

Plans to Extend ACA Enhanced Subsidies (Updated 1/30/2026)												
	Enhanced Subsidies	Income Cut Off	Years Extended	Program Integrity Measures	Fund CSRs*	HSA/FSA	Other Reforms	Offsets	Near-Term Fiscal Impacts [#]	10-Year Fiscal Impact [#]	Passed Chamber?	Plan Summary
CARE Act (Moreno)	Full 1 year extension, phased down over 2 years	700% FPL	3	Minimum premiums, civil penalties for agents committing fraud	Yes	Funds HSAs w/ the difference between modified and original subsidy schedules for 2027-2028	Phases down subsidies in 2027 and 2028	No	-\$10 billion	Cost of -\$10 billion to \$5 billion in net savings	N/A	Bill Text
House Discharged Bill (Jeffries-McGovern)	Full Extension	None	3	None	No	N/A	None	No	-\$80 billion	-\$80 billion [†]	Yes (1/8/26)	Bill Text
Lower Health Care Premiums for All Americans Act (Miller-Meeks)	Expiration	N/A	0	None	Yes [‡]	No	Codifies ICHRAs into law; enacts AHPs as small business health option; clarifies that employers can purchase stop-loss insurance; implements PBM reforms [‡]	No	N/A	\$36 billion in net savings	Yes (12/17/25)	Bill Text
Lower Health Care Costs Act (Schumer)	Full Extension	None	3	None	No	N/A	None	No	-\$83 billion	-\$83 billion	No (12/11/25)	Bill Text
Health Care Freedom for Patients Act (Cassidy-Crapo)	Replaced w/ HSA contributions [‡]	700% FPL	2	None	Yes [‡]	Funds \$1,000 to HSAs (\$1,500 if >50) in bronze/ copper plan	Allows enrollment in copper plans, bans coverage of abortion & transgender care	Reduces Medicaid payments to states that cover immigrants [‡]	Less than -\$20 billion	At least \$20 billion savings	No (12/11/25)	Bill Summary
Restoring Patient Protections and Affordability Act (Blunt Rochester-Wyden)	Full Extension	None	3	Repeals anti-fraud measures from OBBBA and CMS' Marketplace Integrity Rule	No	N/A	Adds new insurer reporting requirements	No	-\$120 billion	-\$290 billion	N/A	CRFB Summary
Common Ground for Affordable Health Care Act (Gottheimer-Kiggans)	Extension w/ phase out above 600% FPL	1000% FPL	1	Insurance Fraud Accountability Act[‡]	No	N/A	Extend open enrollment in 2026; prioritize consideration of health care reforms in the future	PBM Reform	-\$30 billion	-\$25 billion	N/A	Bill Text
Bipartisan Health Insurance Affordability Act (Fitzpatrick)	Extension w/ phase out above 600% FPL	700% FPL	2	Minimum premiums, Insurance Fraud Accountability Act[‡]	No	50% of premium tax credit can go to HSA if in Bronze plan	Extend open enrollment in 2026	PBM Reform	-\$50 billion	-\$40 billion	N/A	Bill Text
Lowering Health Care Costs for Americans Act (Marshall)	Full 1 year extension, replaced with phased-down HSA contribution for 6 years [‡]	None in first year, 700% FPL after	6	Minimum monthly premiums, ID verification for enrollment	Yes [‡]	HSA contributions 80% as large as enhanced subsidies in 2027, phased down by end of 2031 [§]	Price transparency reforms, funds optional state-level reinsurance/high-risk pool programs	No	-\$30 billion	Tens of billions [#]	N/A	Bill Text
Rumored White House Plan (Based on Media Reports)	Full Extension	700% FPL	2	Minimum premiums	Yes	Surplus subsidies go to HSAs [†]	None	No	-\$50 billion	Roughly neutral with permanent offsets	N/A	News Article
Bipartisan HOPE Act (Bacon-Suozzi-Hurd-Gottheimer)	Full Extension up to 600%, phase out above	935% FPL	2	Insurance Fraud Accountability Act[‡]	No	N/A	Extend open enrollment in 2026	No	-\$60 billion	-\$60 billion	N/A	Press Release
Prefunded Flex Spending Accounts (Cassidy)	Extended as FSA, not premium subsidy	Unspecified	Unspecified	None Specified	No	Bronze plans come with FSA Contributions [^]	None	No	Unknown	-\$300 billion+ if permanent	N/A	Press Release
Fix It Act (Liccardo-Kiley)	Full Extension	600% FPL	2	Insurance Fraud Accountability Act[‡]	No	N/A	None	No UPCODE Act	-\$55 billion	\$90 billion in net savings	N/A	Press Release
Keep Health Care Affordable Act (Schneider)	Full Extension	1000% FPL	4	None	No	N/A	None	No	-\$125 billion	-\$125 billion	N/A	Press Release
Bipartisan PTC Extension Act (Kiggans-Suozzi)	Full Extension	None	1	None	No	N/A	None	No	-\$30 billion	-\$30 billion	N/A	Press Release

* Funding Cost-Sharing Reductions (CSRs) would end “silver-loading,” which has increased federal spending on ACA subsidies. Spending on ACA subsidies would decrease by more than the cost of funding CSRs, thus saving federal funds on net.

‡ This plan does not fund CSRs for plans that cover abortions, except as needed to save the life of the mother or the pregnancy is the result of rape or incest.

‡ The [Insurance Fraud Accountability Act](#) addresses concerns about agent and broker fraud by implementing several measures, such as removing and penalizing bad actors and new consumer protections.

[†] Those who purchase an exchange plan with a premium below their scheduled subsidy would be allowed to keep the “surplus subsidy” and place it in a tax-preferred Health Savings Account (HSA) to help cover out of pocket costs. Under current law, the “surplus subsidy” is retained by the government.

[^] Senator Cassidy’s plan would allow the enhanced subsidies to expire, reverting to base ACA subsidies as under current law. In place of the enhanced subsidies, Senator Cassidy’s plan would use the same amount of money to make “pre-funded Flexible Spending Plan (FSA)” contributions. The FSA could be used to pay for premiums, deductibles, copays, and other cost sharing and out of pocket costs – including uncovered medical expenses – throughout the year. Funds disappear at the end of the year. According to Senator Cassidy, the plan would reduce the costs of health care because enrollees would choose care based on price.

[#] Estimates from the Committee for a Responsible Federal Budget based on available information. Near-Term Fiscal Impact covers the time period enhanced subsidies are in effect.

[‡] Maintains base ACA subsidies as under current law

[‡] Reduces Medicaid matching payments to states that cover undocumented immigrants in Medicaid and requires states to verify immigration status of potential Medicaid enrollees

[§] Senator Marshall's plan creates a new type of HSA called a Health Affordability Account (HAA). HAAs would be paired with plans purchased on the exchanges.

[‡] Individual Coverage Health Reimbursement Arrangements (ICHRAs) are a type of employer-funded, tax-advantaged savings account that individuals can use to buy qualified medical expenses including insurance premiums on the exchanges. ICHRAs were created in regulation, and this bill would codify the regulations in statute. Association Health Plans (AHPs) allow different small businesses to jointly purchase health insurance for their employees. AHPs were permitted in regulation under the first Trump Administration but were repealed by the Biden Administration. Stop-loss insurance allows self-insured businesses to protect themselves financially from unexpectedly high claims. This bill defines stop-loss as insurance to increase its availability. The Pharmacy Benefit Manager (PBM) provision would improve price transparency and would likely not achieve significant savings.

[†]The House Discharge Petition while equivalent in policy to the Lower Health Care Costs Act received a lower budgetary score due to timing effects.