



September 18, 2025

Honorable Chuck Schumer  
Democratic Leader  
United States Senate  
Washington, DC 20510

Honorable Bernie Sanders  
Ranking Member  
Committee on Health, Education,  
Labor, and Pensions  
United States Senate  
Washington, DC 20510

Honorable Jeff Merkley  
Ranking Member  
Committee on the Budget  
United States Senate  
Washington, DC 20510

Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

*Re: The Estimated Effects of Enacting Selected Health Coverage Policies on the Federal Budget and on the Number of People With Health Insurance*

Dear Leader Schumer, Ranking Member Sanders, Ranking Member Merkley, and Ranking Member Wyden:

You have asked the Congressional Budget Office for information concerning the estimated effects on federal deficits and health insurance coverage that would occur if the following changes to current law were enacted on September 30, 2025:

- Permanently expand the premium tax credit structure as provided in the American Rescue Plan Act of 2021 (ARPA) and later extended through calendar year 2025 in the 2022 reconciliation act—increasing the deficit by \$350 billion from 2026 to 2035 and the number of people with health insurance by 3.8 million in 2035,
- Nullify a final rule published in June 2025 by the Department of Health and Human Services related to the health insurance marketplaces established by the Affordable Care Act (ACA)—increasing the deficit

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by \$40 billion from 2026 to 2035 and the number of people with health insurance by 300,000 in 2035,<sup>1</sup> and

- Repeal sections in title VII, subtitle B, of the 2025 reconciliation act related to the health insurance marketplaces—increasing the deficit by \$272 billion from 2026 to 2035 and the number of people with health insurance by 2.9 million in 2035.

CBO and the staff of the Joint Committee on Taxation (JCT) estimate that each policy would increase federal deficits over the 2026–2035 period relative to CBO’s baseline projections updated to reflect administrative actions and legislation enacted through August 22, 2025 (see Table 1). CBO also estimates that each policy would increase the number of people with health insurance in each of the next 10 years (see Table 2).<sup>2</sup>

### **Permanently Extend the Expanded Premium Tax Credit**

The premium tax credit is an advanceable and refundable credit that reduces enrollees’ out-of-pocket costs for the premiums they pay for health insurance obtained through the marketplaces.

The maximum credit is calculated as the difference between the benchmark premium (the premium for the second-lowest-cost silver plan available in a region) and a maximum household contribution, which is set at a percentage of household income, adjusted over time.<sup>3</sup>

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1. Department of Health and Human Services, “Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability,” final rule, 90 *Fed. Reg.* 27074 (June 25, 2025), <https://tinyurl.com/fyzyp6sb>.
  2. All years referred to in describing estimates of federal deficits are federal fiscal years, which run from October 1 to September 30 and are designated by the calendar year in which they end. All years referred to in describing estimates of health insurance premiums and health insurance coverage are calendar years.
  3. In most marketplaces, enrollees can choose from several plans—bronze, silver, gold, and platinum—for which the average percentage of the total cost of covered medical expenses paid by the insurer (that is, the actuarial value of the plan) differs. The share of medical expenses that is not paid by the insurer is paid by the enrollee in the form of deductibles and other cost sharing. That percentage is adjusted annually to reflect the growth in premiums relative to income.

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Until 2021, the credit was available to enrollees who met four criteria:

- Their modified adjusted gross income was equal to or greater than 100 percent of the federal poverty level (FPL) and did not exceed 400 percent of the FPL,
- They were lawfully present in the United States,<sup>4</sup>
- They were not eligible for public coverage, such as Medicaid, and
- They did not have an affordable offer of employment-based coverage.

For calendar years 2021 and 2022, ARPA expanded eligibility to include enrollees whose income was above 400 percent of the FPL and reduced the maximum household contribution. The 2022 reconciliation act extended those provisions through calendar year 2025.

CBO and JCT estimate that permanently enacting the expanded premium tax credit structure would increase deficits by \$349.8 billion over the 2026–2035 period. Using HISIM2, CBO’s health insurance simulation model, the agency estimates that the number of people with health insurance would increase by 3.6 million in 2030 and by 3.8 million in 2035.<sup>5</sup>

CBO also estimates that gross premiums for benchmark plans in the marketplaces would be 7.6 percent lower, on average, in each year from 2026 to 2035, relative to baseline projections. (The premium estimates reflect the amount before the tax credit is applied.) The estimated decline in benchmark premiums is the result of the expectation that people enrolling in the marketplaces would be healthier on average if the expanded premium tax credit were extended.

If the permanent expansion were enacted on September 30, 2025, CBO estimates, premiums for the 2026 plan year would be 2.4 percent lower than baseline projections. That estimate is less than the average effect of 7.6 percent over the next decade, in part, because it accounts for a 50 percent probability that 2026 premiums would not be adjusted to account for expected

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4. The criteria for lawful presence for the purposes of eligibility for the premium tax credit are outlined in regulations issued by the Department of Health and Human Services. See “Definitions,” 45 *C.F.R.* §155.20 (as of September 15, 2025), <https://tinyurl.com/msn3p8aa>.

5. For information about HISIM2, see Caroline Hanson and others, “Health Insurance for People Younger Than Age 65: Expiration of Temporary Policies Projected to Reshuffle Coverage, 2023–33,” *Health Affairs*, vol. 42, no. 6 (May 2023), Appendix, [doi/10.1377/hlthaff.2023.00325](https://doi.org/10.1377/hlthaff.2023.00325).

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changes in risk pools because the assumed enactment date is later than insurers typically set their premiums.

An assumed enactment after September 30, 2025, would affect CBO's estimates in two ways. First, in CBO's estimates, the likelihood that gross premiums for 2026 would be adjusted downward would fall to zero after the start of open enrollment. November 1, 2025, is the start of the enrollment period for the 2026 plan year in most marketplaces. Second, the estimates would reflect a smaller likelihood that enrollees will see net premiums that incorporate the expanded credit structure at the time they select their marketplace plan (the net premium is the amount of the premium after accounting for the tax credit). CBO estimates that an enactment date later than September 30 would result in lower costs to the federal government and smaller increases in 2026 enrollment than those presented here.

### **Nullify the Final Rule Related to Health Insurance Marketplaces**

The June 2025 rule made several changes to the marketplaces—some permanent, others through plan year 2026 only. CBO and JCT estimate that nullifying that final rule would increase deficits by \$40.3 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would increase by 200,000 in 2030 and by 300,000 in 2035.

In August 2025, the U.S. District Court in Maryland issued a stay that delays some provisions in the final rule from taking effect while the proceeding continues.<sup>6</sup> In keeping with usual practice, CBO assumes a two-year delay in baseline projections that are under district court review.<sup>7</sup> As a result, CBO

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6. See *City of Columbus v. Kennedy*, No. 25-cv-2114-BAH (D. Md. Aug. 22, 2025). The court's stay delayed two permanent provisions of the rule: one that increased the allowable variation in costs paid by the insurer and another that required enrollees to pay past-due premiums. It also delayed five provisions applicable only through plan year 2026: one that removed a requirement for exchanges to accept self-attestations of annual household income, a requirement concerning income verification for enrollment applications when other data are not available, one that makes enrollees ineligible for the advance premium tax credit if they had received a credit for a prior year but failed to file a tax return and to reconcile the credit for that year, a requirement that enrollees confirm eligibility each time they reenroll or else be subject to a \$5 premium, and a requirement concerning verification of eligibility for a special enrollment period.

7. Congressional Budget Office, *CBO Explains How It Incorporates Administrative and Judicial Actions When Updating Its Baseline Projections and Preparing Cost Estimates* (December 2024), [www.cbo.gov/publication/60846](http://www.cbo.gov/publication/60846).

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estimates that the affected provisions that are applicable only through plan year 2026 will not be implemented.

In the discussion below, each estimate for a provision of the final rule accounts for any interactions with the provisions that precede it in that discussion. The isolated effects—on deficits or on coverage—of nullifying any single provision would differ from the amounts presented here.

**Provisions Affecting Marketplace Plans and Premiums.** The June 2025 rule permanently changed enrollees' cost-sharing requirements and premium contributions.

*Broaden Allowable Ranges for Actuarial Value.* In the marketplaces and the small-group market, the average percentage of the total cost of covered medical expenses paid by the insurer (that is, the actuarial value of the plan) differs according to the plan's tier—bronze, silver, gold, or platinum. The June 2025 rule permanently increased the allowable variation in actuarial value for qualified health plans offered through the marketplaces and in the small-group market. If the 2025 rule were nullified, a standard plan's actuarial value could range from minus-2 to plus-2 percentage points, a narrowing from current-law values of minus-4 to plus-2 percentage points.

Based on an analysis of the actuarial value of nongroup and small-group health insurance offerings when narrower standards are in place, CBO estimates that nullifying the provision would increase the benchmark premium in the marketplaces by 2.0 percent in 2035 because the share of medical expenses paid by the insurer also would rise. Small-group premiums would increase by 0.7 percent. Those increases would raise the costs of the premium tax credit and, to a lesser extent, shift employees' compensation from taxable wages to tax-favored health insurance.

CBO and JCT estimate that, in total, nullifying that provision of the June 2025 rule would increase deficits by \$20.1 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would not be affected. This provision was among those stayed by the district court, and the agencies' estimate reflects a delay through 2027.

*Modify the Premium Adjustment Methodology.* The June 2025 rule permanently revised the measure of premium growth used to calculate employer mandate penalties, the maximum annual limits on cost sharing, and the percentage of income that enrollees pay before they can claim the

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premium tax credit. Starting in 2026, the Department of Health and Human Services will use projections of private health insurance premiums from the National Health Expenditure Accounts (NHEA) excluding Medicare Supplement Insurance (known as Medigap insurance). If the final rule were nullified, NHEA projections for employment-based coverage would be used to measure changes in premiums.

The NHEA projections for private health insurance premiums (excluding Medigap) rose by about 67 percent over the 2013–2025 period—the period used to determine the premium adjustment percentage for 2026. A 60 percent increase was estimated for premiums for employment-based coverage over the same period. Because premiums rose more slowly for employment-based coverage than for private health insurance, nullifying the provision would reduce out-of-pocket contributions, notably for the amounts enrollees must pay before they can claim the premium tax credit.

CBO and JCT estimate two effects of those lower contributions: First, when the required contribution declines, enrollees would receive a slightly larger premium tax credit. Second, that larger credit would lead some people to newly enroll in marketplace coverage.

CBO and JCT estimate that nullifying the provision would increase deficits by \$14.4 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would increase by 200,000 in 2035.

**Provisions Affecting Eligibility and Enrollment.** The June 2025 rule changed enrollment periods, verification procedures, and payment requirements for purchasing health insurance through the marketplaces. On the basis of historical enrollment data and administrative data about inconsistencies in information provided on applications, CBO and JCT estimate that nullifying those provisions would increase deficits by \$5.5 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would increase by 100,000 in 2035.

*Enrollment Periods.* Beginning in 2027, the open enrollment period in all federal and state-based marketplaces must occur between November 1 and December 31 and last no longer than nine weeks. If the rule were nullified, open enrollment in most marketplaces would begin on November 1 and end on January 15.

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*Verification Procedures.* The June 2025 rule permanently ended an automatic 60-day extension of the 90-day period during which income inconsistencies in an application could be resolved. If that provision were nullified, the automatic 60-day extension would be restored.

*Payment Requirements.* Two changes in the June 2025 rule affect past-due premiums. First, through plan year 2026 only, the rule revised the calculation for determining whether a premium payment is past due. For 2026, enrollees will be required to have paid at least 95 percent of their net premium to avoid being placed in a grace period or having their coverage terminated.

If that provision were nullified, thresholds based on a percentage of gross premiums or a fixed-dollar amount could be used to determine whether an enrollee's payment is past due. Those methods generally require smaller or less frequent payments from enrollees.

Second, the June 2025 rule permanently allows insurers, to the extent permissible by state law, to require payment both of past-due premiums and of premiums for new plans before an enrollee can begin coverage when they switch plans with the same insurer. If the rule were nullified, insurers could allocate premium payments to new coverage only, thus decreasing the amount enrollees would owe to begin their new coverage. The stay issued by the Maryland court affected this provision, and CBO and JCT's estimates reflect a delay in implementation through 2027.

**Remaining Provisions.** CBO expects that nullifying the remaining provisions of the June 2025 rule would have limited consequences for deficits and for coverage. Most of the remaining provisions are affected by the August 2025 ruling by the Maryland district court that delayed their implementation. CBO assumes that those provisions will never be implemented because they are applicable only through the 2026 plan year.

Other provisions of the final rule were codified in the 2025 reconciliation act. The effects of repealing those provisions are discussed below.<sup>8</sup>

CBO and JCT estimate that if the remaining provisions in the June 2025 rule

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8. The 2025 reconciliation act effectively codifies two provisions in the June 2025 final rule. Under the new law, beginning in 2026, there would effectively be no enrollment in the special enrollment period for people whose income is at or below 150 percent of the FPL. Beginning in 2027, people who have been granted Deferred Action for Childhood Arrivals status are no longer eligible for premium tax credits through the marketplaces on a permanent basis.

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were nullified, deficits would increase by \$0.3 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would not be affected in 2035.

### **Repeal Sections in Title VII, Subtitle B, of the 2025 Reconciliation Act That Are Related to the Health Insurance Marketplaces**

CBO and JCT estimate that repealing the sections of the 2025 reconciliation act that affect the health insurance marketplaces would increase deficits by \$271.9 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would increase by 2.8 million in 2030 and by 2.9 million in 2035.

In the discussion below, each estimate for a provision accounts for any interactions with the provisions that precede it in that discussion. The isolated effects—on deficits or on coverage—of repealing any single provision would differ from the amounts presented here.

**Immigration-Related Provisions.** The 2025 reconciliation act restricts eligibility for the premium tax credit for certain immigrants.

*Restrictions on Certain Immigrant Groups.* Beginning in 2027, section 71301 will make several groups of immigrants ineligible for the premium tax credit:

- People with pending asylum applications, those who have been granted asylum, and parolees;
- People with temporary protected status and those granted deferred action, including recipients under Deferred Action for Childhood Arrivals;
- People granted statutory withholding of removal;
- Temporary workers;
- Nonimmigrants (including student exchange visitors and others admitted as nonimmigrants under the Immigration and Nationality Act); and
- Trafficking victims and refugees.

To estimate the effects of repealing section 71301 on marketplace enrollment, CBO first considered how many people in the population meet those immigration criteria based on data from U.S. Citizenship and Immigration Services and the Department of State and adjusted those data to reflect CBO's

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population projections from the January 2025 *Demographic Outlook* and subsequent administrative and judicial actions taken through April 10, 2025.<sup>9</sup> The agency then estimated the subset of affected people who would meet other eligibility criteria to claim the premium tax credit, including income-based requirements, and the rate at which they would enroll in health insurance plans through the marketplaces. Estimated take-up rates for the premium tax credit reflect CBO's expectation that recent immigrants participate in federal benefit programs to a lesser extent than similarly situated nonimmigrants.<sup>10</sup>

CBO and JCT estimate that repealing section 71301 would increase deficits by \$91.4 billion over the 2026–2035 period. CBO estimates that the number of people with insurance would increase by 1.0 million in 2035.

*Income-Based Restrictions.* Beginning in 2026, section 71302 will make certain immigrants whose income is below 100 percent of the FPL ineligible to claim the premium tax credit. Before 2026, immigrants who are deemed by regulation to be lawfully present, but whose income is below that threshold, may claim the credit if they do not have access to Medicaid because of their immigration status, as long as they also meet other eligibility criteria.<sup>11</sup>

Using administrative data on the income of marketplace enrollees at the time of enrollment, and after accounting for the effects of repealing section 71301, CBO and JCT estimate that repealing section 71302 would increase deficits by

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9. See Congressional Budget Office, *The Demographic Outlook: 2025 to 2055* (January 2025), [www.cbo.gov/publication/60875](http://www.cbo.gov/publication/60875).

10. See Benjamin D. Sommers and others, "Assessment of Perceptions of the Public Charge Rule Among Low-Income Adults in Texas" *JAMA Network Open*, vol. 3, no. 7 (July 2020), <https://tinyurl.com/mrx54hbd>; Hamutal Bernstein and others, *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018* (Urban Institute, 2019), <https://tinyurl.com/2s38j6xw>; and Valerie Lacarte, Mark Greenberg, and Randy Capps, "Medicaid Access and Participation: A Data Profile of Eligible and Ineligible Immigrant Adults" (Migration Policy Institute, 2021), <https://tinyurl.com/5ycvnxrj>.

11. Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, qualified aliens' eligibility for Medicaid is limited, with most people becoming eligible only after a five-year waiting period. By contrast, the premium tax credit was previously available to all people deemed lawfully present by regulation if other eligibility criteria were met. Thus, people who are ineligible for Medicaid because of their immigration status may still be eligible for the premium tax credit if they are lawfully present in the country.

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\$27.3 billion over the 2026–2035 period. CBO estimates that the number of people with insurance would increase by 200,000 in 2035.

**Disallowing the Premium Tax Credit for an Income-Based Special Enrollment Period.** Beginning in 2026, section 71304 will effectively prevent enrollees from receiving the advance premium tax credit when they enroll at any time in the year through a special enrollment period available to people whose income is at or below 150 percent of the FPL. In CBO’s assessment, enacting section 71304 effectively eliminated enrollment through such a special enrollment period because people who enroll would otherwise claim a large premium tax credit and because the special enrollment period is specifically tied to eligibility for the advance premium tax credit.

If section 71304 were repealed, people whose income is at or below the threshold could enroll at any time during a year instead of waiting for the standard open enrollment period.

On the basis of historical data on special enrollment periods, CBO and JCT estimate that repealing section 71304 would increase deficits by \$79.0 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would increase by 800,000 in 2035.

**Verification of Eligibility.** Beginning in 2028, section 71303 effectively will require people to actively affirm certain eligibility information to claim the advance premium tax credit when they apply for insurance. Section 71303 also effectively prohibits the advancement of the premium tax credit before that verification is completed. Additionally, enrollees will not be able to receive the advance premium tax credit if they have not reconciled a prior year’s advance payments when they file their taxes. If the section was repealed, people could be automatically reenrolled in coverage and could reconcile previous advance payments every two years instead of annually.

On the basis of administrative data on enrollment and inconsistencies in information provided on applications, as well as the literature on automatic reenrollment, CBO and JCT estimate that repealing section 71303 would increase deficits by \$54.9 billion over the 2026–2035 period. CBO estimates that the number of people with health insurance would increase by 900,000 in 2035.

**Repayment Limits on the Advance Premium Tax Credit.** Beginning in 2026, section 71305 will remove the repayment limits previously applied to

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overpayments of the advance premium tax credit. Enrollees whose income is below 400 percent of the FPL will be subject to full repayment of excess payments if their credit exceeds the amount they are allowed to claim. If section 71305 were repealed, the repayment limits in effect before the 2025 reconciliation act would be reinstated. Repayment amounts would vary with income as a percent of the FPL and with tax-filing status.

Using historical data on those repayments, JCT estimates that repealing section 71305 would increase deficits by \$19.3 billion over the 2026–2035 period and that the number of people with health insurance would increase by less than 100,000 in 2035.

### **Uncertainty**

CBO's estimates of the budgetary and coverage effects of enacting the health coverage policies are subject to significant uncertainty for many reasons. For example, the premiums that insurers charge may be higher or lower than CBO estimates. The way that people make decisions about enrollment in health insurance, along with the roles of insurance brokers and other intermediaries, may differ from the past.

Moreover, broad legislative language can result in federal agencies' interpretations for implementation that are different from CBO's expectations. Legislative language that provides a federal agency with wide discretion poses challenges for CBO in preparing estimates. For example, starting in 2028, section 71303 of the 2025 reconciliation act does not specify whether people who are waiting for verification of their eligibility to claim the premium tax credit must pay the entire gross premium for their marketplace plan immediately upon enrollment. Using information about the way the Department of Health and Human Services previously implemented verification of eligibility for a special enrollment period, CBO developed its baseline projections to reflect its assessment that people in those circumstances will not be required to pay gross premiums but that it is more likely that enrollments will be paused until the process is complete. If the department instead requires people to pay gross premiums up front, CBO expects that fewer people will enroll through the marketplaces and that the estimated cost of repealing section 71303 would be larger because it would result in a larger estimated increase in marketplace enrollment.

CBO regularly updates its baseline projections to account for the most recently available data, including information about the responses of insurers

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and individuals to enacted legislation and about implementation of legislation.  
The agency will continue to closely monitor developments.

I hope this information is useful to you. Please contact me if you have further questions.

Sincerely,



Phillip L. Swagel  
Director

cc: Honorable John Thune  
Majority Leader  
United States Senate

Honorable William Cassidy, M.D.  
Chairman  
Senate Committee on Health, Education,  
Labor, and Pensions

Honorable Lindsey Graham  
Chairman  
Senate Committee on the Budget

Honorable Mike Crapo  
Chairman  
Senate Committee on Finance

Table 1.

**Budgetary Effects as a Result of Changes in Selected Health Coverage Policies**

	By Fiscal Year, Millions of Dollars										2026– 2030	2026– 2035
	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035		
<b>Permanently Extend the Expanded Premium Tax Credit</b>												
Estimated Outlays	24,639	26,266	24,098	26,598	28,304	29,869	31,999	33,470	34,745	35,714	129,905	295,702
Estimated Revenues	1,222	-5,653	-6,284	-4,556	-4,510	-5,251	-6,755	-6,815	-7,299	-8,208	-19,781	-54,109
Net Effect on Deficit	23,417	31,919	30,382	31,154	32,814	35,120	38,754	40,285	42,044	43,922	149,686	349,811
<i>On-Budget</i>	23,898	33,813	33,233	34,788	37,329	40,106	43,943	45,813	47,979	50,152	163,061	391,054
<i>Off-Budget</i>	-481	-1,894	-2,851	-3,634	-4,515	-4,986	-5,189	-5,528	-5,935	-6,230	-13,375	-41,243
<b>Nullify the Final Rule Related to Health Insurance Marketplaces<sup>a</sup></b>												
Estimated Outlays	1,555	1,700	3,221	4,110	4,242	4,369	4,516	5,305	5,589	6,128	14,828	40,735
Estimated Revenues	160	350	137	-24	11	2	62	41	-125	-204	634	410
Net Effect on Deficit	1,395	1,350	3,084	4,134	4,231	4,367	4,454	5,264	5,714	6,332	14,194	40,325
<i>On-Budget</i>	1,547	1,621	3,318	4,336	4,469	4,590	4,718	5,538	5,935	6,533	15,291	42,605
<i>Off-Budget</i>	-152	-271	-234	-202	-238	-223	-264	-274	-221	-201	-1,097	-2,280
<b>Repeal Sections of the 2025 Reconciliation Act Related to Health Insurance Marketplaces<sup>b</sup></b>												
Estimated Outlays	4,854	15,446	23,234	26,669	27,421	28,787	30,334	32,080	33,925	35,583	97,624	258,333
Estimated Revenues	-61	-778	-1,174	-1,303	-1,421	-1,542	-1,654	-1,807	-1,861	-1,939	-4,737	-13,540
Net Effect on Deficit	4,915	16,224	24,408	27,972	28,842	30,329	31,988	33,887	35,786	37,522	102,361	271,873
<i>On-Budget</i>	4,915	16,225	24,410	27,975	28,845	30,332	31,992	33,891	35,790	37,526	102,370	271,901
<i>Off-Budget</i>	0	-1	-2	-3	-3	-3	-4	-4	-4	-4	-9	-28

Sources: Congressional Budget Office; staff of the Joint Committee on Taxation.  
Off-budget effects would come from changes in Social Security revenues.

a. Department of Health and Human Services, "Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability," final rule, 90 *Fed. Reg.* 27074 (June 25, 2025), <https://tinyurl.com/fzyyp6sb>.

b. These estimates are for sections 71301, 71302, 71303, 71304, and 71305 of the 2025 reconciliation act.

Data underlying this table are available at [www.cbo.gov/publication/61734#data](http://www.cbo.gov/publication/61734#data).

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Table 2.

**Increases in the Number of People With Health Insurance as a Result of Changes in Selected Health Coverage Policies**

	By Calendar Year, Millions of People									
	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Permanently Extend the Expanded Premium Tax Credit	2.0	3.5	3.7	3.6	3.6	3.5	3.6	3.7	3.8	3.8
Nullify the Final Rule Related to Health Insurance Marketplaces <sup>a</sup>	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3
Repeal Sections of the 2025 Reconciliation Act Related to Health Insurance Marketplaces <sup>b</sup>	0.6	1.8	2.7	2.8	2.8	2.8	2.8	2.9	2.9	2.9

Source: Congressional Budget Office.

a. Department of Health and Human Services, "Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability," final rule, 90 *Fed. Reg.* 27074 (June 25, 2025), <https://tinyurl.com/fzyyp6sb>.

b. These estimates are for sections 71301, 71302, 71303, 71304, and 71305 of the 2025 reconciliation act.

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