# Provisions of H.R.1 and 2025 Marketplace Program Integrity and Affordability Rule: Impacts on the Marketplace

**Last updated Aug. 22, 2025**

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## Non-extension of enhanced premium tax credits (PTCs)

**Not included in any legislation and federal rule, and will sunset Dec. 2025**

- PTC calculations will revert back to using pre-2021 expected premium contributions. This will lead to enrollees being expected to pay more towards their monthly premium and receiving less in advanced PTCs (APTC).
- **High Impact** – Every Marketplace enrollee who receives PTCs will pay more for coverage. Increases for enrollees at 200-400 percent of the federal poverty level (FPL) are $90-$165 per month. Older enrollees over 400 percent FPL could pay up to $900 more per month.
- Effective starting plan year 2026, meaning enrollment in Fall 2025.

## House Resolution 1 (H.R. 1)

### End of automatic re-enrollment

- Requires all enrollees to actively update their information during Marketplace open enrollment (OE). Enrollees who fail to do so will be disenrolled for the next plan year and will need to experience a qualifying life event (link to webpage: orhim.info/QLEs) to enroll.
- **Medium Impact** – Approximately 33 percent of Marketplace enrollees in Oregon are auto-enrolled each year and will need to take action to remain covered.
- Effective starting plan year 2028, meaning no auto-enrollment in Fall 2027.

### Removal of advanced premium tax credit (APTC) repayment caps

- Removes repayment caps for consumers who do not accurately report their income on their Marketplace application. Consumers who report lower income on their application than what is reported when filing taxes will owe back all of the excess APTC they were not eligible for.
- **Medium Impact** – Consumers who report inaccurate income or do not update their income through the year could need to repay a substantial amount on their

taxes.Consumers who should have been enrolled in an Oregon Health Plan (OHP) program will pay back the most.

- Effective starting tax year 2026. This means consumers see the effects when they file taxes in 2027.

### Some non-citizens no longer eligible to receive PTCs on Marketplace plans

- Provision changes the definition of “lawfully present” to exclude some previously eligible non-citizens. Non-citizens who are not “eligible aliens” will be able to purchase plans through the Marketplace, but cannot receive premium tax credits.
- **Medium Impact –** Applies to most non-citizens who are not green card holders. Includes refugees and asylees. It is unknown how many enrollees in Oregon will be impacted by this provision due to lack of access to data.
- Effective starting plan year 2027, meaning open enrollment in Fall 2026.

## 2025 Marketplace Program Integrity and Affordability Rule

### Deferred Action for Childhood Arrivals (DACA) no longer an eligible immigration status

- Removes DACA from the list of eligible immigration statuses for Marketplace coverage. DACA recipients became eligible Nov. 1, 2024.
- **Low Impact** – It is unknown how many enrollees in Oregon will be impacted by this provision due to lack of access to data.
- Effective Aug. 25, 2025. All DACA recipients currently enrolled through the Marketplace will be automatically disenrolled on Oct. 1, 2025.

### Changes to actuarial value (AV) of plans

- Allows carriers to offer lower quality plans. This could impact the amount of PTC individuals qualify for if silver plan premiums become cheaper in response to poorer benefit design.
- **Low Impact** – Most plans use higher AV and premiums are driven by network.

- Effective for plan year 2026.Plans were filed during Summer 2025 with one company offering a silver plan with lower AV that did not impact PTCs.
- **Update (Aug. 22):** The effective date is stayed pending final ruling on City of Columbus v. Kennedy.
  - **Impact in Oregon:** Some insurance companies must make last-minute changes to their plans and rates and will require approval from the Division of Financial Regulation.

## Change to premium adjustment percentage methodology

- Changes how the premium adjustment percentage is calculated, which enables the Centers for Medicare & Medicaid Services (CMS) to set less favorable maximum out-of-pocket and deductible amounts. This can also influence the backend premium tax credit calculations used by the IRS.
- **Low Impact –**Oregon generally uses plan design to mitigate high deductibles. Changes to premium tax credit calculation will not be apparent if the enhanced subsidies end.
- Effective starting plan year 2026; plans were filed during Summer 2025.

## Shortened open enrollment period

- Allows open enrollment to last no more than 63 days. Mandates that OE must start no later than Nov. 1 and end no later than Dec. 31 each year.
- **Low Impact** – Shortens allowed OE periods, but allows consumers to enroll by Dec. 31 for coverage starting Jan. 1.
- Open enrollment is not affected for plan year 2026 and will still run from Nov. 1, 2025 to Jan. 15, 2026.
- Effective starting plan year 2027, meaning open enrollment using the state-based marketplace solution will be from Nov. 1 – Dec. 31, 2026.

## Failure to reconcile allowance reduced from two years to one year

- People who receive APTC who did not reconcile taxes in 2024 must reconcile in 2025 or they will lose APTC eligibility for 2026.

- **Low Impact** – Most individuals file their taxes, and when enrollees lose APTC, they generally act quickly to correct outstanding issues.
- Effective for plan year 2026, meaning enrollment in Fall 2025. Reverts to two years for plan year 2027, meaning enrollment in Fall 2026.
- **Update (Aug. 22):** The effective date is stayed pending final ruling on City of Columbus v. Kennedy.

### Income verification standards

- Requires invidials to submit documentation to verify income prior to enrollment when IRS systems are unable to do so automatically.
- **Low Impact** – This provision primarily impacts lower income enrollees, who are likely eligible for OHP Bridge. Some enrollees will lose PTC and/or coverage if they fail to provide proof of income.
- Effective for plan year 2026 only, meaning enrollment in Fall 2025, and for special enrollment periods (SEPs) throughout 2026.
- **Update (Aug. 22):** The effective date is stayed pending final ruling on City of Columbus v. Kennedy.

### Pre-enrollment verification for SEPs via HealthCare.gov

- Requires HealthCare.gov to verify enrollment eligibility for at least 75 percent of SEP enrollments for consumers not already enrolled through the Marketplace.
- **Low Impact** – Some consumers may experience a gap in coverage while their verification documents are received and processed. Most SEPs do not require significant information to verify eligibility. This provision does not apply to state-based marketplaces (SBMs).
- Effective for plan year 2026 only. Does not apply to 2027 and later. Will not impact Oregon after SBM launch.
- **Update (Aug. 22):** The effective date is stayed pending final ruling on City of Columbus v. Kennedy.

### 5-year bar population no longer eligible to receive PTCs on Marketplace plans

- Non-citizens with incomes under 100 percent FPL who have been in the U.S. for less than five years (called the “5-year bar”) will be able to purchase coverage through the Marketplace, but will not be eligible to receive PTCs.
- **Low Impact –** It is unknown how many enrollees in Oregon will be impacted by this provision due to lack of access to data; however, this population is typically eligible for OHP through Healthier Oregon.
- Effective starting plan year 2026.

### Changes to premium payment threshold calculation

- Changes the premium thresholds insurance carriers are allowed to offer. Currently, insurance carriers can accept premiums that are slightly less than full premiums to prevent coverage terminations. The rule changes how insurance carriers are allowed to calculate the threshold.
- **Very Low Impact –** Insurance carriers are not required to use a threshold, and the requirement is only for one year. This provision could cause some burden for insurance carriers whose thresholds don’t meet the new requirement, but the burden would not be significant.
- Effective for plan year 2026, beginning in Dec. 2025.

### Denying coverage for past-due premiums

- Allows states to choose whether to allow insurance carriers to require past-due premiums to be paid before coverage is effectuated (active).
- **Very Low Impact** – Some Oregon insurance carriers already require past-due premiums to be paid. This should not impact consumers who are re-enrolling in the same plan, as they would be covered by the three-month grace period.
- Effective for plan year 2026, which means it applies to any premiums delinquent as of Dec. 2025.
- **Update (Aug. 22):** The effective date is stayed pending final ruling on City of Columbus v. Kennedy.

### Standards for termination of insurance agents' agreements with HealthCare.gov

- CMS will establish stronger standards of conduct for insurance agents enrolling consumers directly or indirectly through HealthCare.gov.
- **Very Low Impact –** Oregon insurance agents are already highly regulated and monitored in partnership between the Marketplace and the Division of Financial Regulation. Complaints of improper or fraudulent enrollments have not been received and impact to enrollees or insurance agents is currently not anticipated.
- Effective for insurance agent/HealthCare.gov agreements for plan year 2026, which are signed in late Summer 2025.

### Gender affirming care not allowed as an Essential Health Benefit

- Removes gender affirming care from list of allowed Essential Health Benefits. **Oregon's state requirements remain in effect.**
- **Very Low Impact** – Benefits, premiums, and cost-sharing are not changed.
- Effective for plan year 2026. Insurance carriers filed plans during Summer 2025.

### SEP for people under 150 percent FPL is paused for 2026

- Removes the SEP for people at or below 150 percent FPL from Oct. 2025 through the end of 2026.
- **Very Low Impact** – Most enrollees in this income range are eligible for OHP Bridge.
- Effective Oct. 2025 through the end of plan year 2026.

### End of auto re-enrollment that moves consumers from bronze to silver plans

- This provision repeals an earlier rule that required HealthCare.gov to move bronze enrollees to silver plans if the silver plans were the same or less expensive and offered the same provider network.
- **Very Low Impact –** Very few, if any, Oregonians have been moved under this policy.

- Effective plan year 2026, meaning enrollment in Fall 2025.

### Bronze and catastrophic plans are high-deductible health plans (HDHPs)

- Provision makes all bronze and catastrophic plans HDHPs. This means enrollees can contribute to a Health Savings Account (HSA) while enrolled in one of these plans.
- **Very low Impact –** Non-HSA bronze plans have pre-deductible coverage and are a better value for consumers, so being able to pair them with an HSA is a benefit to consumers.
- Effective plan year 2026. Carriers filed plans during Summer of 2025.

### No auto-enrollment for people with $0 plan premiums

- Requires people with fully subsidized plans to update their Marketplace application to continue to receive PTCs.
- **No Impact** – Oregon does not have any enrollees with $0 premiums.
- Effective plan year 2026 only, meaning enrollment in Fall 2025.

  **Update (Aug. 22):** The effective date is stayed pending final ruling on City of Columbus v. Kennedy.

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