

117TH CONGRESS  
1ST SESSION

# H. R. 5610

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

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 19, 2021

Mr. BERA introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To 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:

1           (1) CHIP PROGRAM.—The term “CHIP pro-  
2           gram” means a State plan for child health assist-  
3           ance under title XXI of the Social Security Act (42  
4           U.S.C. 1397aa et seq.), including any waiver of such  
5           a plan.

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

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

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

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

21          (6) FAMILY SIZE.—The term “family size” has  
22          the meaning given such term in section 36B(d) of  
23          the Internal Revenue Code of 1986.

1 (7) INSURANCE AFFORDABILITY PROGRAM.—

2 The term “insurance affordability program” means  
3 any of the following:

4 (A) A Medicaid program.

5 (B) A CHIP program.

6 (C) The program under title I of the Pa-  
7 tient Protection and Affordable Care Act (42  
8 U.S.C. 18001 et seq.) for the enrollment in  
9 qualified health plans offered through an Ex-  
10 change, including the premium tax credits  
11 under section 36B of the Internal Revenue  
12 Code of 1986, cost-sharing reductions under  
13 section 1402 of the Patient Protection and Af-  
14 fordable Care Act (42 U.S.C. 18071), and the  
15 advance payment of such credits and reductions  
16 under section 1412(a)(3) of the Patient Protec-  
17 tion and Affordable Care Act (42 U.S.C.  
18 18082(a)(3)).

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

22 (E) Any other Federal, State, or local pro-  
23 gram that provides assistance for some or all of  
24 the cost of minimum essential coverage and re-  
25 quires eligibility for such program to be based

1 in whole or in part on income, including such  
2 a program carried out through a waiver under  
3 section 1332 of the Patient Protection and Af-  
4 fordable Care Act (42 U.S.C. 18052) or a State  
5 program supplementing the advanced payment  
6 of tax credits and cost-sharing reductions under  
7 section 1412(a)(3) of such Act.

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

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

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

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

24 (A) except as provided in subparagraph

25 (B), means the payment from or on behalf of

1 an individual required to enroll in such plan or  
2 coverage, after application of the premium tax  
3 credit under section 36B of the Internal Rev-  
4 enue Code of 1986, the advance payment of  
5 such credit under section 1412(a)(3) of the Pa-  
6 tient Protection and Affordable Care Act (42  
7 U.S.C. 18082(a)(3)), and any other assistance  
8 provided by an insurance affordability program;  
9 and

10 (B) does not include any amounts de-  
11 scribed in section 36B(b)(3)(D) of the Internal  
12 Revenue Code of 1986 or section 1303(b)(2) of  
13 the Patient Protection and Affordable Care Act  
14 (42 U.S.C. 18023(b)(2)).

15 (12) POVERTY LINE.—The term “poverty line”  
16 has the meaning given such term in section  
17 36B(d)(3) of the Internal Revenue Code of 1986.

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

22 (14) RELEVANT RETURN INFORMATION.—The  
23 term “relevant return information” means, with re-  
24 spect to a taxpayer, any return information, as de-  
25 fined in section 6103(b)(2) of the Internal Revenue

1 Code of 1986, which may be relevant, as determined  
2 by the Secretary of the Treasury in consultation  
3 with the Secretary of Health and Human Services,  
4 with respect to—

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

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

14 (15) SINGLE, STREAMLINED APPLICATION.—

15 The term “single, streamlined application” means  
16 the form described in section 1413(b)(1)(A) of the  
17 Patient Protection and Affordable Care Act (42  
18 U.S.C. 18083(b)(1)(A)).

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

23 (17) ZERO NET PREMIUM.—The term “zero net  
24 premium”, with respect to a health plan or other

1 form of minimum essential coverage, means a net  
2 premium of \$0.00 for such plan coverage.

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

6 (a) IN GENERAL.—Not later than January 1, 2024,  
7 the Secretary shall establish a program which allows any  
8 taxpayer who is not covered under minimum essential cov-  
9 erage at the time their return of tax for the taxable year  
10 is filed, as well as any other household member who is  
11 not covered under such coverage, to, in conjunction with  
12 the filing of their return of tax for any taxable year which  
13 begins after December 31, 2022, elect to—

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

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

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

22 (B) the taxpayer does not—

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

25 (ii) select a different plan.

1 (b) TAXPAYER REQUIREMENTS AND CONSENT.—

2 (1) IN GENERAL.—Pursuant to the program es-  
3 tablished under subsection (a), the taxpayer may, in  
4 conjunction with the filing of their return of tax for  
5 the taxable year—

6 (A) identify any household member who is  
7 not covered under minimum essential coverage  
8 at the time of such filing; and

9 (B) with respect to each household member  
10 identified under subparagraph (A), elect wheth-  
11 er to—

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



(ii) in the case consent is provided under clause (i) with respect to such 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.—

1 (A) IN GENERAL.—In the case of a tax-  
2 payer who has consented to disclosure and  
3 transfer of relevant return information pursu-  
4 ant to paragraph (1)(B)(i), such taxpayer shall  
5 be enrolled in the insurance affordability pro-  
6 gram only if the taxpayer submits a supple-  
7 mental form which is designed to collect addi-  
8 tional information necessary (as determined by  
9 the Secretary of Health and Human Services)  
10 to establish eligibility for and enrollment in an  
11 insurance affordability program, which may in-  
12 clude (except as provided in subparagraph (B)),  
13 with respect to each individual described in  
14 paragraph (1)(A), the following:

15 (i) State of residence.

16 (ii) Date of birth.

17 (iii) Employment and the availability  
18 of benefits under a group health plan at  
19 the time the return of tax is filed.

20 (iv) Any changed circumstances de-  
21 scribed in section 1412(b)(2) of the Pa-  
22 tient Protection and Affordable Care Act;  
23 (42 U.S.C. 18082(b)(2)).

24 (v) Solely for the purpose of facili-  
25 tating automatic renewal of coverage and

1 eligibility redeterminations under section  
2 1413(c)(3)(A) of such Act (42 U.S.C.  
3 18083(c)(3)(A)), authorization for the Sec-  
4 retary to disclose relevant return informa-  
5 tion for subsequent taxable years to insur-  
6 ance affordability programs.

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

17 (vii) Information about household  
18 composition that—

19 (I) may affect eligibility for an  
20 insurance affordability program, and

21 (II) is not otherwise included on  
22 the return of tax.

23 (viii) Such other information as the  
24 Secretary, in consultation with the Sec-  
25 retary of Health and Human Services, may

1           require, including information requested on  
2           the single, streamlined application.

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

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

16          (D) ACCESSIBILITY.—

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

23               (ii) RULE OF CONSTRUCTION.—Noth-  
24               ing in clause (i) shall be construed as di-  
25               minishing, reducing, or otherwise limiting

1                   any other legal obligation for the Secretary  
2                   to avoid or to prevent discrimination.

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

11       (c) TAX RETURN PREPARERS.—

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

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

1       ment in insurance affordability programs and min-  
2       imum essential coverage.

3       (d) TRANSFER OF INFORMATION THROUGH SECURE  
4 INTERFACE.—

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

18       (2) TRANSFER BY TREASURY OR TAX PRE-  
19 PARERS.—

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

1 applicable processing criteria, to be transferred  
2 to an applicable Exchange by—

3 (i) the Secretary; or

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

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

11 (II) the tax return preparer who  
12 prepared the return containing such  
13 information.

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

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

24 (i) pursuant to interagency agree-  
25 ments that ensure data security and main-

1           tain privacy in a manner that satisfies the  
2           requirements under section 1942(b) of the  
3           Social Security Act (42 U.S.C. 1396w–  
4           2(b)); and

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

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

14                         (II) enroll in minimum essential  
15           coverage.

16         (e) ERRORS THAT AFFECT ELIGIBILITY FOR INSUR-  
17         ANCE AFFORDABILITY PROGRAMS.—The Secretary of  
18         Health and Human Services, in consultation with the Sec-  
19         retary, shall establish procedures for addressing instances  
20         in which an error in relevant return information that was  
21         transferred to an Exchange under subsection (d) may have  
22         resulted in a determination that an individual is eligible  
23         for more or less assistance under an insurance afford-  
24         ability program than the assistance for which the indi-



1 vidual would otherwise have been eligible without the  
 2 error. Such procedures shall include procedures for—

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

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

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

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

23 “(23) DISCLOSURE OF RETURN INFORMATION  
 24 FOR DETERMINING ELIGIBILITY FOR INSURANCE AF-

1       FORDABILITY PROGRAMS AND ENROLLMENT INTO  
2       MINIMUM ESSENTIAL HEALTH COVERAGE.—

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

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

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

16                              “(I) determining eligibility for an  
17       insurance affordability program, or

18                              “(II) facilitating enrollment into  
19       minimum essential coverage, and

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

24              “(C) DEFINITIONS.—For purposes of this  
25       paragraph, the terms ‘relevant return informa-

tion’, ‘Exchange’, ‘insurance affordability program’, and ‘minimum essential coverage’ have the same meanings given such terms under section 2 of the Easy Enrollment in Health Care Act.”.

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

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

(1) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed as requiring any individual, as a condition of applying for an insurance affordability program, to—

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

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

(2) METHODS AND PROCEDURES.—Any agency administering an insurance affordability program shall implement methods and procedures, as pre-

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

9               (A) a calendar year described in section  
 10              1902(e)(14)(D)(vii)(I) of the Social Security  
 11              Act (42 U.S.C. 1396a), as added by section  
 12              5(b); and

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

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

19       **SEC. 4. EXCHANGE USE OF RELEVANT RETURN INFORMA-**  
 20              **TION.**

21       (a) IN GENERAL.—An Exchange that receives rel-  
 22       evant return information under section 3(d) with respect  
 23       to a taxpayer who has provided consent under section  
 24       3(b)(1)(B) shall—

1           (1) minimize additional information (if any)  
2           that is required to be provided by such taxpayer for  
3           a household member to qualify for any insurance af-  
4           fordability program by, whenever feasible, qualifying  
5           such household member for such program based  
6           on—

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

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

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

1 such programs, including section 1411(f) of the Pa-  
2 tient Protection and Affordable Care Act (42 U.S.C.  
3 18081(f));

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

9 (A) imposes the lowest feasible procedural  
10 burden to the taxpayer, including—

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

15 (ii) prior to a denial of eligibility or  
16 enrollment due to failure to provide such  
17 information, attempting to contact the tax-  
18 payer multiple times using the preferred  
19 contact methods described in section  
20 3(b)(3)(A)(vi); and

21 (B) provides the individual with all proce-  
22 dural protections that would otherwise be avail-  
23 able in applying for such program, including  
24 the reasonable opportunity period described in

1 section 1137(d)(4)(A) of the Social Security  
2 Act (42 U.S.C. 1320b–7(d)(4)(A)); and

3 (4) when an individual is found eligible for an  
4 insurance affordability program other than the Med-  
5 icaid program—

6 (A) enable such individual, through proce-  
7 dures prescribed by the Secretary of Health and  
8 Human Services, to seek coverage under the  
9 Medicaid program or CHIP program by pro-  
10 viding additional information demonstrating po-  
11 tential eligibility for such program, with any re-  
12 sulting determination subject to rights of notice  
13 and appeal under laws governing insurance af-  
14 fordability programs, including section 1411(f)  
15 of the Patient Protection and Affordable Care  
16 Act (42 U.S.C. 18081(f)); and

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

19 (b) MEDICAID AND CHIP.—

20 (1) STATE OPTIONS.—

21 (A) IN GENERAL.—In a State for which  
22 the Secretary of Health and Human Services is  
23 determining eligibility for individuals who apply  
24 for insurance affordability programs at the Ex-  
25 change serving residents of the individual’s

1 State, the Secretary of Health and Human  
2 Services shall present the State with not less  
3 than 3 sets of options for verification proce-  
4 dures and business rules that the Exchange  
5 serving residents of such State shall use in de-  
6 termining eligibility for the State Medicaid pro-  
7 gram and CHIP program with respect to indi-  
8 viduals who are household members described  
9 in section 3(b)(1)(B). Notwithstanding any  
10 other provision of law, the Secretary of Health  
11 and Human Services may present each State  
12 with the same 3 sets of options, provided that  
13 each set can be customized to reflect each  
14 State's decisions about optional eligibility cat-  
15 egories and criteria for the Medicaid program  
16 and CHIP program.

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

22 (i) the Secretary's use of data from  
23 State agencies and other sources described  
24 in subsection (c)(3)(A)(ii) of section 1413



1 of the Patient Protection and Affordable  
2 Care Act (42 U.S.C. 18083); and

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

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

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

25 (2) ENROLLMENT.—

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

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

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

1           for assigning the individual to such an organi-  
2           zation or entity (including auto-assignment pro-  
3           cedures) that is commonly used in the State  
4           when an individual who is found eligible for  
5           such program does not affirmatively select a  
6           particular organization or entity.

7           (D)   OPT-OUT   PROCEDURES.—Notwith-  
8           standing subparagraph (A), an individual de-  
9           scribed in such subparagraph shall be given one  
10          or more opportunities to opt out of coverage  
11          under a State Medicaid program or CHIP pro-  
12          gram, using procedures prescribed by the Sec-  
13          retary of Health and Human Services.

14          (c) ADVANCE PREMIUM TAX CREDITS FOR QUALI-  
15 FIED HEALTH PLANS.—

16          (1) IN GENERAL.—In the case where a taxpayer  
17          has filed their return of tax for a taxable year on or  
18          before the date specified under section 6072(a) of  
19          the Internal Revenue Code of 1986 with respect to  
20          such year and has provided consent described in sec-  
21          tion 3(b)(1)(B)(i), if the Exchange has determined  
22          that an applicable household member has not quali-  
23          fied for the Medicaid program or the CHIP pro-  
24          gram, such Exchange shall—

(A) in addition to any such period that may otherwise be available, provide a special enrollment period that begins on the date the taxpayer has provided such consent; and

(B) determine—

(i) whether the taxpayer would, pursuant to section 1412 of the Patient Protection and Affordable Care Act (42 U.S.C. 18082), be eligible for advance payment of the premium assistance tax credit under section 36B of the Internal Revenue Code of 1986 if such household member of the taxpayer were enrolled in a qualified health plan; and

(ii) if the taxpayer has made the election described in section 3(b)(1)(B)(ii), whether such household member has one or more options to enroll in a qualified health plan with a zero net premium.

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

(A) IN GENERAL.—In the case that a household member described in paragraph (1) has one or more options to enroll in a qualified health plan with a zero net premium, and con-

1 sent has been given under section 3(b)(1)(B)  
2 for enrollment of such household member in a  
3 qualified health plan with a zero net premium—

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

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

12 (B) OPTION SETS.—

13 (i) IN GENERAL.—In the case that  
14 multiple qualified health plans with a zero  
15 net premium are available with more than  
16 1 actuarial value, the Exchange shall limit  
17 the set of options under subparagraph  
18 (A)(i) to such qualified health plans with  
19 the highest available actuarial value.

20 (ii) FURTHER RESTRICTIONS.—In the  
21 case described in clause (i), the Exchange  
22 may further limit the set of options under  
23 subparagraph (A)(i), among the qualified  
24 health plans that have the highest available  
25 actuarial value as described in clause (i),

1 based on the generosity of such plans' cov-  
2 erage of services not subject to a deduct-  
3 ible.

4 (iii) DEFINITION OF HIGHEST ACTU-  
5 ARIAL VALUE.—For purposes of this sub-  
6 paragraph, the term “highest actuarial  
7 value” means the highest actuarial value  
8 among—

9 (I) the levels of coverage de-  
10 scribed in paragraph (1) of section  
11 1302(d) of the Patient Protection and  
12 Affordable Care Act (42 U.S.C.  
13 18022(d)), without regard to allow-  
14 able variance under paragraph (3) of  
15 such section; and

16 (II) as applicable, the levels of  
17 coverage that result from the applica-  
18 tion of cost-sharing reductions under  
19 section 1402 of such Act (42 U.S.C.  
20 18071).

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

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

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

7 (D) NOTIFICATION OF DEFAULT ENROLL-  
8 MENT.—As soon as possible after an Exchange  
9 has identified a default enrollment choice for an  
10 individual under subparagraph (A)(ii), the Ex-  
11 change shall provide the individual with notice  
12 of such selection. The notice shall include—

- 13 (i) a description of coverage provided  
14 by the selected qualified health plan;

- 15 (ii) encouragement to learn about all  
16 available qualified health plan options be-  
17 fore the end of the special enrollment pe-  
18 riod under paragraph (1)(A) and to select  
19 a plan that best meets the needs of the in-  
20 dividual and the individual's family;

- 21 (iii) an explanation that, if the indi-  
22 vidual does not select a qualified health  
23 plan by the end of such special enrollment  
24 period or opt out of default enrollment in  
25 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).



1 (ii) UPDATED NOTICE.—At the time  
2 of the default enrollment described in  
3 clause (i), the Exchange shall send a notice  
4 to the individual explaining that default  
5 enrollment has occurred, describing the  
6 plan into which the individual has been en-  
7 rolled, and explaining the reconsideration  
8 procedures described in subparagraph (F).

9 (F) RECONSIDERATION.—

10 (i) IN GENERAL.—Not later than 30  
11 days after receiving a notice under sub-  
12 paragraph (E)(ii), the individual receiving  
13 such notice may use a method provided by  
14 the Exchange to indicate—

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

19 (II) in the case of a household  
20 member for whom the selected quali-  
21 fied health plan under such subpara-  
22 graph is a high cost-sharing qualified  
23 health plan, the individual's decision  
24 to enroll in a specified lower cost-  
25 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.—

1           The term “specified lower cost-shar-  
2           ing qualified health plan” means—

3                   (aa) in the case of a house-  
4                   hold member with a household  
5                   income at or below 200 percent  
6                   of the poverty line, the lowest-  
7                   premium qualified health plan of-  
8                   fered by the health insurance  
9                   issuer that is at the silver level;  
10                  or

11                  (bb) in the case of a house-  
12                  hold member with a household  
13                  income above 200 percent of the  
14                  poverty line, the lowest-premium  
15                  qualified health plan offered by  
16                  the health insurance issuer that  
17                  is at the gold level.

18 **SEC. 5. MODERNIZING ELIGIBILITY CRITERIA FOR INSUR-**  
19 **ANCE AFFORDABILITY PROGRAMS.**

20           (a) IMPROVING THE STABILITY AND PREDICT-  
21 ABILITY OF MEDICAID AND CHIP COVERAGE.—

22                   (1) IN GENERAL.—Section 1902(e) of the So-  
23                   cial Security Act (42 U.S.C. 1396a(e)) is amended  
24                   by striking paragraph (12) and inserting the fol-  
25                   lowing:

1 “(12) CONTINUOUS ELIGIBILITY.—

2 “(A) CONTINUOUS ELIGIBILITY OPTION  
3 FOR CHILDREN.—At the option of the State,  
4 the plan may provide that an individual who is  
5 under an age specified by the State (not to ex-  
6 ceed 19 years of age) and who is determined to  
7 be eligible for benefits under a State plan ap-  
8 proved under this title under subsection  
9 (a)(10)(A) shall remain eligible for those bene-  
10 fits until the earlier of—

11 “(i) the end of a period (not to exceed  
12 12 months) following the determination; or

13 “(ii) the time that the individual ex-  
14 ceeds that age.

15 “(B) CONTINUOUS COVERAGE FOR CER-  
16 TAIN ELIGIBLE INDIVIDUALS SUBJECT TO  
17 MODIFIED ADJUSTED GROSS INCOME CRI-  
18 TERIA.—

19 “(i) IN GENERAL.—At the option of  
20 the State, the State may provide that an  
21 individual who is determined to be eligible  
22 for benefits under the State plan (or a  
23 waiver of such plan), who is under such  
24 age as the State may specify, and whose  
25 eligibility is based on satisfaction of modi-

1           fied adjusted gross income requirements  
2           shall remain eligible for those benefits until  
3           the end of a period specified by the State  
4           (not to exceed 12 months) following such  
5           determination.

6           “(ii) REQUIREMENT TO PROVIDE CON-  
7           TINUOUS COVERAGE FROM 2023 TO 2030.—  
8           During the period beginning on January 1,  
9           2023, and ending on December 31, 2030,  
10          clause (i) shall be applied—

11                 “(I) by substituting ‘The State  
12                 shall provide’ for ‘At the option of the  
13                 State, the State may provide’;

14                 “(II) by striking ‘, who is under  
15                 such age as the State may specify,’;  
16                 and

17                 “(III) by substituting ‘the 12  
18                 month period’ for ‘a period specified  
19                 by the State (not to exceed 12  
20                 months)’.

21           “(C) ELIGIBILITY CATEGORY FLEXI-  
22           BILITY.—A State shall ensure that, notwith-  
23           standing the application of a continuous cov-  
24           erage period under this paragraph, an indi-  
25           vidual who is enrolled under the State plan (or

1 a waiver of such plan) shall be permitted to  
2 change the eligibility category under which the  
3 individual is enrolled during such a period if the  
4 new eligibility category would result in the indi-  
5 vidual receiving greater benefits under the plan  
6 (or waiver) or in a reduction to the premiums  
7 or cost-sharing imposed on the individual under  
8 the plan (or waiver).”.

9 (2) APPLICATION TO CHIP.—Section 2107(e)(1)  
10 of the Social Security Act (42 U.S.C. 1397gg(e)(1))  
11 is amended—

12 (A) by redesignating subparagraphs (H)  
13 through (T) as subparagraphs (I) through (U),  
14 respectively; and

15 (B) by inserting after subparagraph (G)  
16 the following new subparagraph:

17 “(H) Section 1902(e)(12) (relating to the  
18 provision of continuous coverage), except that,  
19 in addition to ensuring that an individual may  
20 change the eligibility category under which the  
21 individual is enrolled under this title during a  
22 continuous coverage period under such section,  
23 the State shall also ensure that an individual  
24 shall be permitted during such period to enroll

1 in the State plan under title XIX (or a waiver  
2 of such plan).”.

3 (3) EFFECTIVE DATE.—The amendments made  
4 by this subsection shall take effect on October 1,  
5 2021.

6 (b) INCOME ELIGIBILITY DETERMINATIONS FOR  
7 MEDICAID AND CHIP.—

8 (1) IN GENERAL.—Section 1902(e)(14)(D) of  
9 the Social Security Act (42 U.S.C. 1396a(e)(14)(D))  
10 is amended by adding at the end the following new  
11 clauses:

12 “(vi) SNAP AND TANF ELIGIBILITY  
13 FINDINGS.—

14 “(I) IN GENERAL.—Subject to  
15 subclause (III), a State shall provide  
16 that an individual for whom a finding  
17 has been made as described in clause  
18 (II) shall meet applicable eligibility for  
19 assistance under the State plan or a  
20 waiver of the plan involving financial  
21 eligibility, citizenship or satisfactory  
22 immigration status, and State resi-  
23 dence. A State shall rely on such a  
24 finding both for the initial determina-  
25 tion of eligibility for medical assist-

1           ance under the plan or waiver and any  
2           subsequent redetermination of eligi-  
3           bility.

4           “(II) FINDINGS DESCRIBED.—A  
5           finding described in this subclause is  
6           a determination made within a rea-  
7           sonable period (as determined by the  
8           Secretary) by a State agency respon-  
9           sible for administering the Temporary  
10          Assistance for Needy Families pro-  
11          gram under part A of title IV or the  
12          Supplemental Nutrition Assistance  
13          Program established under the Food  
14          and Nutrition Act of 2008 that an in-  
15          dividual is eligible for benefits under  
16          such program.

17          “(III) LIMITATION.—A State  
18          shall be required to rely on the find-  
19          ings of the State agency responsible  
20          for administering the supplemental  
21          nutrition assistance program estab-  
22          lished under the Food and Nutrition  
23          Act of 2008 only in the case of—

24                  “(aa) an individual who is  
25                  under 19 years of age; or



1 “(bb) an individual who is  
2 described in subsection  
3 (a)(10)(A)(i)(VIII).

4 “(IV) STATE OPTION.—A State  
5 may rely on the findings of the State  
6 agency responsible for administering  
7 the supplemental nutrition assistance  
8 program established under the Food  
9 and Nutrition Act of 2008 in the case  
10 of an individual not described in sub-  
11 clause (III).

12 “(vii) RECENT ANNUAL INCOME ES-  
13 TABLISHING ELIGIBILITY.—

14 “(I) IN GENERAL.—For purposes  
15 of determining the income eligibility  
16 for medical assistance of an individual  
17 whose eligibility is determined based  
18 on the application of modified ad-  
19 justed gross income under subpara-  
20 graph (A), a State shall provide that  
21 an individual whose eligibility date oc-  
22 curs in January, February, March, or  
23 April of a calendar year shall be fi-  
24 nancially eligible if the individual’s  
25 modified adjusted gross income for

1 the preceding calendar year satisfies  
2 the income eligibility requirement ap-  
3 plicable to the individual.

4 “(II) DEFINITION.—For pur-  
5 poses of this clause, an ‘eligibility  
6 date’ means—

7 “(aa) in the case of an indi-  
8 vidual who is not receiving med-  
9 ical assistance when the indi-  
10 vidual applies for an insurance  
11 affordability program (as defined  
12 in section 2 of the Easy Enroll-  
13 ment in Health Care Act),  
14 whether such application takes  
15 place through section 3(b) of  
16 such Act or otherwise, the date  
17 on which such individual applies  
18 for such program; and

19 “(bb) in the case of an indi-  
20 vidual who is receiving medical  
21 assistance and whose continued  
22 eligibility for such assistance is  
23 being redetermined, the date on  
24 which the individual is deter-  
25 mined to satisfy all eligibility re-

quirements applicable to the individual other than income eligibility.

“(III) RULES OF CONSTRUCTION.—

“(aa) ELIGIBILITY DETERMINATIONS DURING MAY THROUGH DECEMBER.—Nothing in subclause (I) shall be construed as diminishing, reducing, or otherwise limiting the State’s obligation to grant eligibility, under circumstances other than those described in such subclause, based on data that include income shown on an individual’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-

1 ing, or otherwise limiting  
2 grounds for eligibility other than  
3 those described in such sub-  
4 clause, including eligibility based  
5 on income as of the point in time  
6 at which an application for med-  
7 ical assistance under the State  
8 plan or a waiver of the plan is  
9 processed.

10 “(cc) QUALIFYING FOR AD-  
11 DITIONAL ASSISTANCE.—Not-  
12 withstanding subclause (I), a  
13 State shall use an individual’s  
14 modified adjusted gross income  
15 as determined as of the point in  
16 time at which the individual’s ap-  
17 plication for medical assistance is  
18 processed or, in the case of rede-  
19 termination of eligibility, pro-  
20 jected annual income, to deter-  
21 mine the individual’s eligibility  
22 for medical assistance if using  
23 the individual’s modified adjusted  
24 gross income, as so determined,  
25 would result in the individual

1 being eligible for greater benefits  
 2 under the State plan (or a waiver  
 3 of such plan) or in the imposition  
 4 of lower premiums or cost-shar-  
 5 ing on the individual under the  
 6 plan (or waiver) than if the indi-  
 7 vidual’s eligibility was determined  
 8 using the modified adjusted gross  
 9 income of the individual as shown  
 10 on the individual’s tax return for  
 11 the preceding calendar year.”.

12 (2) CONFORMING AMENDMENT.—Section  
 13 1902(e)(14)(H)(i) of the Social Security Act (42  
 14 U.S.C. 1396a(e)(14)(H)(i)) is amended by inserting  
 15 “except as provided in subparagraph (D)(vii)(I),”  
 16 before “the requirement”.

17 (3) EFFECTIVE DATE.—The amendments made  
 18 by this subsection shall take effect on January 1,  
 19 2023.

20 (c) IMPROVING THE STABILITY AND PREDICTABILITY  
 21 OF EXCHANGE COVERAGE.—

22 (1) INTERNAL REVENUE CODE OF 1986.—Sec-  
 23 tion 36B of the Internal Revenue Code of 1986 is  
 24 amended—

25 (A) in subsection (b)—

1 (i) in paragraph (2)(B)(ii), by striking  
2 “taxable year” and inserting “applicable  
3 tax year”, and

4 (ii) in paragraph (3)—

5 (I) in subparagraph (A)—

6 (aa) in clause (i), by striking  
7 “taxable year” and inserting “ap-  
8 plicable taxable year”, and

9 (bb) in clause (ii)(I), by in-  
10 serting “(or, in the case of appli-  
11 cable taxable years beginning in  
12 any calendar year after 2023)”  
13 after “2014”, and

14 (II) in subparagraph (B)—

15 (aa) in clause (ii)(I)(aa), by  
16 striking “the taxable year” each  
17 place it appears and inserting  
18 “the applicable taxable year”,  
19 and

20 (bb) in the flush matter at  
21 the end—

22 (AA) striking “files a  
23 joint return and no credit is  
24 allowed” and inserting “filed  
25 a joint return during the ap-

1 applicable taxable year and no  
 2 credit was allowed”, and

3 (BB) striking “unless a  
 4 deduction is allowed under  
 5 section 151 for the taxable  
 6 year” and inserting “unless  
 7 a deduction was allowed  
 8 under section 151 for the  
 9 applicable taxable year”,

10 (B) in subsection (c)—

11 (i) in paragraph (1)—

12 (I) in subparagraphs (A) and  
 13 (C), by striking “taxable year” each  
 14 place it appears and inserting “appli-  
 15 cable taxable year”, and

16 (II) in subparagraph (D), by  
 17 striking “is allowable” and all that  
 18 follows through the period and insert-  
 19 ing “was allowable to another tax-  
 20 payer for the applicable taxable  
 21 year.”,

22 (ii) in paragraph (2)(C), by adding at  
 23 the end the following:

24 “(v) TIME PERIOD.—

1           “(I) IN GENERAL.—Except as  
2           provided under subclause (II), eligi-  
3           bility for minimum essential coverage  
4           under this subparagraph shall be  
5           based on the individual’s eligibility for  
6           employer-sponsored minimum essen-  
7           tial coverage during the open enroll-  
8           ment period (or during a special en-  
9           rollment period for an individual who  
10          enrolls or who changes their qualified  
11          health plan during a special enroll-  
12          ment period), as determined by the  
13          applicable Exchange.

14          “(II) EXCEPTION.—An individual  
15          shall be considered eligible for min-  
16          imum essential coverage under clause  
17          (iii) for a month for which such Ex-  
18          change has determined, subject to  
19          rights of notice and appeal under laws  
20          governing the applicable insurance af-  
21          fordability program (including section  
22          1411(f) of the Patient Protection and  
23          Affordable Care Act (42 U.S.C.  
24          18081(f))), that the individual is cov-



1                   ered by an eligible employer-sponsored  
2                   plan.”, and

3                   (iii) by adding at the end the fol-  
4                   lowing:

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

7                   “(A) with respect to a coverage month that  
8                   is January, February, March, April, or May,  
9                   the most recent taxable year that ended at least  
10                  12 months before January 1 of the plan year,  
11                  and

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

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

20                  “(7) OPEN ENROLLMENT PERIOD.—The term  
21                  ‘open enrollment period’ means an open enrollment  
22                  period described in subsection (c)(6)(B) of section  
23                  1311 of the Patient Protection and Affordable Care  
24                  Act (42 U.S.C. 18031).”,

25                  (C) in subsection (d)—

1 (i) in paragraph (1)—

2 (I) by striking “is allowed” and  
3 inserting “was allowed”, and

4 (II) by inserting “applicable” be-  
5 fore “taxable year”,

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

8 (D) in subsection (e)(1)—

9 (i) by striking “is allowed” and insert-  
10 ing “was allowed”, and

11 (ii) by inserting “applicable” before  
12 “taxable year”, and

13 (E) in subsection (f)(2)—

14 (i) in subparagraph (A), by striking  
15 “If” and inserting “Except as provided in  
16 subparagraphs (B) and (C), if”, and

17 (ii) by inserting at the end the fol-  
18 lowing:

19 “(C) SAFE HARBOR.—

20 “(i) INCOME AND FAMILY SIZE.—No  
21 increase under subparagraph (A) shall be  
22 imposed if the advance payments do not  
23 exceed amounts that are consistent with  
24 income and family size, either—

1                   “(I) as shown on the return of  
2                   tax for the applicable plan year, pro-  
3                   vided such return was accepted by the  
4                   Secretary as meeting applicable proc-  
5                   essing criteria, or

6                   “(II) as determined by the appli-  
7                   cable Exchange under subsection  
8                   (b)(4) of section 1412 of the Patient  
9                   Protection and Affordable Care Act  
10                  (42 U.S.C. 18082).

11                  “(ii) EMPLOYER-SPONSORED MINIMUM  
12                  ESSENTIAL COVERAGE.—No increase under  
13                  subparagraph (A) shall be imposed based  
14                  on eligibility for minimum essential cov-  
15                  erage under subsection (c)(2)(C) if the ap-  
16                  plicable Exchange—

17                         “(I) determined, under clause  
18                         (v)(I) of such subsection, that the in-  
19                         dividual was ineligible for employer-  
20                         sponsored minimum essential cov-  
21                         erage, and

22                         “(II) did not determine, under  
23                         clause (v)(II) of such subsection, that  
24                         the individual was covered through

1 employer-sponsored minimum essen-  
2 tial coverage.

3 “(iii) EXCEPTION.—Clauses (i) and  
4 (ii) shall not apply to the extent that any  
5 determination described in such clauses  
6 was based on a false statement by the tax-  
7 payer which—

8 “(I) was intentional or grossly  
9 negligent, and

10 “(II) was—

11 “(aa) made on a return of  
12 tax, or

13 “(bb) provided or caused to  
14 be provided to an Exchange by  
15 the taxpayer.”.

16 (2) PATIENT PROTECTION AND AFFORDABLE  
17 CARE ACT.—Section 1412(b) of the Patient Protec-  
18 tion and Affordable Care Act (42 U.S.C. 18082(b))  
19 is amended—

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

(B) in paragraph (2)(B), by striking “second preceding taxable year” and inserting “applicable taxable year, as defined in such section 36B(c)(5)”; and

(C) by adding at the end the following:

“(3) CHANGE FORM.—If, after the submission of an individual’s application form, the individual experiences changes in circumstances as described in paragraph (2), the individual may, by submitting a change form as prescribed by the Secretary, apply for an increased amount of advance payments of the premium tax credit under section 36B of the Internal Revenue Code of 1986, increased cost-sharing reductions under section 1402, increased assistance under the basic health program under section 1331, and coverage through a State Medicaid program or CHIP program.

“(4) ELIGIBILITY FOR ADDITIONAL ASSISTANCE.—

“(A) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, shall establish a process through which—

“(i) an Exchange determines, through data sources and procedures described in sections 1411 and 1413 (42 U.S.C. 18081;

1           42 U.S.C. 18083), whether each individual  
2           who has submitted a change form under  
3           paragraph (3) has experienced substantial  
4           changes in circumstances that warrant ad-  
5           ditional assistance through an insurance  
6           affordability program, as defined in section  
7           2 of the Easy Enrollment in Health Care  
8           Act;

9           “(ii) in the case the Exchange deter-  
10          mines an individual has experienced sub-  
11          stantial changes in circumstances as de-  
12          scribed in clause (i), the Exchange conveys  
13          such determination to the Secretary of the  
14          Treasury under section 36B(f) of the In-  
15          ternal Revenue Code of 1986 and to the  
16          administrator of an insurance affordability  
17          program for which the individual may  
18          qualify under that determination; and

19          “(iii) in the case the Exchange deter-  
20          mines an individual has experienced sub-  
21          stantial changes in circumstances described  
22          in clause (i), the individual may qualify  
23          without delay for additional advance pre-  
24          mium tax credits under section 36B of the  
25          Internal Revenue Code of 1986, increased

cost-sharing reductions under section 1402, additional basic health program assistance under section 1331, or coverage through a State Medicaid program or CHIP program.

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

(3) EFFECTIVE DATES.—The amendments made by this subsection shall take effect on January 1, 2024, and continue in effect through December 31, 2030.

**SEC. 6. STRENGTHENING DATA INFRASTRUCTURE FOR ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS.**

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

“(5) ADMINISTRATION OF INSURANCE AFFORDABILITY PROGRAMS.—

1           “(A) IN GENERAL.—The Secretary shall  
2           provide access to insurance affordability pro-  
3           grams (as such term is defined in section 2 of  
4           the Easy Enrollment in Health Care Act) to in-  
5           formation in the National Directory of New  
6           Hires that involves—

7                   “(i) identity, employer, quarterly  
8                   wages, and unemployment compensation,  
9                   to the extent such information is poten-  
10                  tially relevant to determining the eligibility  
11                  or scope of coverage of an individual for  
12                  benefits provided by such a program; and

13                  “(ii) new hires, to the extent such in-  
14                  formation is potentially relevant to deter-  
15                  mining whether an individual is offered  
16                  minimum essential coverage through a  
17                  group health plan, as defined in section  
18                  5000(b)(1) of the Internal Revenue Code  
19                  of 1986.

20           “(B) REIMBURSEMENT OF HHS COSTS.—  
21           Insurance affordability programs shall reim-  
22           burse the Secretary, in accordance with sub-  
23           section (k)(3), for the additional costs incurred  
24           by the Secretary in furnishing information  
25           under this paragraph.”.



1 (b) USE OF INFORMATION FROM THE NATIONAL DI-  
2 RECTORY OF NEW HIRES.—Notwithstanding any other  
3 provision of law—

4 (1) in determining an individual’s eligibility for  
5 advance payment of premium tax credits under sec-  
6 tion 1412(a)(3) of the Patient Protection and Af-  
7 fordable Care Act (42 U.S.C. 18082(a)(3)), and  
8 cost-sharing reductions under section 1402 of the  
9 Patient Protection and Affordable Care Act (42  
10 U.S.C. 18071), and a basic health program under  
11 section 1331 of the Patient Protection and Afford-  
12 able Care Act (42 U.S.C. 18051), an Exchange may  
13 use information about identity, employer, quarterly  
14 wages, and unemployment compensation in the Na-  
15 tional Directory of New Hires, and information  
16 about new hires to determine whether an individual  
17 is offered minimum essential coverage through a  
18 group health plan, as defined in section 5000(b)(1)  
19 of the Internal Revenue Code of 1986, subject to no-  
20 tice and appeal rights for any resulting eligibility de-  
21 termination, including the rights described in section  
22 1411(f) of the Patient Protection and Affordable  
23 Care Act (42 U.S.C. 18081(f)); and

24 (2) Medicaid programs and CHIP programs  
25 may use information in the National Directory of

1 New Hires about identity, employer, quarterly  
2 wages, and unemployment compensation to deter-  
3 mine eligibility and to implement third-party liability  
4 procedures or premium assistance programs other-  
5 wise permitted or mandated under Federal law, and  
6 use information about new hires to implement such  
7 procedures and policies, subject to notice and appeal  
8 rights for any resulting determination, including  
9 those available under title XIX or title XXI of the  
10 Social Security Act or under section 1411(f) of the  
11 Patient Protection and Affordable Care Act (42  
12 U.S.C. 18081(f)).

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

16 (1) IN GENERAL.—Subject to the requirements  
17 described in paragraph (2), for purposes of deter-  
18 mining eligibility and, in the case of a Medicaid pro-  
19 gram, for purposes of determining the applicability  
20 of third-party liability procedures or premium assist-  
21 ance policies otherwise permitted or mandated under  
22 Federal law, an insurance affordability program  
23 shall have access to any source of information, main-  
24 tained by or accessible to a public entity, about re-  
25 ceipt or offers of coverage through a group health

1 plan, as defined in section 2 of the Easy Enrollment  
2 in Health Care Act. Such sources shall include—

3 (A) information maintained by or acces-  
4 sible to the Secretary of Health and Human  
5 Services for purposes of implementing section  
6 1862(b) of the Social Security Act (42 U.S.C.  
7 1395y(b));

8 (B) information maintained by or acces-  
9 sible to a State Medicaid program for purposes  
10 of implementing subsections (a)(25) or (a)(60)  
11 of section 1902 of the Social Security Act (42  
12 U.S.C. 1396a); and

13 (C) information reported under sections  
14 6055 and 6056 of the Internal Revenue Code of  
15 1986.

16 (2) REQUIREMENTS.—An insurance afford-  
17 ability program shall obtain the information de-  
18 scribed in paragraph (1) pursuant to an interagency  
19 or other agreement, consistent with standards pre-  
20 scribed by the Secretary of Health and Human Serv-  
21 ices, in consultation with the Secretary, that pre-  
22 vents the unauthorized use, disclosure, or modifica-  
23 tion of such information and otherwise protects pri-  
24 vacy and data security.

1 (d) AUTHORIZATION TO RECEIVE RELEVANT INFOR-  
2 MATION.—

3 (1) IN GENERAL.—Notwithstanding any other  
4 provision of law, a Federal or State agency or pri-  
5 vate entity in possession of the sources of data po-  
6 tentially relevant to eligibility for an insurance af-  
7 fordability program is authorized to convey such  
8 data or information to the insurance affordability  
9 program, and such program is authorized to receive  
10 the data or information and to use it in determining  
11 eligibility.

12 (2) APPLICATION OF REQUIREMENTS AND PEN-  
13 ALTIES.—A conveyance of data to an insurance af-  
14 fordability program under this subsection shall be  
15 subject to the same requirements that apply to a  
16 conveyance of data to a State Medicaid plan under  
17 title XIX of the Social Security Act (42 U.S.C. 1396  
18 et seq.) under section 1942 of such Act (42 U.S.C.  
19 1396w–2), and the penalties that apply to a viola-  
20 tion of such requirements, including penalties that  
21 apply to a private entity making a conveyance.

22 (e) ELECTRONIC TRANSMISSION OF INFORMATION.—  
23 In determining an individual’s eligibility for an insurance  
24 affordability program, the program shall—

1           (1) with respect to verifying an element of eligi-  
2           bility that is based on information from an Express  
3           Lane Agency (as defined in section 1902(e)(13)(F)  
4           of the Social Security Act (42 U.S.C.  
5           1396a(e)(13)(F))), from another public agency, or  
6           from another reliable source of relevant data, waive  
7           any otherwise applicable requirement that the indi-  
8           vidual must verify such information, provide an at-  
9           testation as to the subject of such information, or  
10          provide a signature for attestations that include that  
11          subject, before the individual is enrolled into min-  
12          imum essential coverage; and

13          (2) satisfy any otherwise applicable signature  
14          requirement with respect to an individual's enroll-  
15          ment in an insurance affordability program through  
16          an electronic signature (as defined in section  
17          1710(1) of the Government Paperwork Elimination  
18          Act (44 U.S.C. 3504 note)).

19          (f) RULE OF CONSTRUCTION.—Nothing in this sec-  
20          tion shall be construed as diminishing, reducing, or other-  
21          wise limiting the legal authority for an insurance afford-  
22          ability program to grant eligibility, in whole or in part,  
23          based on an attestation alone, without requiring  
24          verification through data matches or other sources.

1 **SEC. 7. FUNDING FOR INFORMATION TECHNOLOGY DEVEL-**  
2 **OPMENT AND OPERATIONS.**

3 (a) IN GENERAL.—Out of amounts in the Treasury  
4 not otherwise appropriated, there are appropriated to the  
5 Secretary of Health and Human Services such sums as  
6 may be necessary to establish information exchange and  
7 processing infrastructure and operate all information ex-  
8 change and processing procedures described in this Act,  
9 including for the costs of staff and contractors.

10 (b) AGENCIES RECEIVING FUNDING.—The Secretary  
11 of Health and Human Services may, as necessary and in  
12 accordance with the procedures described in subsection  
13 (c), transfer amounts appropriated under subsection (a)  
14 to entities that include the following for the purposes de-  
15 scribed in such subsection:

16 (1) The Secretary of the Treasury, including  
17 the Internal Revenue Service.

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

20 (3) A State-administered insurance affordability  
21 program, including a Medicaid or CHIP program  
22 and a State basic health program under section  
23 1331 of the Patient Protection and Affordable Care  
24 Act (42 U.S.C. 18051).

25 (4) An entity operating an Exchange.

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

3       (c) PROCEDURES.—The Secretary of Health and  
4       Human Services, in consultation with the Secretary of the  
5       Treasury, shall establish procedures for the entities de-  
6       scribed in subsection (b) to request a transfer of funding  
7       from the amounts appropriated under subsection (a), in-  
8       cluding procedures for reviewing such requests, modifying  
9       and approving such requests, appealing decisions about  
10      transfers, and auditing such transfers.

11   **SEC. 8. CONFORMING STATUTORY CHANGES.**

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

15           (1) in subsection (a)(1), by inserting “(in the  
16       case of an individual who has consented to the dis-  
17       closure and transfer of relevant return information  
18       that includes the individual’s social security account  
19       number pursuant to section 3(b)(1)(B) of the Easy  
20       Enrollment in Health Care Act, the State shall deem  
21       such individual to have satisfied the requirement to  
22       furnish such account number to the State under this  
23       paragraph)” before the semicolon; and

24           (2) in subsection (d)—

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

4 (B) by adding at the end the following new  
5 paragraph:

6 “(6) SATISFACTION OF REQUIREMENT  
7 THROUGH RELIABLE DATA MATCHES.—In the case  
8 of an individual applying for the program described  
9 in paragraph (2) or the Children’s Health Insurance  
10 Program under title XXI of this Act, the program  
11 shall not require an individual to make the declara-  
12 tion described in paragraph (1)(A) if the procedures  
13 established pursuant to section 3(a)(1) of the Easy  
14 Enrollment in Health Care Act or section  
15 1413(c)(2)(B)(ii)(II) of the Patient Protection and  
16 Affordable Care Act (42 U.S.C.  
17 18083(c)(2)(B)(ii)(II)) were used to verify the indi-  
18 vidual’s citizenship, based on the individual’s social  
19 security number as well as other identifying informa-  
20 tion, which may include such facts as name and date  
21 of birth, that increases the accuracy of matches with  
22 applicable sources of citizenship data.”.

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



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

3 “(A) INFORMATION REGARDING INCOME  
4 AND FAMILY SIZE.—The information described  
5 in paragraphs (21) and (23) of section 6103(l)  
6 of the Internal Revenue Code of 1986 for the  
7 applicable tax year, as defined in section  
8 36B(c)(5) of such Code.”; and

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

10 “(6) RECEIPT OF INFORMATION.—The require-  
11 ments for providing information under this sub-  
12 section may be satisfied through data submitted to  
13 the Exchange through reliable data matches, rather  
14 than by the applicant providing information. In the  
15 case described in paragraph (2)(A), data matches  
16 shall not be used for this purpose unless they meet  
17 the requirements described in section 1137(b)(6) of  
18 the Social Security Act (42 U.S.C. 1320b-  
19 7(b)(6)).”.

20 **SEC. 9. ADVISORY COMMITTEE.**

21 (a) IN GENERAL.—The Secretary of the Treasury, in  
22 conjunction with the Secretary of Health and Human  
23 Services, shall establish an advisory committee to provide  
24 guidance to both Secretaries in carrying out this Act. The  
25 members of the committee shall include—

1           (1) national experts in behavioral economics,  
2           other behavioral science, insurance affordability pro-  
3           grams, enrollment and retention in health programs  
4           and other benefit programs, public benefits for im-  
5           migrants, public benefits for other historically  
6           marginalized or disadvantaged communities, and  
7           Federal income tax policy and operations; and

8           (2) representatives of all relevant stakeholders,  
9           including—

10                   (A) consumers;

11                   (B) health insurance issuers;

12                   (C) health care providers; and

13                   (D) tax return preparers.

14           (b) PURVIEW.—The advisory committee established  
15           under subsection (a) shall be solicited for advice on any  
16           topic chosen by the Secretary of the Treasury or the Sec-  
17           retary of Health and Human Services, including (at a  
18           minimum) all matters as to which a provision in this Act,  
19           other than subsection (a), requires a consultation between  
20           the Secretary of the Treasury and the Secretary of Health  
21           and Human Services.

22   **SEC. 10. STUDY.**

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

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

5           (2) modifying open enrollment periods for ex-  
6       changes and plan years so that open enrollment co-  
7       incides with filing of Federal income tax returns;  
8       and

9           (3) other steps to improve outcomes achieved by  
10      this Act.

11       (b) REPORT.—Not later than July 1, 2026, the Sec-  
12      retary of Health and Human Services shall deliver a re-  
13      port on the study and recommendations under subsection  
14      (a) to the Committee on Ways and Means, the Committee  
15      on Education and Labor, and the Committee on Energy  
16      and Commerce of the House of Representatives and to the  
17      Committee on Finance and the Committee on Health,  
18      Education, Labor, and Pensions of the Senate.

19      **SEC. 11. APPROPRIATIONS.**

20       Out of amounts in the Treasury not otherwise appro-  
21      priated, there are appropriated, in addition to the amounts  
22      described in section 7 and any amounts otherwise made  
23      available, to carry out the purposes of this Act, such sums  
24      as may be necessary to the Secretary of the Treasury, and

- 1 such sums as may be necessary to the Secretary of Health
- 2 and Human Services, to remain available until expended.

○