Health Care in Motion

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Preparing for a Rocky ACA Open Enrollment Period: What's Changing and What's Still in Limbo

As we approach the thirteenth annual Affordable Care Act (ACA) open enrollment period, consumers, assisters, and providers are preparing for significant changes that could affect how people enroll in coverage, what they will pay, and what their plans will cover. These changes are due to a combination of the federal budget reconciliation law (H.R. 1) that passed in July without including an extension an extension to critical marketplace subsidies, as well as the final marketplace integrity rule issued by the Centers for Medicare and Medicaid Services (CMS) in June. Recent court challenges to the marketplace integrity rule have put some of the provisions that were slated to go into effect before and during open enrollment on pause, adding to confusion and uncertainty. Read on to understand what's changing this year and how assisters and providers can prepare clients for a bumpy open enrollment ride.

Open Enrollment Dates for the 2026 Plan Year

- Open enrollment starts November 1, 2025, and ends January 15, 2026.
- Consumers must pick a plan by December 15, 2025 for a January 1, 2026 effective date.

How are subsidies, enrollment rules, and coverage changing for marketplace plans this year?

ACA Subsidies

In March 2021, as part of sweeping COVID-19 relief legislation, Congress enacted legislation that made marketplace premium tax credits (PTCs) more generous across every income bracket. Congress also removed the eligibility cap for PTCs set at 400% FPL, allowing higher income enrollees to get PTCs on a sliding scale based on income. These enhanced PTCs have helped drive record marketplace enrollment over the past few years. However, without congressional action the enhanced PTCs will expire at the end of 2025, which means marketplace premiums for most enrollees will go up and close to five million enrollees could lose coverage over the next decade. While the premium increases will vary depending on family size, age, and income, premium increases are estimated to go up by thousands of dollars per year for many enrollees, with some families seeing annual premium increases of more than ten thousand dollars.

With the government set to shut down if Democrats and Republicans in Congress cannot agree by the end of today to a continuing resolution (CR) that would keep the government open, Democrats are attempting to attach an

enhanced PTC extension to the CR. A small group of Republicans have shown openness to extending the PTC enhancements, but whether enough Republicans can be persuaded in time to avoid major premium hikes and coverage losses remains to be seen.

Even if an extension does not make it into a funding deal to stave off a government shutdown, Congress could still act later in the year. However, the longer Congress waits, the messier open enrollment will become for insurance companies, regulators, and consumers. Prior to the start of open enrollment, insurers must calculate their plan rates and certify them with state and federal regulators. If Congress waits to extend the enhanced PTCs until after open enrollment has begun, plans will have to quickly update their rates, which will have already been set based on the expectation that the enhanced PTCs would expire. The federal and state marketplaces will also have to quickly retool their online enrollment platforms to account for the changing rates and subsidy rules, an administrative process that will take time. Meanwhile, many consumers who have already accessed the marketplaces and experienced the sticker shock of much higher premium prices may have decided that marketplace coverage is no longer affordable, and there is no easy way to bring people back to the marketplace once they've left.

Take Action: Ask Congress to Extend the Enhanced PTCs Now!

Many advocates for people living and vulnerable to chronic illness are alarmed by the premium hikes and resulting losses of coverage that will occur if the enhanced PTCs expire. Send a message to your members of Congress demanding an extension of the enhanced PTCs through AIDS United or Families USA today!

Enrollment and coverage changes

In addition to premium increases, consumers could also be subject to new, more stringent marketplace enrollment rules and coverage restrictions because of a combination of provisions included in both H.R. 1 and the marketplace integrity rule (see Table 1 below). These changes will undoubtedly add more red tape and administrative burden for enrollees, for example by adding documentation requirements for income eligibility determinations and making it harder to use special enrollment periods (SEPs) to enroll in coverage outside of open enrollment. The final rule also allows issuers to sell plans with lower actuarial value (a measure of plan generosity), meaning there will be more products with higher deductibles and co-insurance. Because of the scope and scale of the proposed marketplace changes, a group of state attorney generals sued the Administration, asking for an emergency stay to keep the marketplace integrity rule's provisions from going into effect. On August 22, a federal District Court judge in Maryland issued a stay on all of the provisions noted in red below.

Table 1: Marketplace Changes Due to H.R. 1 and the Final Marketplace Integrity Rule	
Enhanced PTC extension was not included in the bill and will expire	January 2026 *(unless Congress acts)*
Elimination of low-income SEP	August 2025 *(on hold pending litigation)*
Additional income verification requirements	August 2025 *(on hold pending litigation)*
Insurers may refuse to cover enrollees who owe past-due premiums and require payment in full of past-due premiums before issuing coverage	August 2025 *(on hold pending litigation)*
Additional Special Enrollment Period (SEPs) verification	January 2026 *(on hold pending litigation)*
$5 charge for individuals enrolling in $0 premium plan	January 2026 *(on hold pending litigation)*

Issuers may offer plans with lower actuarial value (a measure of the plan's generosity) with higher deductibles and cost sharing	January 2026 *(on hold pending litigation)*
Limitations on eligibility for PTCs based on failure to reconcile PTCs received with taxes owed at the end of the tax year	2026 tax year *(on hold pending litigation)*
Subsidized marketplace coverage eligibility eliminated for all lawfully present immigrants with incomes under 100% FPL	January 2026
Marketplace subsidy eligibility limited to narrower list of immigrants	January 2027 (however, DACA recipients' eligibility already ended in August 2025)
All excess PTCs received must be paid back to IRS	2026 tax year
States may not include gender affirming care in their EHB benchmark plan	January 2026
States using Healthcare.gov will have shorter open enrollment period (November 1 to December 15); SBMs will have the flexibility to extend their open enrollment period to December 31 (coverage must begin January 1)	Open enrollment period for the 2027 plan year
Auto-enrollment no longer allowed	January 2028

It is unclear if or when the stay will be lifted, adding another element of confusion to this year's already chaotic open enrollment period. It is also possible there will be additional court cases that challenge other provisions affecting marketplace coverage.

Other Coverage Changes

In addition, the Administration has embraced a deregulatory approach to health insurance broadly, allowing consumers more choices across a wider range of insurance products with varying coverage and price points. In August, the Departments of Health and Human Services (HHS), Treasury, and Labor announced that they would no longer enforce Biden-era rules that limited the ability of insurers to sell short-term limited duration insurance (STLDI) plans (sometimes referred to as "junk plans"), which are not subject to most of the ACA's consumer protections. A few weeks ago, HHS announced that it would make more accessible catastrophic coverage (marketplace plans that offer lower premiums in return for a deductible equal to the out-of-pocket maximum, with limited services covered pre-deductible). Historically, catastrophic coverage has only been available on the marketplaces to people under age 30. Starting in January 2026, these plans will now be available to a much broader swath of consumers who are not eligible for federal subsidies. While catastrophic plans have lower premiums, the trade-off is that the deductible will be well over $10,000 for the 2026 plan year. As comprehensive coverage available through the marketplace becomes less affordable, many consumers could be drawn to either junk plans or catastrophic plans, potentially creating a significant rise in those who have insurance but are unable to access care due to very high out of pocket costs or insufficient plan benefits to meet their needs.

What's Next

As consumers and assisters prepare for open enrollment, there are still a lot of unknowns, making it harder to prepare. However, what's certain is that if Congress does not extend the enhanced PTCs, rates will rise dramatically and many plan members will likely be priced out of the marketplaces—leading to widespread increases in the number of people uninsured or underinsured.

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