

119TH CONGRESS
1ST SESSION

H. RES. 902

Providing for consideration of the bill (H.R. 185) to advance responsible policies.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2025

Mr. SUOZZI (for himself and Mr. BACON) submitted the following resolution;
which was referred to the Committee on Rules

RESOLUTION

Providing for consideration of the bill (H.R. 185) to advance responsible policies.

1 *Resolved*, That immediately upon adoption of this res-
2 olution, the House shall proceed to the consideration in
3 the House of the bill (H.R. 185) to advance responsible
4 policies. All points of order against consideration of the
5 bill are waived. The amendment in the nature of a sub-
6 stitute specified in section 4 of this resolution shall be con-
7 sidered as adopted. The bill, as amended, shall be consid-
8 ered as read. All points of order against provisions in the
9 bill, as amended, are waived. The previous question shall
10 be considered as ordered on the bill, as amended, and on

1 any further amendment thereto, to final passage without
 2 intervening motion except: (1) one hour of debate equally
 3 divided and controlled by the majority leader and minority
 4 leader or their respective designees; and (2) one motion
 5 to recommit.

6 SEC. 2. Clause 1(c) of rule XIX and clause 8 of rule
 7 XX shall not apply to the consideration of H.R. 185.

8 SEC. 3. The Clerk shall transmit to the Senate a mes-
 9 sage that the House has passed H.R. 185 no later than
 10 one calendar day after passage.

11 SEC. 4. The amendment in the nature of a substitute
 12 referred to in the first section of this resolution is as fol-
 13 lows:

14 Strike all after the enacting clause and insert
 15 the following:

16 **“SECTION 1. SHORT TITLE.**

17 “This Act may be cited as the ‘Bipartisan Healthcare
 18 Optimization, Protection, and Extension Act’ or the
 19 ‘HOPE Act’.

20 **“SEC. 2. EXTENSION AND MODIFICATION OF ENHANCED**
 21 **PREMIUM TAX CREDIT.**

22 “(a) EXTENSION AND MODIFICATION OF RULES TO
 23 INCREASE PREMIUM ASSISTANCE AMOUNTS.—Section
 24 36B(b)(3)(A)(iii) of the Internal Revenue Code of 1986
 25 is amended—

1 “(1) by redesignating subclauses (I) and (II) as
 2 items (aa) and (bb), respectively, and adjusting the
 3 margins accordingly,

4 “(2) by striking ‘TEMPORARY PERCENTAGES
 5 FOR 2021 THROUGH 2025.—In the case of’ and in-
 6 serting ‘TEMPORARY PERCENTAGES FOR CERTAIN
 7 YEARS.—

8 “‘(I) BEFORE 2026.—In the
 9 case of’, and

10 “(3) by adding at the end the following:

11 “‘(II) AFTER 2025.—In the case
 12 of a taxable year beginning after De-
 13 cember 31, 2025, and before January
 14 1, 2028—

15 “‘(aa) clause (ii) shall not
 16 apply for purposes of adjusting
 17 premium percentages under this
 18 subparagraph, and

19 “‘(bb) the following table
 20 shall be applied in lieu of the
 21 table contained in clause (i):

“In the case of household income (expressed as a percent of poverty line) within the following in- come tier:	The initial premium percentage is-	The final premium percentage is-
Up to 150%	0.0%	0.0%
150% up to 200%	0.0%	2.0%
200% up to 250%	2.0%	4.0%
250% up to 300%	4.0%	6.0%

“In the case of household income (expressed as a percent of poverty line) within the following income tier:	The initial premium percentage is-	The final premium percentage is-
300% up to 400%	6.0%	8.5%
400% up to 600%	8.5%	8.5%
600% up to 800%	8.5%	9.0%
800% up to 935%	9.0%	9.35%”.

1 “(b) EXTENSION AND MODIFICATION OF RULE TO
2 ALLOW CREDIT TO TAXPAYERS WHOSE HOUSEHOLD IN-
3 COME EXCEEDS 400 PERCENT OF POVERTY LINE.—Sec-
4 tion 36B(c)(1)(E) of such Code is amended—

5 “(1) by striking ‘TEMPORARY RULE FOR 2021
6 THROUGH 2025.—In the case of’ and inserting
7 ‘TEMPORARY RULE FOR CERTAIN YEARS.—

8 “(i) BEFORE 2026.—In the case of’,
9 and

10 “(2) by adding at the end the following:

11 “(ii) AFTER 2025.—In the case of a
12 taxable year beginning after December 31,
13 2025, and before January 1, 2028, sub-
14 paragraph (A) shall be applied by sub-
15 stituting “but does not exceed 935 per-
16 cent” for “but does not exceed 400 per-
17 cent”.’.

18 “(c) EFFECTIVE DATE.—The amendments made by
19 this section shall apply to taxable years beginning after
20 December 31, 2025.

1 **“SEC. 3. GUARDRAILS TO PREVENT FRAUD IN EXCHANGES.**

2 “(a) REDUCTION OF FRAUDULENT ENROLLMENT IN
3 QUALIFIED HEALTH PLANS.—

4 “(1) PENALTIES FOR AGENTS AND BROKERS.—

5 Section 1411(h)(1) of the Patient Protection and Af-
6 fordable Care Act (42 U.S.C. 18081(h)(1)) is
7 amended—

8 “(A) in subparagraph (A)—

9 “(i) by redesignating clause (ii) as
10 clause (iv);

11 “(ii) in clause (i)—

12 “(I) in the matter preceding sub-
13 clause (I), by striking ‘If—’ and all
14 that follows through the ‘such person’
15 in the matter following subclause (II)
16 and inserting the following: ‘If any
17 person (other than an agent or
18 broker) fails to provide correct infor-
19 mation under subsection (b) and such
20 failure is attributable to negligence or
21 disregard of any rules or regulations
22 of the Secretary, such person’; and

23 “(II) in the second sentence, by
24 striking ‘For purposes’ and inserting
25 the following:

1 “(iii) DEFINITIONS OF NEGLIGENCE,
2 DISREGARD.—For purposes’;

3 “(iii) by inserting after clause (i) the
4 following:

5 “(ii) CIVIL PENALTIES FOR CERTAIN
6 VIOLATIONS BY AGENTS OR BROKERS.—If
7 any agent or broker fails to provide correct
8 information under subsection (b) or section
9 1311(c)(8) or other information, as speci-
10 fied by the Secretary, and such failure is
11 attributable to negligence or disregard of
12 any rules or regulations of the Secretary,
13 such agent or broker shall be subject, in
14 addition to any other penalties that may be
15 prescribed by law, including subparagraph
16 (C), to a civil penalty of not less than
17 \$10,000 and not more than \$50,000 with
18 respect to each individual who is the sub-
19 ject of an application for which such incor-
20 rect information is provided.’; and

21 “(iv) in clause (iv) (as so redesign-
22 nated), by inserting ‘or (ii)’ after ‘clause
23 (i)’;

24 “(B) in subparagraph (B)—

1 “(i) by inserting ‘including subpara-
 2 graph (C),’ after ‘law,’;

3 “(ii) by striking ‘Any person’ and in-
 4 serting the following:

5 “‘(i) IN GENERAL.—Any person’; and

6 “(iii) by adding at the end the fol-
 7 lowing:

8 “‘(ii) CIVIL PENALTIES FOR KNOWING
 9 VIOLATIONS BY AGENTS OR BROKERS.—

10 “‘(I) IN GENERAL.—Any agent
 11 or broker who knowingly provides
 12 false or fraudulent information under
 13 subsection (b) or section 1311(c)(8),
 14 or other false or fraudulent informa-
 15 tion as part of an application for en-
 16 rollment in a qualified health plan of-
 17 fered through an Exchange, as speci-
 18 fied by the Secretary, shall be subject,
 19 in addition to any other penalties that
 20 may be prescribed by law, including
 21 subparagraph (C), to a civil penalty of
 22 not more than \$200,000 with respect
 23 to each individual who is the subject
 24 of an application for which such false
 25 or fraudulent information is provided.

1 “(II) PROCEDURE.—The provi-
 2 sions of section 1128A of the Social
 3 Security Act (other than subsections
 4 (a) and (b) of such section) shall
 5 apply to a civil monetary penalty
 6 under subclause (I) in the same man-
 7 ner as such provisions apply to a pen-
 8 alty or proceeding under section
 9 1128A of the Social Security Act.’;
 10 and

11 “(C) by adding at the end the following:

12 “(C) CRIMINAL PENALTIES.—Any agent
 13 or broker who knowingly and willfully provides
 14 false or fraudulent information under sub-
 15 section (b) or section 1311(c)(8), or other false
 16 or fraudulent information as part of an applica-
 17 tion for enrollment in a qualified health plan of-
 18 fered through an Exchange, as specified by the
 19 Secretary, shall be fined under title 18, United
 20 States Code, imprisoned for not more than 10
 21 years, or both.’.

22 “(2) CONSUMER PROTECTIONS.—

23 “(A) IN GENERAL.—Section 1311(c) of the
 24 Patient Protection and Affordable Care Act (42

1 U.S.C. 18031(c)) is amended by adding at the
2 end the following new paragraph:

3 ““(8) AGENT- OR BROKER-ASSISTED ENROLL-
4 MENT IN QUALIFIED HEALTH PLANS IN CERTAIN
5 EXCHANGES.—

6 ““(A) IN GENERAL.—For plan years be-
7 ginning on or after such date specified by the
8 Secretary, but not later than January 1, 2029,
9 in the case of an Exchange that the Secretary
10 operates pursuant to section 1321(c)(1), the
11 Secretary shall establish a verification process
12 for new enrollments of individuals in, and
13 changes in coverage for individuals under, a
14 qualified health plan offered through such Ex-
15 change, which are submitted by an agent or
16 broker in accordance with section 1312(e) and
17 for which the agent or broker is eligible to re-
18 ceive a commission.

19 ““(B) REQUIREMENTS.—The enrollment
20 verification process under subparagraph (A)
21 shall include—

22 ““(i) a requirement that the agent or
23 broker provide with the new enrollment or
24 coverage change such documentation or
25 evidence (such as a standardized consent

1 form) or other sources as the Secretary de-
2 termines necessary to establish that the
3 agent or broker has the consent of the in-
4 dividual for the new enrollment or coverage
5 change;

6 ““(ii) a requirement that any commis-
7 sions due to a broker or agent for such
8 new enrollment or coverage change are
9 paid after the enrollee has resolved all in-
10 consistencies in accordance with para-
11 graphs (3) and (4) of section 1411(e);

12 ““(iii) a requirement that the infor-
13 mation required under clause (i) and, as
14 applicable, the date on which inconsis-
15 tencies are resolved as described in clause
16 (ii), is accessible to the applicable qualified
17 health plan through a database or other
18 resource, as determined by the Secretary,
19 so that any commissions due to a broker or
20 agent for such enrollment can be effec-
21 tuated at the appropriate time;

22 ““(iv) a requirement that individuals
23 are notified of any changes to enrollment,
24 coverage, the agent of record, or premium
25 tax credits in a timely manner and that

1 such notice provides plain language in-
2 structions on how individuals can cancel
3 unauthorized activity;

4 ““(v) a requirement that individuals
5 be able to access their account information
6 on a website or other technology platform,
7 as defined by the Secretary, when used to
8 submit an enrollment or plan change, in
9 lieu of the Exchange website described in
10 subsection (d)(4)(C), including information
11 on the agent of record, the qualified health
12 plan, and when any changes are made to
13 the agent of record or the qualified health
14 plan, on a consumer-facing website or
15 through a toll-free telephone hotline; and

16 ““(vi) a requirement that the agent or
17 broker report to the Secretary any third-
18 party marketing organization or field mar-
19 keting organization (as such terms are de-
20 fined in section 1312(e)) involved in the
21 chain of enrollment (as so defined) with re-
22 spect to such new enrollment or coverage
23 change.

24 ““(C) CONSUMER PROTECTION.—The Sec-
25 retary shall ensure that the enrollment

1 verification process under subparagraph (A)
 2 prioritizes continuity of coverage and care for
 3 individuals, including by not disenrolling indi-
 4 viduals from a qualified health plan without the
 5 consent of the individual, regardless of whether
 6 the broker, agent, or qualified health plan is in
 7 violation of any requirement under this para-
 8 graph.’.

9 “(B) REQUIRED REPORTING.—Section
 10 1311(c)(1) of the Patient Protection and Af-
 11 fordable Care Act (42 U.S.C. 18031(c)(1)) is
 12 amended—

13 “(i) in subparagraph (H), by striking
 14 ‘and’ at the end;

15 “(ii) in subparagraph (I), by striking
 16 the period at the end and inserting ‘; and’;
 17 and

18 “(iii) by adding at the end the fol-
 19 lowing:

20 ““(J) report to the Secretary the termi-
 21 nation (as defined in section 1312(e)(1)(C)) of
 22 an issuer.’.

23 “(3) AUTHORITY TO REGULATE FIELD MAR-
 24 KETING ORGANIZATIONS AND THIRD-PARTY MAR-
 25 KETING ORGANIZATIONS.—Section 1312(e) of the

1 Patient Protection and Affordable Care Act (42
2 U.S.C. 18032(e)) is amended—

3 “(A) by redesignating paragraphs (1) and
4 (2) as subclauses (I) and (II), respectively, and
5 adjusting the margins accordingly;

6 “(B) in subclause (II) (as so redesignated),
7 by striking the period at the end and inserting
8 ‘; and’;

9 “(C) by striking the subsection designation
10 and heading and all that follows through ‘bro-
11 kers—’ and inserting the following:

12 “‘(e) REGULATION OF AGENTS, BROKERS, AND CER-
13 TAIN MARKETING ORGANIZATIONS.—

14 “‘(1) AGENTS, BROKERS, AND CERTAIN MAR-
15 KETING ORGANIZATIONS.—

16 “‘(A) IN GENERAL.—The Secretary shall
17 establish procedures under which a State may
18 allow—

19 “‘(i) agents or brokers—’; and

20 “(D) by adding at the end the following:

21 “‘(ii) field marketing organizations
22 and third-party marketing organizations to
23 participate in the chain of enrollment for
24 an individual with respect to qualified
25 health plans offered through an Exchange.

1 “(B) CRITERIA.—For plan years begin-
2 ning on or after such date specified by the Sec-
3 retary, but not later than January 1, 2029, the
4 Secretary, by regulation, shall establish criteria
5 for States to use in determining whether to
6 allow agents and brokers to enroll individuals
7 and employers in qualified health plans as de-
8 scribed in subclause (I) of subparagraph (A)(i)
9 and to assist individuals as described in sub-
10 clause (II) of such subparagraph and field mar-
11 keting organizations and third-party marketing
12 organizations to participate in the chain of en-
13 rollment as described in subparagraph (A)(ii).
14 Such criteria shall, at a minimum, require
15 that—

16 “(i) an agent or broker act in accord-
17 ance with a standard of conduct that in-
18 cludes a duty of such agent or broker to
19 act in the best interests of the enrollee;

20 “(ii) a field marketing organization
21 or third-party marketing organization
22 agree to report the termination of an agent
23 or broker to the applicable State and the
24 Secretary, including the reason for termi-
25 nation; and

1 “(iii) an agent, broker, field mar-
2 keting organization, or third-party mar-
3 keting organization—

4 “(I) meet such marketing re-
5 quirements as are required by the
6 Secretary;

7 “(II) meet marketing require-
8 ments in accordance with other appli-
9 cable Federal or State law;

10 “(III) does not employ practices
11 that are confusing or misleading, as
12 determined by the Secretary;

13 “(IV) submit all marketing ma-
14 terials to the Secretary for, as deter-
15 mined appropriate by the Secretary,
16 review and approval;

17 “(V) is a licensed agent or
18 broker or meets other licensure re-
19 quirements, as required by the State;

20 “(VI) register with the Sec-
21 retary; and

22 “(VII) does not compensate any
23 individual or organization for referrals
24 or any other service relating to the
25 sale of, marketing for, or enrollment

1 in qualified health plans unless such
 2 individual or organization meets the
 3 criteria described in subclauses (I)
 4 through (VI).

5 ““(C) DEFINITIONS.—In this paragraph:

6 ““(i) CHAIN OF ENROLLMENT.—The
 7 term “chain of enrollment”, with respect to
 8 enrollment of an individual in a qualified
 9 health plan offered through an Exchange,
 10 means any steps taken from marketing to
 11 such individual, to such individual making
 12 an enrollment decision with respect to such
 13 a plan.

14 ““(ii) FIELD MARKETING ORGANIZA-
 15 TION.—The term “field marketing organi-
 16 zation” means an organization or indi-
 17 vidual that directly employs or contracts
 18 with agents and brokers, or contracts with
 19 carriers, to provide functions relating to
 20 enrollment of individuals in qualified
 21 health plans offered through an Exchange
 22 as part of the chain of enrollment.

23 ““(iii) MARKETING.—The term “mar-
 24 keting” means the use of marketing mate-
 25 rials to provide information to current and

1 prospective enrollees in a qualified health
2 plan offered through an Exchange.

3 ““(iv) MARKETING MATERIALS.—The
4 term “marketing materials” means mate-
5 rials relating to a qualified health plan of-
6 fered through an Exchange or benefits of-
7 fered through an Exchange that—

8 ““(I) are intended—

9 ““(aa) to draw an individ-
10 ual’s attention to such plan or
11 the premium tax credits or cost-
12 sharing reductions for such plan
13 or plans offered through an Ex-
14 change;

15 ““(bb) to influence an indi-
16 vidual’s decision-making process
17 when selecting a qualified health
18 plan in which to enroll; or

19 ““(cc) to influence an enroll-
20 ee’s decision to stay enrolled in
21 such plan; and

22 ““(II) include or address content
23 regarding the benefits, benefit struc-
24 ture, premiums, or cost sharing of
25 such plan.

1 “(v) TERMINATION.—The term “ter-
 2 mination”, with respect to a contract or
 3 business arrangement between an agent or
 4 broker and a field marketing organization,
 5 third-party marketing organization, or
 6 health insurance issuer, means—

7 “(I) the ending of such contract
 8 or business arrangement, either uni-
 9 laterally by one of the parties or on
 10 mutual agreement; or

11 “(II) the expiration of such con-
 12 tract or business arrangement that is
 13 not replaced by a substantially similar
 14 agreement.

15 “(vi) THIRD-PARTY MARKETING OR-
 16 GANIZATION.—The term “third-party mar-
 17 keting organization” means an organiza-
 18 tion or individual that is compensated to
 19 perform lead generation, marketing, or
 20 sales relating to enrollment of individuals
 21 in qualified health plans offered through
 22 an Exchange as part of the chain of enroll-
 23 ment.’.

24 “(4) TRANSPARENCY.—Section 1312(e) of the
 25 Patient Protection and Affordable Care Act (42

1 U.S.C. 18032(e)), as amended by paragraph (3), is
2 further amended by adding at the end the following
3 new paragraphs:

4 ““(2) AUDITS.—

5 ““(A) IN GENERAL.—For plan years be-
6 ginning on or after such date specified by the
7 Secretary, but not later than January 1, 2029,
8 the Secretary, in coordination with the States
9 and in consultation with the National Associa-
10 tion of Insurance Commissioners, shall imple-
11 ment a process for the oversight and enforce-
12 ment of agent and broker compliance with this
13 section and other applicable Federal and State
14 law (including regulations) that shall include—

15 ““(i) periodic audits of agents and
16 brokers based on—

17 ““(I) complaints filed with the
18 Secretary by individuals enrolled by
19 such an agent or broker in a qualified
20 health plan offered through an Ex-
21 change;

22 ““(II) an incident or enrollment
23 pattern that suggests fraud; and

24 ““(III) other factors determined
25 by the Secretary; and

1 “(ii) a process under which the Sec-
 2 retary shall share audit results and refer
 3 potential cases of fraud to the relevant
 4 State department of insurance.

5 “(B) EFFECT.—Nothing in this para-
 6 graph limits or restricts any referrals made
 7 under section 1311(i)(3) or any enforcement ac-
 8 tions under section 1411(h).

9 “(3) LIST.—The Secretary shall develop a
 10 process to regularly provide to qualified health plans,
 11 Exchanges, and States a list of suspended and ter-
 12 minated agents and brokers.’.

13 “(b) REMOVAL OF DECEASED INDIVIDUALS FROM
 14 EXCHANGE PLANS.—Section 1311(c) of the Patient Pro-
 15 tection and Affordable Care Act (42 U.S.C. 18031(c)), as
 16 amended by subsection (a), is further amended by adding
 17 at the end the following new paragraph:

18 “(9) REMOVAL OF DECEASED INDIVIDUALS
 19 FROM EXCHANGE PLANS.—

20 “(A) IN GENERAL.—Not later than 90
 21 days after the date of the enactment of this
 22 paragraph, and on a quarterly basis thereafter,
 23 the Secretary shall conduct a check of the
 24 Death Master File (as such term is defined in
 25 section 203(d) of the Bipartisan Budget Act of

2013) for purposes of identifying individuals enrolled in a qualified health plan through an Exchange who are deceased.

“(B) PROCESS.—The Secretary shall—

“(i) establish a process to verify that an individual identified pursuant to a check described in subparagraph (A) is deceased; and

“(ii) require an Exchange to terminate such individual’s enrollment under a qualified health plan.’.

“(c) STANDARD OF PROOF FOR TERMINATING AGENTS AND BROKERS.—Section 1312(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(e)), as amended by subsection (a), is further amended by adding at the end the following new paragraph:

“(4) STANDARD FOR TERMINATION FOR CERTAIN EXCHANGES.—In the case of an agent or broker with an agreement in effect with an Exchange operated by the Secretary pursuant to section 1321(c) to perform activities described in paragraph (1)(A)(i) with respect to such Exchange, the Secretary may terminate such agreement for cause if the Secretary finds, based on a preponderance of the evidence, that such agent or broker has violated

1 such agreement, otherwise applicable law, or any
 2 other requirement applicable to such agent or
 3 broker.’.

4 “(d) REQUIREMENT FOR EXCHANGE TO NOTIFY IN-
 5 DIVIDUALS OF VALUE OF PREMIUM TAX CREDITS.—Sec-
 6 tion 1412(c)(2) of the Patient Protection and Affordable
 7 Care Act (42 U.S.C. 18082(c)(2)) is amended by adding
 8 at the end the following new subparagraph:

9 “(C) EXCHANGE RESPONSIBILITIES.—Be-
 10 ginning January 1, 2027, if an Exchange is no-
 11 tified under paragraph (1) of an advance deter-
 12 mination under section 1411 with respect to the
 13 eligibility of an individual for a premium tax
 14 credit under section 36B of the Internal Rev-
 15 enue Code of 1986, the Exchange shall, prior to
 16 enrolling such individual in a qualified health
 17 plan, clearly notify such individual of the
 18 amount of such tax credit.’.

19 **“SEC. 4. EXTENDING ANNUAL OPEN ENROLLMENT PERIOD**
 20 **FOR EXCHANGES FOR PLAN YEAR 2026.**

21 “The Secretary of Health and Human Services shall
 22 revise section 155.410(e) of title 45, Code of Federal Reg-
 23 ulations (or any successor regulation) to provide that the
 24 annual open enrollment period determined for plan year
 25 2026 pursuant to section 1311(c)(6) of the Patient Pro-

1 tecton and Affordable Care Act (42 U.S.C. 18031(c)(6))
2 shall begin on November 1, 2025, and end on May 15,
3 2026.”.

○