

# Five Ways H.R. 1, the “One Big Beautiful Bill Act,” Could Impact Health Coverage and Costs

1

## Shorter open enrollment period



Currently, states must have an open enrollment period that lasts from Nov. 1 to Jan. 15 (or longer). Under H.R. 1, states would be required to have an enrollment period that ends a month earlier, in December. This shorter enrollment period would likely lead to lower enrollment and loss of coverage.

2

## No special enrollment period for people with low incomes



Currently, people who make no more than 150% of the federal poverty level can apply for a monthly special enrollment period (SEP) to sign up for coverage. Under H.R. 1, the low-income SEP would be eliminated. This change would likely lead to decreased enrollment and loss of coverage.

3

## More difficult enrollment process



As of now, enrollees provide and verify their information, which is then electronically verified against federal agency databases. If there is a mismatch, enrollees can keep their coverage for up to 90 days while they submit verification documents. Under H.R. 1, enrollees will have to go through a burdensome pre-enrollment verification process before they can receive premium tax credits, which for many people is essential for them to afford their coverage. Making the enrollment process harder will likely lead to lower enrollment and loss of coverage.

4

## Eliminating auto enrollment



As of now, when enrollees do not proactively change or reenroll in their Affordable Care Act health plan, they are automatically reenrolled in their current plan or a similar/comparable plan if their current plan will not be offered again. Under H.R. 1, automatic reenrollment would effectively be eliminated, leading to lower enrollment and loss of coverage.

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## Increased premiums and out-of-pocket costs



In 2025, the maximum out-of-pocket (OOP) limit is \$9,200 for individuals and \$18,400 for families. Under H.R. 1, the annual OOP limit on cost sharing for 2026 would be \$10,600 for individual coverage and \$21,200 for families. These significant price increases would lead to many people dropping coverage, particularly healthier people, which would result in even higher premiums for those who remain enrolled.



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