

Restoring Patient Protections and Affordability Act

Section-by-Section

Title I: Consumer Protections

Section 101. Extension of temporary enhanced premium credits

Current Law: The ACA enhanced premium tax credits are set to expire on January 1, 2026.

Provision: Extend ACA enhanced premium tax credits for three years, to expire on January 1, 2029.

Section 102. Extending annual open enrollment period for plan year 2026

Current law: The 2026 Open Enrollment Period began on November 1, 2025, and ends January 15, 2026.

Provision: To give consumers more time to return to the market, evaluate their options, and buy affordable coverage, 2026 Open Enrollment will be extended through May 1, 2026.

Section 103. Restoring navigator program

Current law: The Trump administration reduced funding for ACA navigators from \$100 million to \$10 million, a 90 percent cut.

Provision: Restore funding for health insurance navigators to help consumers understand their 2026 plan options and make the best choices for their family.

Section 104. Repeal of disallowance of premium tax credit in case of certain coverage enrolled in during special enrollment period

Current law: As part of the budget reconciliation bill (Sec. 71304), beginning in plan year 2026, individuals who enroll in an exchange plan during an income-based special enrollment period will not qualify for a premium tax credit.

Provision: Repeal the provision and allow those who enroll in coverage during a SEP to receive a premium tax credit.

Title II: Health Plan Accountability

Section 201. Minimum notice requirements for plan year 2025 enrollees

Current law: N/A

Provision: Require insurers to send notices to all plan year 2025 enrollees that includes information about new premium amounts, the extended open enrollment period, and any additional information relating to eligibility and enrollment.

Section 202. Minimum notice requirements for plan year 2026 enrollees

Current law: N/A

Provision: Require insurers to send notices to all plan year 2026 enrollees that includes information about new premium amounts, the extended open enrollment period, and any additional information relating to eligibility and enrollment.

Section 203. Health insurance issuer reporting requirements

Current law: N/A

Provision: Require insurers submit to Congress detailed reports on their compliance with notice requirements under sections 201 and 202.

Section 204. Enforcement

Current law: N/A

Provision: Insurers who fail to comply with the notice requirements under sections 201 and 202 or the reporting requirement under section 203 may be subject to monetary penalties.

Title III: Eliminating Red Tape

Section 301. Applying commercial market policy to reenrollment process

Current law: The budget reconciliation bill (Sec. 71303) eliminated automatic reenrollment for individuals receiving PTCs by requiring annual re-verification of tax credit eligibility.

Provision: Strike language requiring enrollees to provide duplicative information and restore pre-OBBA policy, which allowed marketplaces to use prior information from an enrollee's original application and other sources, including updated tax data to complete automatic reenrollment.

Section 302. Protection against bureaucratic coverage denials

Current law: Working people and families may not receive provisional coverage and access to tax credits they are eligible for while waiting for pre-enrollment verification.

Provision: Requires a special enrollment period for enrollees who are denied APTCs pending verification of their eligibility to permit enrollment once they are verified.

Section 303. Automatic enrollment from bronze to silver level qualified health plans offered on Exchanges

Current law: The 2025 Marketplace Integrity and Affordability Final Rule repealed automatic re-enrollment that moves people in a bronze plan to a silver plan that is in the same product, has the same provider network, prescription drug formulary and has a lower or equivalent net premium.

Provision: Require that Marketplaces automatically switch enrollees in bronze coverage to silver coverage if the premiums, networks, and formularies are equal or better.

Title IV: Market Stabilization

Section 401. Restoring marketplace flexibility

Current law: The 2025 Marketplace Integrity and Affordability Final Rule repealed the monthly Special Enrollment Period for individuals with household incomes at or below 150% FPL. This provision is effective only for the 2026 plan year.

Provision: Restores the option for Exchanges to offer monthly SEP for low-income individuals.

Section 402. No health plan gouging

Current law: The ACA requires insurers to offer plans in different metal tiers which correspond to the percentage of an enrollee's health care costs that the plan will cover (actuarial value). For bronze, it is 60 percent, silver 70 percent, gold 80 percent, and platinum 90 percent. The 2025 Marketplace Integrity and Affordability Final Rule allows insurers to provide coverage that is up to 4% below these standards, allowing plans to increase cost-sharing and cover fewer services.

Provision: Protect consumers from spikes in their out-of-pocket costs by codifying a lower bound limitation on the allowable de minimis actuarial value variation, which would ensure that insurance companies cannot profit by making coverage worse over time through rapidly increasing deductibles and cost-sharing each year.

Section 403. Protecting continuity of coverage

Current law: For plan year 2026, consumers will be ineligible to receive APTCs if they fail to file and reconcile their taxes against their ACA tax credit for only one year.

Provision: Eliminate red tape and unfair coverage loss for eligible people by restoring flexibility to file and reconcile taxes.

Section 404. Protecting enrollees from surprise premium bills

Current law: Many people, such as freelancers, may not accurately estimate their yearly income when enrolling in ACA marketplace coverage. If there is a discrepancy and an enrollee receives a larger tax credit than they are eligible for, they must repay the difference. However, for those making less than 400 percent FPL, there is a limit on how much they have to repay. The 2025 Marketplace Integrity and Affordability Final Rule eliminated those limits.

Provision: Restores repayment caps to protect low-income enrollees from surprise bills. The caps are as follows: \$600 for households making less than 200% FPL, \$1,500 for households making 200-300% FPL, \$2,500 for households making 300-400% FPL.

Section 405. No ACA and employer coverage premium spikes

Current law: HHS publishes the premium adjustment percentage, which measures premium growth and is used to set the maximum out-of-pocket cap and required contributions. The 2025 Marketplace Integrity and Affordability Final Rule established a new methodology for calculating the premium adjustment percentage that will result in a [2.7 percent increase](#) in the share of income that families are expected to pay after APTCs and increased maximum out-of-pocket limits between 4.3 and 4.5 percent for both qualified health plans and employer sponsored coverage. This translates to an increase of \$450 for an individual and \$900 for a family.

Provision: Restore the premium adjustment percentage to the previous methodology, protecting the commercial market and ACA Marketplace from drastic premium, deductible, and co-pay spikes.