care Act (42 U.S.C. 18082(a)(3)), and  
 23 cost-sharing reductions under section 1402 of the  
 24 Patient Protection and Affordable Care Act (42  
 25 U.S.C. 18071), and a basic health program under

1 section 1331 of the Patient Protection and Afford-  
2 able Care Act (42 U.S.C. 18051), an Exchange may  
3 use information about identity, employer, quarterly  
4 wages, and unemployment compensation in the Na-  
5 tional Directory of New Hires, and information  
6 about new hires to determine whether an individual  
7 is offered minimum essential coverage through a  
8 group health plan, as defined in section 5000(b)(1)  
9 of the Internal Revenue Code of 1986, subject to no-  
10 tice and appeal rights for any resulting eligibility de-  
11 termination, including the rights described in section  
12 1411(f) of the Patient Protection and Affordable  
13 Care Act (42 U.S.C. 18081(f)); and

14 (2) Medicaid programs and CHIP programs  
15 may use information in the National Directory of  
16 New Hires about identity, employer, quarterly  
17 wages, and unemployment compensation to deter-  
18 mine eligibility and to implement third-party liability  
19 procedures or premium assistance programs other-  
20 wise permitted or mandated under Federal law, and  
21 use information about new hires to implement such  
22 procedures and policies, subject to notice and appeal  
23 rights for any resulting determination, including  
24 those available under title XIX or title XXI of the  
25 Social Security Act or under section 1411(f) of the

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

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

6 (1) IN GENERAL.—Subject to the requirements  
7 described in paragraph (2), for purposes of deter-  
8 mining eligibility and, in the case of a Medicaid pro-  
9 gram, for purposes of determining the applicability  
10 of third-party liability procedures or premium assist-  
11 ance policies otherwise permitted or mandated under  
12 Federal law, an insurance affordability program  
13 shall have access to any source of information, main-  
14 tained by or accessible to a public entity, about re-  
15 ceipt or offers of coverage through a group health  
16 plan. Such sources shall include—

17 (A) information maintained by or acces-  
18 sible to the Secretary of Health and Human  
19 Services for purposes of implementing section  
20 1862(b) of the Social Security Act (42 U.S.C.  
21 1395y(b));

22 (B) information maintained by or acces-  
23 sible to a State Medicaid program for purposes  
24 of implementing subsection (a)(25) or (a)(60)

1 of section 1902 of the Social Security Act (42  
2 U.S.C. 1396a); and

3 (C) information reported under sections  
4 6055 and 6056 of the Internal Revenue Code of  
5 1986.

6 (2) REQUIREMENTS.—An insurance afford-  
7 ability program shall obtain the information de-  
8 scribed in paragraph (1) pursuant to an interagency  
9 or other agreement, consistent with standards pre-  
10 scribed by the Secretary of Health and Human Serv-  
11 ices, in consultation with the Secretary, that pre-  
12 vents the unauthorized use, disclosure, or modifica-  
13 tion of such information and otherwise protects pri-  
14 vacy and data security.

15 (d) AUTHORIZATION TO RECEIVE RELEVANT INFOR-  
16 MATION.—

17 (1) IN GENERAL.—Notwithstanding any other  
18 provision of law, a Federal or State agency or pri-  
19 vate entity in possession of the sources of data po-  
20 tentially relevant to eligibility for an insurance af-  
21 fordability program is authorized to convey such  
22 data or information to the insurance affordability  
23 program, and such program is authorized to receive  
24 the data or information and to use it in determining  
25 eligibility.



1           (2) APPLICATION OF REQUIREMENTS AND PEN-  
 2           ALTIES.—A conveyance of data to an insurance af-  
 3           fordability program under this subsection shall be  
 4           subject to the same requirements that apply to a  
 5           conveyance of data to a State Medicaid plan under  
 6           title XIX of the Social Security Act (42 U.S.C. 1396  
 7           et seq.) under section 1942 of such Act (42 U.S.C.  
 8           1396w-2), and the penalties that apply to a viola-  
 9           tion of such requirements, including penalties that  
 10          apply to a private entity making a conveyance.

11          (e) ELECTRONIC TRANSMISSION OF INFORMATION.—  
 12          In determining an individual’s eligibility for an insurance  
 13          affordability program, the program shall—

14               (1) with respect to verifying an element of eligi-  
 15               bility that is based on information from an Express  
 16               Lane Agency (as defined in section 1902(e)(13)(F)  
 17               of the Social Security Act (42 U.S.C.  
 18               1396a(e)(13)(F))), from another public agency, or  
 19               from another reliable source of relevant data, waive  
 20               any otherwise applicable requirement that the indi-  
 21               vidual must verify such information, provide an at-  
 22               testation as to the subject of such information, or  
 23               provide a signature for attestations that include that  
 24               subject, before the individual is enrolled into min-  
 25               imum essential coverage; and

1           (2) satisfy any otherwise applicable signature  
 2           requirement with respect to an individual's enroll-  
 3           ment in an insurance affordability program through  
 4           an electronic signature (as defined in section  
 5           1710(1) of the Government Paperwork Elimination  
 6           Act (44 U.S.C. 3504 note)).

7           (f) **RULE OF CONSTRUCTION.**—Nothing in this sec-  
 8           tion shall be construed as diminishing, reducing, or other-  
 9           wise limiting the legal authority for an insurance afford-  
 10          ability program to grant eligibility, in whole or in part,  
 11          based on an attestation alone, without requiring  
 12          verification through data matches or other sources.

13       **SEC. 7. FUNDING FOR INFORMATION TECHNOLOGY DEVEL-**  
 14                               **OPMENT AND OPERATIONS.**

15          (a) **IN GENERAL.**—Out of amounts in the Treasury  
 16          not otherwise appropriated, there are appropriated to the  
 17          Secretary of Health and Human Services such sums as  
 18          may be necessary to establish information exchange and  
 19          processing infrastructure and operate all information ex-  
 20          change and processing procedures described in this Act,  
 21          including for the costs of staff and contractors.

22          (b) **AGENCIES RECEIVING FUNDING.**—The Secretary  
 23          of Health and Human Services may, as necessary and in  
 24          accordance with the procedures described in subsection  
 25          (c), transfer amounts appropriated under subsection (a)

1 to entities that include the following for the purposes de-  
2 scribed in such subsection:

3 (1) The Secretary of the Treasury, including  
4 the Internal Revenue Service.

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

7 (3) A State-administered insurance affordability  
8 program, including a Medicaid or CHIP program  
9 and a State basic health program under section  
10 1331 of the Patient Protection and Affordable Care  
11 Act (42 U.S.C. 18051).

12 (4) An entity operating an Exchange.

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

15 (c) PROCEDURES.—The Secretary of Health and  
16 Human Services, in consultation with the Secretary of the  
17 Treasury, shall establish procedures for the entities de-  
18 scribed in subsection (b) to request a transfer of funding  
19 from the amounts appropriated under subsection (a), in-  
20 cluding procedures for reviewing such requests, modifying  
21 and approving such requests, appealing decisions about  
22 transfers, and auditing such transfers.

1 **SEC. 8. CONFORMING STATUTORY CHANGES.**

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

5 (1) in subsection (a)(1), by inserting “(in the  
6 case of an individual who has consented to the dis-  
7 closure and transfer of relevant return information  
8 that includes the individual’s social security account  
9 number pursuant to section 3(b)(1)(B) of the Easy  
10 Enrollment in Health Care Act, the State shall deem  
11 such individual to have satisfied the requirement to  
12 furnish such account number to the State under this  
13 paragraph)” before the semicolon; and

14 (2) in subsection (d)—

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

18 (B) by adding at the end the following new  
19 paragraph:

20 “(6) SATISFACTION OF REQUIREMENT  
21 THROUGH RELIABLE DATA MATCHES.—In the case  
22 of an individual applying for the program described  
23 in subsection (b) or the Children’s Health Insurance  
24 Program under title XXI of this Act, the program  
25 shall not require an individual to make the declara-  
26 tion described in paragraph (1)(A) if the procedures

1 established pursuant to section 3(a)(1) of the Easy  
 2 Enrollment in Health Care Act or section  
 3 1413(c)(2)(B)(ii)(II) of the Patient Protection and  
 4 Affordable Care Act (42 U.S.C.  
 5 18083(c)(2)(B)(ii)(II)) were used to verify the indi-  
 6 vidual's citizenship, based on the individual's social  
 7 security number as well as other identifying informa-  
 8 tion, which may include such facts as name and date  
 9 of birth, that increases the accuracy of matches with  
 10 applicable sources of citizenship data.”.

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

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

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

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

23 “(6) RECEIPT OF INFORMATION.—The require-  
 24 ments for providing information under this sub-  
 25 section may be satisfied through data submitted to

1 the Exchange through reliable data matches, rather  
 2 than by the applicant providing information. In the  
 3 case described in paragraph (2)(A), data matches  
 4 shall not be used for this purpose unless they meet  
 5 the requirements described in section 1137(d)(6) of  
 6 the Social Security Act (42 U.S.C. 1320b–  
 7 7(d)(6)).”.

8 **SEC. 9. ADVISORY COMMITTEE.**

9 (a) IN GENERAL.—The Secretary of the Treasury, in  
 10 conjunction with the Secretary of Health and Human  
 11 Services, shall establish an advisory committee to provide  
 12 guidance to both Secretaries in carrying out this Act. The  
 13 members of the committee shall include—

14 (1) national experts in behavioral economics,  
 15 other behavioral science, insurance affordability pro-  
 16 grams, enrollment and retention in health programs  
 17 and other benefit programs, public benefits for im-  
 18 migrants, public benefits for other historically  
 19 marginalized or disadvantaged communities, and  
 20 Federal income tax policy and operations; and

21 (2) representatives of all relevant stakeholders,  
 22 including—

23 (A) consumers;

24 (B) health insurance issuers;

25 (C) health care providers; and

1 (D) tax return preparers.

2 (b) PURVIEW.—The advisory committee established  
3 under subsection (a) shall be solicited for advice on any  
4 topic chosen by the Secretary of the Treasury or the Sec-  
5 retary of Health and Human Services, including (at a  
6 minimum) all matters as to which a provision in this Act,  
7 other than subsection (a), requires a consultation between  
8 the Secretary of the Treasury and the Secretary of Health  
9 and Human Services.

10 **SEC. 10. STUDY.**

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

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

18 (2) modifying open enrollment periods for Ex-  
19 changes and plan years so that open enrollment co-  
20 incides with filing of Federal income tax returns;  
21 and

22 (3) other steps to improve outcomes achieved by  
23 this Act.

24 (b) REPORT.—Not later than July 1, 2030, the Sec-  
25 retary of Health and Human Services shall deliver a re-

1 port on the study and recommendations under subsection  
2 (a) to the Committee on Ways and Means, the Committee  
3 on Education and the Workforce, and the Committee on  
4 Energy and Commerce of the House of Representatives  
5 and to the Committee on Finance and the Committee on  
6 Health, Education, Labor, and Pensions of the Senate.

7 **SEC. 11. APPROPRIATIONS.**

8       Out of amounts in the Treasury not otherwise appro-  
9 priated, there are appropriated, in addition to the amounts  
10 described in section 7 and any amounts otherwise made  
11 available, to carry out the purposes of this Act, such sums  
12 as may be necessary to the Secretary of the Treasury, and  
13 such sums as may be necessary to the Secretary of Health  
14 and Human Services, to remain available until expended.

○