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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend the Internal Revenue Code of 1986 to modify the premium tax credit, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. DAVIDS of Kansas introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Internal Revenue Code of 1986 to modify the premium tax credit, 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 “Healthy Communities
5 Act of 2026”.

6 **SEC. 2. MODIFICATION OF PREMIUM TAX CREDIT.**

7 (a) INCREASE IN ELIGIBILITY FOR CREDIT.—Sub-
8 paragraph (A) of section 36B(c)(1) of the Internal Rev-

1 enue Code of 1986 is amended by striking “but does not
2 exceed 400 percent”.

3 (b) APPLICABLE PERCENTAGES.—

4 (1) IN GENERAL.—Subparagraph (A) of section
5 36B(b)(3) of such Code is amended to read as fol-
6 lows:

7 “(A) APPLICABLE PERCENTAGE.—The ap-
8 plicable percentage for any taxable year shall be
9 the percentage such that the applicable percent-
10 age for any taxpayer whose household income is
11 within an income tier specified in the following
12 table shall increase, on a sliding scale in a lin-
13 ear manner, from the initial premium percent-
14 age to the final premium percentage specified in
15 such table for such income tier:

“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—
Up to 150 percent	0	0
150 percent up to 200 percent	0	2.0
200 percent up to 250 percent	2.0	4.0
250 percent up to 300 percent	4.0	6.0
300 percent up to 400 percent	6.0	8.5
400 percent and higher	8.5	8.5.”.

16 (2) CONFORMING AMENDMENTS RELATING TO
17 AFFORDABILITY OF COVERAGE.—

1 (A) Paragraph (1) of section 36B(c) of
2 such Code is amended by striking subparagraph
3 (E).

4 (B) Subparagraph (C) of section 36B(c)(2)
5 of such Code is amended by striking clause (iv).

6 (C) Paragraph (4) of section 36B(c) of
7 such Code is amended by striking subparagraph
8 (F).

9 (c) REPEAL OF CERTAIN AMENDMENTS MADE BY
10 PUBLIC LAW 119–21.—Section 36B(c) of such Code, as
11 amended by sections 71303 and 71304 of Public Law
12 119–21, is amended—

13 (1) by amending paragraph (3)(A) to read as
14 follows:

15 “(A) QUALIFIED HEALTH PLAN.—The
16 term ‘qualified health plan’ has the meaning
17 given such term by section 1301(a) of the Pa-
18 tient Protection and Affordable Care Act, ex-
19 cept that such term shall not include a qualified
20 health plan which is a catastrophic plan de-
21 scribed in section 1302(e) of such Act.”, and

22 (2) by striking paragraphs (5) and (6).

23 (d) EFFECTIVE DATE.—The amendments made by
24 this section shall apply to taxable years and plan years
25 beginning after December 31, 2025.

1 **SEC. 3. APPLICATION OF PREMIUM TAX CREDIT IN CASE OF**
2 **MEDICAID COVERAGE GAP INDIVIDUALS.**

3 (a) IN GENERAL.—Section 36B of the Internal Rev-
4 enue Code of 1986 is amended by redesignating subsection
5 (h) as subsection (i) and by inserting after subsection (g)
6 the following new subsection:

7 “(h) SPECIAL RULE FOR MEDICAID COVERAGE GAP
8 INDIVIDUALS.—

9 “(1) IN GENERAL.—For purposes of this sec-
10 tion, in the case of a taxpayer who is a Medicaid
11 coverage gap individual for any month of a taxable
12 year—

13 “(A) such taxpayer shall be treated for the
14 taxable year as an applicable taxpayer whose
15 household income for the taxable year is equal
16 to 100 percent of the poverty line for a family
17 of the size involved, and

18 “(B) the applicable percentage for such
19 taxpayer for the taxable year shall be 0 percent.

20 “(2) MEDICAID COVERAGE GAP INDIVIDUAL DE-
21 FINED.—For purposes of this subsection, the term
22 ‘Medicaid coverage gap individual’ means an indi-
23 vidual—

24 “(A) who would be eligible for minimum
25 essential coverage (as defined in section
26 5000A(f), determined without regard to para-

1 graph (1)(C) thereof) but for the fact that the
2 State in which such individual resides has not
3 elected to provide medical assistance under the
4 State Medicaid plan under title XIX of the So-
5 cial Security Act (or a waiver of such plan) to
6 all individuals described in section
7 1902(a)(10)(A)(i)(VIII) of such Act, and

8 “(B) whose household income for the tax-
9 able year is less than 100 percent of the poverty
10 line for a family of the size involved.

11 “(3) APPLICATION OF JOINT RETURN REQUIRE-
12 MENT.—Paragraph (1)(A) shall not affect the appli-
13 cation of subsection (c)(1)(C).”.

14 (b) EFFECTIVE DATE.—The amendment made by
15 this section shall apply to taxable years beginning after
16 December 31, 2026.

17 **SEC. 4. RESTORING AND EXPANDING TEMPORARY FMAP IN-**
18 **CREASE TO CERTAIN STATE PLANS UNDER**
19 **MEDICAID.**

20 (a) IN GENERAL.—Section 1905(ii) of the Social Se-
21 curity Act (42 U.S.C. 1396d(ii)) is amended—

22 (1) in paragraph (1)—

23 (A) by striking “8-quarter” and inserting
24 “24-quarter”; and

1 (B) by striking “5” and inserting “10”;
2 and

3 (2) in paragraph (3), by striking “which” and
4 all that follows through the end and inserting
5 “which did not expend amounts for all individuals
6 described in section 1902(a)(10)(A)(i)(VIII) before
7 January 1, 2026.”.

8 (b) EFFECTIVE DATE.—The amendments made by
9 subsection (a)(1) shall apply with respect to quarters oc-
10 ccurring during a period described in section 1905(ii)(1)
11 of the Social Security Act (42 U.S.C. 1396d(ii)(1)) that
12 begins on or after January 1, 2026.

13 **SEC. 5. REPEAL OF CERTAIN RECONCILIATION HEALTH**
14 **PROVISIONS.**

15 Sections 71107, 71112, 71119, and 71120 of the Act
16 titled “An Act to provide for reconciliation pursuant to
17 title II of H. Con. Res. 14” (Public Law 119–21) are here-
18 by repealed, and any law or regulation referred to in such
19 sections shall be applied as if such sections and the
20 amendments made by such sections had not been enacted.

21 **SEC. 6. CODIFYING OPEN ENROLLMENT PERIOD DATES**
22 **UNDER THE AFFORDABLE CARE ACT.**

23 Section 1311(c)(6)(B) of the Patient Protection and
24 Affordable Care Act (42 U.S.C. 18031(c)(6)(B)) is
25 amended by inserting “and before 2026, and, for calendar

1 years beginning with 2026, that begin on November 1 of
2 each such year and end on the following January 15” after
3 “initial enrollment period”.

4 **SEC. 7. GUARDRAILS TO PREVENT FRAUD IN EXCHANGES.**

5 (a) REDUCTION OF FRAUDULENT ENROLLMENT IN
6 QUALIFIED HEALTH PLANS.—

7 (1) PENALTIES FOR AGENTS AND BROKERS.—

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

11 (A) in subparagraph (A)—

12 (i) by redesignating clause (ii) as
13 clause (iv);

14 (ii) in clause (i)—

15 (I) by striking “If—” and all
16 that follows through the “such per-
17 son” and inserting “If any person
18 (other than an agent or broker) fails
19 to provide correct information under
20 subsection (b) and such failure is at-
21 tributable to negligence or disregard
22 of any rules or regulations of the Sec-
23 retary, such person”; and

1 (II) in the second sentence, by
2 striking “For purposes” and inserting
3 the following:

4 “(iii) DEFINITIONS OF NEGLIGENCE,
5 DISREGARD.—For purposes”;

6 (iii) by inserting after clause (i) the
7 following:

8 “(ii) CIVIL PENALTIES FOR CERTAIN
9 VIOLATIONS BY AGENTS OR BROKERS.—If
10 any agent or broker fails to provide correct
11 information under subsection (b) or section
12 1311(c)(8), or other information as part of
13 an application for enrollment in a qualified
14 health plan offered through an Exchange,
15 as specified by the Secretary, and such
16 failure is attributable to negligence or dis-
17 regard of any rules or regulations of the
18 Secretary, such agent or broker shall be
19 subject, in addition to any other penalties
20 that may be prescribed by law, including
21 subparagraph (C), to a civil penalty of not
22 less than \$10,000 and not more than
23 \$50,000 with respect to each individual
24 who is the subject of an application for

1 which such incorrect information is pro-
2 vided.”; and

3 (iv) in clause (iv) (as so redesignated),
4 by inserting “or (ii)” after “clause (i)”;
5 (B) in subparagraph (B)—

6 (i) by inserting “including subpara-
7 graph (C),” after “law,”;

8 (ii) by striking “Any person” and in-
9 serting the following:

10 “(i) IN GENERAL.—Any person”; and

11 (iii) by adding at the end the fol-
12 lowing:

13 “(ii) CIVIL PENALTIES FOR KNOWING
14 AND WILLFUL VIOLATIONS BY AGENTS OR
15 BROKERS.—

16 “(I) IN GENERAL.—Any agent or
17 broker who knowingly and willfully
18 provides false or fraudulent informa-
19 tion under subsection (b) or section
20 1311(c)(8), or other false or fraudu-
21 lent information as part of an applica-
22 tion for enrollment in a qualified
23 health plan offered through an Ex-
24 change, as specified by the Secretary,
25 shall be subject, in addition to any

1 other penalties that may be prescribed
2 by law, including subparagraph (C),
3 to a civil penalty of not more than
4 \$200,000 with respect to each indi-
5 vidual who is the subject of an appli-
6 cation for which such false or fraudu-
7 lent information is provided.

8 “(II) PROCEDURE.—The provi-
9 sions of section 1128A of the Social
10 Security Act (other than subsections
11 (a) and (b) of such section) shall
12 apply to a civil monetary penalty
13 under subclause (I) in the same man-
14 ner as such provisions apply to a pen-
15 alty or proceeding under section
16 1128A of the Social Security Act.”;
17 and

18 (C) by adding at the end the following:

19 “(C) CRIMINAL PENALTIES.—Any agent or
20 broker who knowingly and willfully provides
21 false or fraudulent information under sub-
22 section (b) or section 1311(c)(8), or other false
23 or fraudulent information as part of an applica-
24 tion for enrollment in a qualified health plan of-
25 fered through an Exchange, as specified by the

1 Secretary, shall be fined under title 18, United
2 States Code, imprisoned for not more than 10
3 years, or both.”.

4 (2) CONSUMER PROTECTIONS.—

5 (A) IN GENERAL.—Section 1311(c) of the
6 Patient Protection and Affordable Care Act (42
7 U.S.C. 18031(c)) is amended by adding at the
8 end the following new paragraph:

9 “(8) AGENT- OR BROKER-ASSISTED ENROLL-
10 MENT IN QUALIFIED HEALTH PLANS IN CERTAIN
11 EXCHANGES.—

12 “(A) IN GENERAL.—For plan years begin-
13 ning on or after such date specified by the Sec-
14 retary, but not later than January 1, 2029, in
15 the case of an Exchange that the Secretary op-
16 erates pursuant to section 1321(c)(1), the Sec-
17 retary shall establish a verification process for
18 new enrollments of individuals in, and changes
19 in coverage for individuals under, a qualified
20 health plan offered through such Exchange,
21 which are submitted by an agent or broker in
22 accordance with section 1312(e) and for which
23 the agent or broker is eligible to receive a com-
24 mission.

1 “(B) REQUIREMENTS.—The enrollment
2 verification process under subparagraph (A)
3 shall include—

4 “(i) a requirement that the agent or
5 broker provide with the new enrollment or
6 coverage change such documentation or
7 evidence (such as a standardized consent
8 form) or other sources as the Secretary de-
9 termines necessary to establish that the
10 agent or broker has the consent of the in-
11 dividual for the new enrollment or coverage
12 change;

13 “(ii) a requirement that any commis-
14 sions due to a broker or agent for such
15 new enrollment or coverage change are
16 paid after the enrollee has resolved all in-
17 consistencies in accordance with para-
18 graphs (3) and (4) of section 1411(e);

19 “(iii) a requirement that the informa-
20 tion required under clause (i) and, as ap-
21 plicable, the date on which inconsistencies
22 are resolved as described in clause (ii), is
23 accessible to the applicable qualified health
24 plan through a database or other resource,
25 as determined by the Secretary, so that

1 any commissions due to a broker or agent
2 for such enrollment can be effectuated at
3 the appropriate time;

4 “(iv) a requirement that individuals
5 are notified of any changes to enrollment,
6 coverage, the agent of record, or premium
7 tax credits in a timely manner and that
8 such notice provides plain language in-
9 structions on how individuals can cancel
10 unauthorized activity;

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

23 “(vi) a requirement that the agent or
24 broker report to the Secretary any third-
25 party marketing organization or field mar-

1 keting organization (as such terms are de-
2 fined in section 1312(e)) involved in the
3 chain of enrollment (as so defined) with re-
4 spect to such new enrollment or coverage
5 change.

6 “(C) CONSUMER PROTECTION.—The Sec-
7 retary shall ensure that the enrollment
8 verification process under subparagraph (A)
9 prioritizes continuity of coverage and care for
10 individuals, including by not disenrolling indi-
11 viduals from a qualified health plan without the
12 consent of the individual, regardless of whether
13 the broker, agent, or qualified health plan is in
14 violation of any requirement under this para-
15 graph.”.

16 (B) REQUIRED REPORTING.—Section
17 1311(c)(1) of the Patient Protection and Af-
18 fordable Care Act (42 U.S.C. 18031(c)(1)) is
19 amended—

20 (i) in subparagraph (H), by striking
21 “and” at the end;

22 (ii) in subparagraph (I), by striking
23 the period at the end and inserting “;
24 and”; and

1 (iii) by adding at the end the fol-
2 lowing:

3 “(J) report to the Secretary the termi-
4 nation (as defined in section 1312(e)(1)(C)) of
5 an issuer.”.

6 (3) AUTHORITY TO REGULATE FIELD MAR-
7 KETING ORGANIZATIONS AND THIRD-PARTY MAR-
8 KETING ORGANIZATIONS.—Section 1312(e) of the
9 Patient Protection and Affordable Care Act (42
10 U.S.C. 18032(e)) is amended—

11 (A) by redesignating paragraphs (1) and
12 (2) as subclauses (I) and (II), respectively, and
13 adjusting the margins accordingly;

14 (B) in subclause (II) (as so redesignated),
15 by striking the period at the end and inserting
16 “; and”;

17 (C) by striking the subsection designation
18 and heading and all that follows through “bro-
19 kers—” and inserting the following:

20 “(e) REGULATION OF AGENTS, BROKERS, AND CER-
21 TAIN MARKETING ORGANIZATIONS.—

22 “(1) AGENTS, BROKERS, AND CERTAIN MAR-
23 KETING ORGANIZATIONS.—

1 “(A) IN GENERAL.—The Secretary shall
2 establish procedures under which a State may
3 allow—

4 “(i) agents or brokers—”; and

5 (D) by adding at the end the following:

6 “(ii) field marketing organizations
7 and third-party marketing organizations to
8 participate in the chain of enrollment for
9 an individual with respect to qualified
10 health plans offered through an Exchange.

11 “(B) CRITERIA.—For plan years beginning
12 on or after such date specified by the Secretary,
13 but not later than January 1, 2029, the Sec-
14 retary, by regulation, shall establish criteria for
15 States to use in determining whether to allow
16 agents and brokers to enroll individuals and
17 employers in qualified health plans as described
18 in subclause (I) of subparagraph (A)(i) and to
19 assist individuals as described in subclause (II)
20 of such subparagraph and field marketing orga-
21 nizations and third-party marketing organiza-
22 tions to participate in the chain of enrollment
23 as described in subparagraph (A)(ii). Such cri-
24 teria shall, at a minimum, require that—

1 “(i) an agent or broker act in accord-
2 ance with a standard of conduct that in-
3 cludes a duty of such agent or broker to
4 act in the best interests of the enrollee;

5 “(ii) a field marketing organization or
6 third-party marketing organization agree
7 to report the termination of an agent or
8 broker to the applicable State and the Sec-
9 retary, including the reason for termi-
10 nation; and

11 “(iii) an agent, broker, field mar-
12 keting organization, or third-party mar-
13 keting organization—

14 “(I) meet such marketing re-
15 quirements as are required by the
16 Secretary;

17 “(II) meet marketing require-
18 ments in accordance with other appli-
19 cable Federal or State law;

20 “(III) does not employ practices
21 that are confusing or misleading, as
22 determined by the Secretary;

23 “(IV) submit all marketing mate-
24 rials to the Secretary for, as deter-

1 mined appropriate by the Secretary,
2 review and approval;

3 “(V) is a licensed agent or broker
4 or meets other licensure requirements,
5 as required by the State;

6 “(VI) register with the Secretary;
7 and

8 “(VII) does not compensate any
9 individual or organization for referrals
10 or any other service relating to the
11 sale of, marketing for, or enrollment
12 in qualified health plans unless such
13 individual or organization meets the
14 criteria described in subclauses (I)
15 through (VI).

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

17 “(i) CHAIN OF ENROLLMENT.—The
18 term ‘chain of enrollment’, with respect to
19 enrollment of an individual in a qualified
20 health plan offered through an Exchange,
21 means any steps taken during the period
22 beginning with marketing to such indi-
23 vidual and ending with such individual
24 making an enrollment decision with respect
25 to such a plan.

1 “(ii) FIELD MARKETING ORGANIZA-
2 TION.—The term ‘field marketing organi-
3 zation’ means an organization or individual
4 that directly employs or contracts with
5 agents and brokers, or contracts with car-
6 riers, to provide functions relating to en-
7 rollment of individuals in qualified health
8 plans offered through an Exchange as part
9 of the chain of enrollment.

10 “(iii) MARKETING.—The term ‘mar-
11 keting’ means the use of marketing mate-
12 rials to provide information to current and
13 prospective enrollees in a qualified health
14 plan offered through an Exchange.

15 “(iv) MARKETING MATERIALS.—The
16 term ‘marketing materials’ means mate-
17 rials relating to a qualified health plan of-
18 fered through an Exchange or benefits of-
19 fered through an Exchange that—

20 “(I) are intended—

21 “(aa) to draw an individual’s
22 attention to such plan or the pre-
23 mium tax credits or cost-sharing
24 reductions for such plan or plans
25 offered through an Exchange;

1 “(bb) to influence an indi-
2 vidual’s decision-making process
3 when selecting a qualified health
4 plan in which to enroll; or

5 “(cc) to influence an enroll-
6 ee’s decision to stay enrolled in
7 such plan; and

8 “(II) include or address content
9 regarding the benefits, benefit struc-
10 ture, premiums, or cost sharing of
11 such plan.

12 “(v) TERMINATION.—The term ‘ter-
13 mination’, with respect to a contract or
14 business arrangement between an agent or
15 broker and a field marketing organization,
16 third-party marketing organization, or
17 health insurance issuer, means—

18 “(I) the ending of such contract
19 or business arrangement, either uni-
20 laterally by one of the parties or on
21 mutual agreement; or

22 “(II) the expiration of such con-
23 tract or business arrangement that is
24 not replaced by a substantially similar
25 agreement.

1 “(vi) THIRD-PARTY MARKETING ORGA-
2 NIZATION.—The term ‘third-party mar-
3 keting organization’ means an organization
4 or individual that is compensated to per-
5 form lead generation, marketing, or sales
6 relating to enrollment of individuals in
7 qualified health plans offered through an
8 Exchange as part of the chain of enroll-
9 ment.”.

10 (4) TRANSPARENCY.—Section 1312(e) of the
11 Patient Protection and Affordable Care Act (42
12 U.S.C. 18032(e)), as amended by paragraph (3), is
13 further amended by adding at the end the following
14 new paragraphs:

15 “(2) AUDITS.—

16 “(A) IN GENERAL.—For plan years begin-
17 ning on or after such date specified by the Sec-
18 retary, but not later than January 1, 2029, the
19 Secretary, in coordination with the States and
20 in consultation with the National Association of
21 Insurance Commissioners, shall implement a
22 process for the oversight and enforcement of
23 agent and broker compliance with this section
24 and other applicable Federal and State law (in-
25 cluding regulations) that shall include—

1 “(i) periodic audits of agents and bro-
2 kers based on—

3 “(I) complaints filed with the
4 Secretary by individuals enrolled by
5 such an agent or broker in a qualified
6 health plan offered through an Ex-
7 change;

8 “(II) an incident or enrollment
9 pattern that suggests fraud; and

10 “(III) other factors determined
11 by the Secretary; and

12 “(ii) a process under which the Sec-
13 retary shall share audit results and refer
14 potential cases of fraud to the relevant
15 State department of insurance.

16 “(B) EFFECT.—Nothing in this paragraph
17 limits or restricts any referrals made under sec-
18 tion 1311(i)(3) or any enforcement actions
19 under section 1411(h).

20 “(3) LIST.—The Secretary shall develop a proc-
21 ess to regularly provide to qualified health plans,
22 Exchanges, and States a list of suspended and ter-
23 minated agents and brokers.”.

24 (b) REMOVAL OF DECEASED INDIVIDUALS FROM EX-
25 CHANGE PLANS.—Section 1311(c) of the Patient Protec-

tion and Affordable Care Act (42 U.S.C. 18031(c)), as amended by subsection (a), is further amended by adding at the end the following new paragraph:

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

“(A) IN GENERAL.—Not later than 90 days after the date of the enactment of this paragraph, and on a quarterly basis thereafter, the Secretary shall conduct a check of the Death Master File (as such term is defined in 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)),

1 as amended by subsection (a), is further amended by add-
2 ing at the end the following new paragraph:

3 “(4) STANDARD FOR TERMINATION FOR CER-
4 TAIN EXCHANGES.—In the case of an agent or
5 broker with an agreement in effect with an Ex-
6 change operated by the Secretary pursuant to sec-
7 tion 1321(c) to perform activities described in para-
8 graph (1)(A)(i) with respect to such Exchange, the
9 Secretary may terminate such agreement for cause
10 if the Secretary finds, based on a preponderance of
11 the evidence, that such agent or broker has violated
12 such agreement, otherwise applicable law, or any
13 other requirement applicable to such agent or
14 broker.”.

15 (d) REQUIREMENT FOR EXCHANGE TO NOTIFY INDIV-
16 IDUALS OF VALUE OF PREMIUM TAX CREDITS.—Section
17 1412(c)(2) of the Patient Protection and Affordable Care
18 Act (42 U.S.C. 18082(c)(2)) is amended by adding at the
19 end the following new subparagraph:

20 “(C) EXCHANGE RESPONSIBILITIES.—Be-
21 ginning January 1, 2027, if an Exchange is no-
22 tified under paragraph (1) of an advance deter-
23 mination under section 1411 with respect to the
24 eligibility of an individual for a premium tax
25 credit under section 36B of the Internal Rev-

1 enue Code of 1986, the Exchange shall, prior to
2 enrolling such individual in a qualified health
3 plan, clearly notify such individual of the
4 amount of such tax credit.”.

5 (e) EFFECTIVE DATE.—The amendments made by
6 subsection (a)(1) shall apply with respect to applications
7 for enrollment in a qualified health plan offered through
8 an Exchange for plan years beginning on or after January
9 1, 2027.