



VIA USPS

January 13, 2026

The Honorable John Thune
511 Dirksen Senate Office Building
Washington D.C., 20510

RE: **Bipartisan Health Deal**

Dear Senator Thune:

Congress is currently attempting to address rising health plan premiums, which occurred when the Affordable Care Act's (ACA) enhanced premium tax credits expired in 2025. On January 6, 2026, you noted the "big three" issues any bipartisan health deal would have to address for it to garner majority support and pass the Senate."¹ Citizens' Council for Health Freedom (CCHF) is a nonprofit organization whose mission is to protect patient and doctor freedom. We write to address the first two of the three key elements referenced above.

I. MINIMUM PREMIUM PAYMENTS

CCHF'S POSITION: CONGRESS SHOULD NOT REINTRODUCE ENHANCED PREMIUM TAX CREDITS

During the COVID-19 era, the American Rescue Plan Act (ARPA) and the Inflation Reduction Act (IRA) expanded ACA premium tax credits by removing the 400% federal poverty level (FPL) income cap.² This resulted in people with FPLs over 400% being eligible for significant subsidies through 2025. Now, some senators are "negotiating a possible agreement that would merge a two-year extension of the lapsed ACA credits with new minimum premium payments and income restrictions, along with broader cost-sharing reductions that would be phased in during the second year."³

¹ Jordain Carney, *Thune outlines 3 pieces of possible health care deal*, POLITICO (Jan. 6, 2026) <https://www.politico.com/live-updates/2026/01/06/congress/thune-outlines-three-pieces-of-possible-health-care-deal-00713102>.

² Cong. Rsch. Serv., *Enhanced Premium Tax Credit and 2026 Exchange Premiums: Frequently Asked Questions*, R48290 (2025) https://www.congress.gov/crs_external_products/R/PDF/R48290/R48290.5.pdf. See also, Andrew Patzman et al., *Enhanced Premium Tax Credits: Who Benefits, How Much, and What Happens Next?*, BIPARTISAN POLICY CENTER, ISSUE BRIEF (Oct. 15, 2025) <https://bipartisanpolicy.org/issue-brief/enhanced-premium-tax-credits-who-benefits-how-much-and-what-happens-next/>.

³ Carney, *supra* note 1.

The creation of zero-premium plans in 2021 was intended to be temporary, but it created opportunities for fraud and permitted some high-income individuals to qualify for this government benefit. Continuing the credits is fiscally irresponsible.

Continuing the premium tax credits is also unfair to insured Americans who, today and before the ACA premium tax credits were expanded, face unaffordable deductibles and premiums for their own coverage, due to the ACA. Restoring the extended premium tax credits to approximately 20 million people, with or without minimum premium payments, only increases the financial burden for taxpayers. They must pay twice: once for themselves, once for the ever-increasing number of subsidized individuals.

Furthermore, as explained by KFF,⁴ these premium tax credits are not paid to individuals. They are paid directly to health plans, which have the authority to restrict access to medical care.

Finally, if Congress restores the extended premium tax credits to approximately 20 million people, with or without minimum premium payments, the health care system continues to move further toward socialized medicine—subsidy program by subsidy program.

II. HEALTH SAVINGS ACCOUNT

CCHF’S POSITION: HEALTH SAVINGS ACCOUNTS SHOULD BE A CRITICAL COMPONENT OF ANY LEGISLATION AND MUST NOT BE LIMITED TO THE ACA POPULATION

You have indicated that any compromise must include “a bridge to HSAs,”⁵ which includes expanding tax-advantaged health savings accounts (HSAs). While Congress could use the current health care cost crisis to help seniors avoid health care rationing by allowing them to contribute to HSAs (and opt out of Medicare, and buy affordable major medical policies for catastrophic events), we believe the tax relief offered by HSAs must be available to all Americans. In fact, HSAs are an essential component of a free-market health care system for the following reasons:

- When spending their own pre-tax money, consumers have a greater incentive to compare prices for prescriptions, doctor visits, procedures, etc., which forces practitioners and health plans to be transparent with pricing and fosters healthy market competition.
- The individual owns HSA money that is fully portable—the consumer retains control even when they change jobs or health plans—giving the end-user continual control over their health care dollars and reducing reliance on unpredictable employer-specific plans.

⁴ KFF, *Explaining Health Care Reform: Questions About Health Insurance Subsidies*, KFF.ORG (Oct. 25, 2024) <https://www.kff.org/affordable-care-act/explaining-health-care-reform-questions-about-health-insurance-subsidies/>.

⁵ Carney, *supra* note 1.

- HSA account holders can invest their HSA funds in stocks, bonds, or mutual funds, allowing the money to grow tax-free. In this way, individuals can build wealth to cover future medical expenses, including those in retirement.
- Unused HSA funds roll over year to year and, as previously noted, can be invested for tax-free growth, encouraging consumers to prioritize preventive care and avoid unnecessary spending.

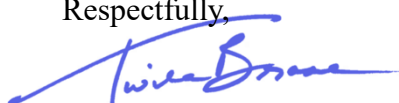
Congressman Chip Roy (R-TX) introduced H.R. 9160 (2022) and H.R. 1769 (2023) to expand HSAs and delink them from high-deductible health plans, so that everyone can access HSAs, which are vital to a thriving free-market health care system. Likewise, President Trump and other lawmakers have pushed for “sending money directly back to the people” by depositing funds into HSAs.⁶ Congress has a unique opportunity to transform the floundering health care system by applying free-market principles that will strengthen the transparency and accountability of practitioners and providers and benefit every American financially.

III. CALL TO ACTION

CCHF works tirelessly to promote its mission of patient and doctor freedom. For over two decades, the organization has been recognized as the leading free-market voice for patient-centered care and medical privacy rights.

CCHF urges Congress to adopt its position on these two critical issues.

Respectfully,



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⁷ See, e.g., Noam Levy, *Republicans Push High Deductible Plans and Health Savings Accounts*, NPR (Dec. 8, 2025) <https://www.npr.org/sections/shots-health-news/2025/12/08/nx-s1-5629249/hsa-high-deductible-health-plan>.

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