

October 16, 2025

The Honorable John Thune
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Charles E. Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington, D.C. 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries:

As millions of families across the country struggle to pay for the high and rising cost of health care, the more than 150 undersigned organizations representing patients, workers, small businesses, health care providers, public health professionals and other health care stakeholders strongly urge Congress to permanently **extend the enhancements to the premium tax credit without delay and without any changes** that could place health coverage out of reach for millions of vulnerable Americans.

Without a timely extension of the enhanced premium tax credits, more than 20 million people – including about 5 million small business owners and self-employed people, along with 6 million older adults – will see their health care costs skyrocket.¹ Roughly 4 million people are projected to lose their coverage altogether due to the higher cost. Further, if the enhancements expire, the 11 million people with Marketplace coverage who have incomes between 100 and 150 percent of the federal poverty level (\$15,650 to \$23,475 for an individual in 2025) would lose access to a silver plan with zero-dollar premiums.² Data shows that the availability of such plans ensured that more people, and on average healthier people, are enrolled in coverage — a significant driver of recent record low numbers of Americans who are uninsured.³

Increasing the monthly cost of health care coverage, even by relatively modest amounts, for people with limited income would create significant barriers for them to maintain coverage, putting them at risk of dropping out of coverage altogether due to added confusion and red tape.⁴ Lowering income eligibility would particularly harm older adults, people in rural areas, and families with children by exposing them to skyrocketing costs.⁵ Those who could somehow manage to maintain their coverage might be forced to forgo

other basic needs in order to pay for it.⁶ This reality further threatens people's ability to treat ongoing health conditions like diabetes, heart disease, and cancer, as well as respond to new threats to their health.

Changes made earlier this year in H.R. 1 only compound the negative impact that losing enhanced premium tax credits will have by making vulnerable families unable to re-enroll in coverage if they fail to pay even a minimal premium.⁷ In that event, they would be ineligible for coverage for an entire year until the next Open Enrollment period – leaving millions vulnerable to even higher medical bills and greater uncompensated care costs for hospitals and health care providers already on the brink.

The harms from eliminating these specific tax credits would be felt most acutely by people in states that have failed to expand Medicaid eligibility, including Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming. Collectively, over six million people in those states who do not have access to Medicaid coverage with annual incomes below \$21,597 are eligible for health care tax credits and a plan with zero-dollar premiums because of the enhancements. Texas, Florida, Georgia, and South Carolina in particular are among the top states in the country in terms of having the largest number of residents utilizing enhanced premium tax credits to get coverage.⁸

Raising health costs for people living paycheck to paycheck will endanger people's health while making their financial predicament even more dire. To avoid this outcome, Congress must quickly extend the health care tax credits across all currently eligible income levels, including access to a zero-dollar premium plan for the most vulnerable families. We urge you and your colleagues to act without delay.

Sincerely,

Families USA
ACA Consumer Advocacy
Advocates for Compassionate Therapy Now
African American Leadership Forum
AIDS United
Alabama Coalition for Immigrant Justice
Alexandra House
AmazeWorks
American Association of Birth Centers
American Association on Health and Disability

American Atheists
American College of Physicians
American Friends Service Committee
American Music Therapy Association
Amherst H. Wilder Foundation
Arkansas Advocates for Children and Families
Bell Policy Center (Colorado)
Bexar County community Health Collaborative
BLKHLTH
BMMA, Inc. (Black Mamas Matter Alliance)
Bronx Developmental Disabilities Council
Brown Dog Apiary
CA Child Care Resource & Referral Network
California Child Care Resource & Referral Network
California Health Advocates
Cares of Southwest Michigan
CCWRO
Center for Civic and Public Policy Improvement
Center for Elder Law & Justice
Center for Law and Social Policy (CLASP)
Cerebral Palsy Associations of New York State
Children's Action Alliance
Children's HealthWatch
Citizen Action of Wisconsin
Coalition for Asian American Children and Families
Coalition of Texans with Disabilities
Coalition on Human Needs
Colorado Consumer Health Initiative
Colorado Fiscal Institute
Colorado Gynecologic Cancer Alliance
Colorado Latino Leadership, Advocacy & Research Organization (CLLARO)
Common Cause MN
Community Catalyst
Community Health Commission of Missouri
Community Health Council of Wyandotte County
Congregation of Our Lady of Charity of the Good Shepherd, U.S. Provinces
Connecticut Citizen Action Group (CCAG)
Consumer Action

Doctors for America
Economic Progress Institute
Economic Security Project Action
El Centro
EPFL
EverThrive Illinois
Family Centered Treatment Foundation
FORCE: Facing Our Risk of Cancer Empowered
Gerontological Society of America
Grand County Rural Health Network
Hawaii Appleseed
Health Access California
Healthy Wyoming
High Note Consulting, LLC
Holy Spirit Missionary Sisters, USA-JPIC
Housing Works & Intercambios Puerto Rico
Income Movement
JCFS Chicago
Justice in Aging
Kentucky Voices for Health
L.I.A.N.D.D.
Lakeshore Foundation
Latino Texas Policy Center
LDP Disability Caucus
Lifelong Health for All
Lifes Styles LLC
Life-Work Planning Center
Maine Center for Economic Policy
Maine Equal Justice
Maryland Health Care For All Coalition
Mental Health Colorado
Methodist Healthcare Ministries
Metro New York Health Care for All
Metropolitan Alliance of Connected Communities
Michigan League for Public Policy
Minnesota Budget Project
Minnesota Council on Latino Affairs (MCLA)
MS Society of Women Engineers

NASTAD

National Advocacy Center of the Sisters of the Good Shepherd

National Alliance on Mental Illness

National Alliance to End Homelessness

National Association of Pediatric Nurse Practitioners

National Association of Social Workers

National Consumers League

National Council of Urban Indian Health

National League for Nursing

NC Justice Center

NETWORK Lobby for Catholic Social Justice

New Jersey Association of Mental Health and Addiction Agencies, Inc.

New Jersey Citizen Action

New Mexico Center on Law and Poverty

NewBridge Services

Organization for Latino Health Advocacy

ParentsTogether Action

Pennsylvania Coalition for Oral Health

Pennsylvania Policy Center

People Power United

People's Action Institute

Personal Disability Consulting

Planned Parenthood Federation of America

Power to Decide

Prepare + Prosper

Primary Care Collaborative

Protect Our Care

Protect Our Healthcare Coalition RI

Public Advocacy for Kids (PAK)

Rebuilding Independence My Style

RESULTS

Santa Fe Group, Inc.

Save HIV Funding Campaign

SC Appleseed Legal Justice Center

Serving at Risk Families Everywhere, Inc.

Shepherd Advisory LLC

SKIL Resource Center

Society for Public Health Education

Southwest Recovery Alliance
Suffolk Progressives
TDIforAccess
Tennessee Justice Center
Texans Care for Children
Texas Grandparents Raising Grandchildren
Texas Impact
Texas Parent to Parent - Advocacy and Leadership Director
The AIDS Institute
The Aliveness Project
The Children's Partnership
The Coalition for Hemophilia B
The National Alliance to Advance Adolescent Health
The National Partnership for Women and Families
The New York Immigration Coalition
UNC Eastowne Infectious Disease clinic
UnidosUS
UNIT
United Domestic Workers/AFSCME Local 3930
United Methodist Church
United Way for Southeastern Michigan
Universal Health Care Foundation of Connecticut
Upper West Side Action Group
Upstream USA
Vicksburg Federation of Democratic Women
Virginia Organizing
Voices of Health Care Action
Western Center on Law & Poverty
Wilco Justice Alliance (Williamson County, TX)

¹ “Impact of Expiring Enhanced Premium Tax Credits for Marketplace Enrollees,” State Marketplace Network, September 2, 2025, <https://statemarketplacenetork.org/impact-of-expiring-enhanced-premium-tax-credits-for-marketplace-enrollees/>.

² “Marketplace Plan Selections by Household Income: Open Enrollment 2025,” KFF, updated 2025, <https://www.kff.org/affordable-care-act/state-indicator/marketplace-plan-selections-by-household-income-2/>.

³ “The Crucial Role of \$0 Premium Plans in the Affordable Care Act Marketplaces,” Georgetown University Center on Health Insurance Reforms, October 2, 2025, <https://chir.georgetown.edu/the-crucial-role-of-0-premium-plans-in-the-affordable-care-act-marketplaces/>.

⁴ Matthew Fiedler, “Eliminating small Marketplace premiums could meaningfully increase insurance coverage,” The Brookings Institution, June 29, 2022, <https://www.brookings.edu/articles/eliminating-small-marketplace-premiums-could-meaningfully-increase-insurance-coverage/>.

⁵ Justin Lo and Cynthia Cox, “Who Might Lose Eligibility for Affordable Care Act Marketplace Subsidies if Enhanced Tax Credits Are Not Extended?” KFF, March 3, 2025, <https://www.kff.org/affordable-care-act/who-might-lose-eligibility-for-affordable-care-act-marketplace-subsidies-if-enhanced-tax-credits-are-not-extended/>.

⁶ Georgetown University Center on Health Insurance Reforms, *ibid*.

⁷ Adrianna McIntyre, Mark Shepard, and Timothy J. Layton, “Small Marketplace Premiums Pose Financial and Administrative Burdens: Evidence from Massachusetts, 2016-17,” *Health Affairs* 43, no. 1 (2024), <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2023.00649>;

Coleman Drake, Sih-Ting Cai, David Anderson, and Daniel W. Sacks, “Financial Transaction Costs Reduce Benefit Take-Up: Evidence from Zero-Premium Health Insurance Plans in Colorado,” January 11, 2022, <https://danielwsacks.com/wp-content/uploads/2022/01/drake-cai-anderson-sacks-2022-zero-premium-plans.pdf>;

Adriana McIntyre, Mark Shepard, and Myles Wagner, “Can Automatic Retention Improve Health Insurance Market Outcomes?” *AEA Papers and Proceedings* 111, (2021), https://scholar.harvard.edu/files/mshepard/files/automaticRetention_McIntyreShepardWagner_aeaPandP.pdf.

⁸ Jared Ortaliza, Anna Cord, Matt McGough, Justin Lo, and Cynthia Cox, “Inflation Reduction Act Health Insurance Subsidies: What is Their Impact and What Would Happen if They Expire?” KFF, July 26, 2024, <https://www.kff.org/affordable-care-act/inflation-reduction-act-health-insurance-subsidies-what-is-their-impact-and-what-would-happen-if-they-expire/>, see Figure 7.