



## The Daily Dish

# Republicans and the ACA Vote

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Today will feature Senate votes on competing pieces of legislation regarding insurance in the Affordable Care Act marketplaces. As is now well known, the enhanced premium tax credits (EPTCs) that were invented in the American Rescue Plan (ARP) and extended in the Inflation Reduction Act (IRA) will expire on December 31. From a substantive perspective, this die is cast. The policies people are choosing among right now during open enrollment were designed, priced, and approved by state insurance commissioners months ago. The premium increases are a *fait accompli*.

From a political perspective, the ARP and IRA were reconciliation bills passed by Democrats on party-line votes. Democrats are happy to give their handiwork a longer lifespan, and that is their proposal. There has never been Republican buy-in for the EPTCs, which raises the question: What do they support?

It turns out that they support lots of different things. A quick survey yields:

- Sen. Rick Scott's bill ([bill text](#))
- Sen. Roger Marshall's bill ([bill text](#))
- Sen. Josh Hawley's plan ([summary](#))
- Sens. Susan Collins and Bernie Moreno's plan ([summary](#))
- Sen. Jon Husted's bill ([bill text](#))
- Reps. Brian Fitzpatrick, Tom Suozzi, Don Bacon, Jared Golden, Rob Bresnahan, Marie Gluesenkamp Perez, Don Davis, and Nicole Malliotakis bill ([bill text](#))
- House Problem Solvers' plan ([summary](#))

This reflects that longstanding fact that Republicans never come to agreement on health care - it is a feature and not a bug in the design of the Republican party. Yet, the Senate

leadership has marshalled support for a particular bill to be put up for vote today. In the words of the press release, the [bill](#) by Senators Crapo and Cassidy does the following:

- Sends money to patients, not giant insurance companies;
  - Americans on affordable bronze and catastrophic plans would access these dollars in a Health Savings Account (HSA).
  - These funds cannot be used for abortion or dangerous gender transitions.
- Lowers insurance premiums by 11 percent through funding cost-sharing reduction (CSR) payments;
- Empowers Americans to choose the insurance plan that fits their needs by increasing access to low-cost catastrophic plans;
- Prevents illegal immigrants from accessing Medicaid by requiring states to verify citizenship and immigration status before coverage; and
- Stops taxpayer dollars from funding gender transition services under Medicaid and excludes them as an essential health benefit for plans sold on the Obamacare exchanges.

The first key feature is depositing \$1,000 (\$1,500 for those above 50) into HSAs for those who purchase Bronze or Catastrophic plans. The authors have budgeted \$10 billion for this, or roughly enough for 10 million HSAs. In 2024, there were roughly 6.5 million individuals in those plans; the implicit assumption is a potentially enormous shift away from more generous Silver plans. That seems unlikely. The other feature is, that unlike the usual HSAs, these do not permit unspent funds to rollover into future years.

The second key feature is funding the CSR payments in 2027. This would have fairly significant impacts on premiums and is something that probably should have happened in 2026 on a bipartisan basis. The remaining features are largely a collection of provisions that dropped out of the One Big Beautiful Bill effort.

Notably, there is no extension of the EPTCs at all. For this reason, it will never attract Democratic votes or pass the Senate. An identical fate awaits the Democrats' proposal, which means that today will be an exercise in political messaging and not health care policy.