

JANUARY 9, 2026

## WASHINGTON, D.C. HAPPENINGS

## Turning the Page on 2025 and the ACA's "Enhanced Premium Subsidies"

In our December Newsletter (which you can find [here](#)), we told you that the smart money in DC was always betting that Republicans and Democrats would fail to agree on a compromise bill to extend the ACA's "enhanced premium subsidies" before the December 31<sup>st</sup> deadline. That was the right bet, as the "enhanced premium subsidies" officially expired at midnight on New Year's Eve.

## A Motivating Factor in 2026?

However, prior to the end of 2025, 4 House Republicans joined all House Democrats to force a vote in the full House on a 3-year extension of the "enhanced premium subsidies." That vote was held yesterday (Thursday), and this 3-year extension passed with 17 House Republicans ultimately joining all House Democrats in voting YES. BUT, this 3-year extension will go NOWHERE in the Senate. BUT, this recent House vote has lit a fire under a group of Senate Republicans who are currently trying to develop a compromise proposal to temporarily extend the "enhanced premium subsidies," provided certain other reforms are made to the current ACA premium subsidy structure.

## So You're Sayin' There's a Chance?

The smart money in DC is not yet sure how to bet on the prospects of a Senate compromise coming together. Even if a compromise proposal did come together in the Senate, it would be very difficult to get this compromise package through the House without significant pressure from President Trump, and also, the addition of policy "sweeteners" like AHPs, HSAs, and ICHRAs. So, the smart money is standing pat until they see full engagement by the White House, and also, the contours of any Senate compromise. We are waiting and watching too...

## Government Shutdown in 2026?

As we also told you in our December Newsletter, the smart money is betting against another Government Shutdown. However, you can never-say-never in DC, so we will all be on the edge of our seats between now and the January 30<sup>th</sup> spending deadline. Grab your popcorn and bourbon...

## HEALTHCARE FOCUS

## Proposed TiC Regulations Finally Released

Over the past 4 years, SIIA has told the Federal Departments that the Machine-Readable Files (MRFs) – which are the means through which medical and prescription drug prices are publicly disclosed – are way too large, and the pricing data inputted into the MRFs is often times incorrect, inaccurate, and duplicative. In turn, SIIA encouraged the Federal Departments to issue regulations to fix these problems. The Federal Departments listened, and just a few days before the recent Christmas Holiday (on December 19<sup>th</sup>), the Departments finally issued proposed regulations that are intended to address the problems noted above (you can find the proposed regulations [here](#)).

## Highlights of Some Proposed Changes to the INN Rate and OON Allowed Amount Files

The existing TiC regulations require self-insured plans and insurance carriers to publicly disclose – through a MRF – in-network negotiated (INN) rates for covered medical items and services (in what is called the "INN Rate File"), and also, out-of-network (OON) allowed amounts the plan or carrier paid to OON providers (in what is called the "OON Allowed Amounts File"). The proposed TiC regulations focus on making changes to the INN Rate and OON Allowed Amount Files. Below are some – but not all – of these proposed changes:

- **Organizing INN Rate Files By Provider Network:** Insurance carriers and self-insured plans often times use the same medical provider network for participants covered under the multiple insurance policies and health plans offered by these carriers and plan sponsors. The proposed regulations would require carriers and plans to prepare one File for this particular provider network that may then be used by all of these different self-insured health plans and insurance policies, instead of preparing multiple Files for each and every plan and policy.
- **Aggregating Self-Insured Plan INN Rate Files By Provider Network at the Service Provider-Level:** Self-insured plans may allow their service provider to make available a single INN Rate File for each provider network used by more than one self-insured plan. In other words, the INN Rate File may be made available at the "service provider-level" for each provider network used by a self-insured plan, and this INN Rate File could include such information for more than one self-insured plan with which the service provider administers.
- **Eliminating "Ghost Rates" In the INN Rate Files:** The proposed regulations would effectively eliminate the public disclosure of "ghost rates" (which are medical prices that are listed for items and services that participants never utilize, and medical providers never furnish, making the pricing data misleading).
- **Lowering the Claims Threshold for Disclosing OON Payments:** The proposed regulations would require more disclosures of the prices for out-of-network services in the OON Allowed Amount File by lowering the number of claims that must be incurred before the public disclosure requirement is triggered (from 20 claims to 11 claims).
- **Aggregating OON Payment Data By Health Insurance Market:** Self-insured plans and insurance carriers would be required to report OON payments at the "health insurance market-level," rather than the "plan or policy-level." For self-insured plans, the Departments would allow a service provider that administers self-insured plans for multiple plan sponsors to aggregate all of the self-insured plans that this service provider administers together, and then aggregate all of the OON payments for all of these self-insured plans, and then input all of these OON payments on a single OON Allowed Amount File that each of the service provider's self-insured plan sponsor-clients can post.

## Another Helpful Proposed Change to Improve Price Transparency

Over the course of the past 4 years, the Federal Departments have come to realize that additional information relating to the publicly disclosed pricing data is necessary to promote a fuller understanding of pricing dynamics. In response, the Departments are now proposing to require insurance carriers and self-insured plans to develop and post 4 new – distinct and separate – Files to provide what the Departments are calling "additional context" to the INN Rate File, including a:

- **Change Log File:** The proposed regulations would require insurance carriers and self-insured plans to prepare a separate "Change Log File" for each INN Rate File, and each respective Change Log File must identify any changes made to the pricing information in the corresponding INN Rate File since the immediately preceding publication of that INN Rate File. This would effectively eliminate the need to cross-walk old INN Rate Files with new INN Rate Files to figure out what pricing data may have changed from update to update.
- **Utilization File:** Self-insured plans and insurance carriers must also develop a "Utilization File," which would document all items and services covered under the plans or policies represented in the INN Rate File for which a claim has been submitted and reimbursed. This Utilization File would also include each INN provider – identified by the National Provider Identifier (NPI), Tax Identification Number (TIN), and Place of Service Code – who was reimbursed for a claim for each covered item or service included in the INN Rate File.
- **Taxonomy File:** The proposed regulations would require insurance carriers and self-insured plans to make available a Taxonomy File that includes the plan's or carrier's internal provider taxonomy, which maps items and services to provider specialties to determine if the plan or carrier should deny reimbursement for an item or service because it was not furnished by a provider in an appropriate specialty.
- **Text File:** The website of an insurance carrier, a self-insured plan, or a service provider on behalf of a plan must prominently display a "Text File" with information on the specific location of the INN Rate and OON Allowed Amount Files, as well as contact information for the carrier, plan, or service provider so individuals who need help researching and interpreting the Files can reach a point of contact to answer their questions.

## What's Next for These Proposed TiC Regs?

Public comments on these proposed TiC regulations are due February 23<sup>rd</sup>. It will likely take the Federal Departments 6 months or more (1) to review the comments and then (2) to finalize the proposed changes, so don't expect final regulations until at least the 3<sup>rd</sup> Quarter of 2026, at the earliest. SIIA will be submitting public comments.

## STAY IN THE KNOW

At SIIA's upcoming **Healthcare Transparency Forum** - which will be held February 25-26 in Jacksonville, FL - we will take a deeper dive into the details of the proposed TiC regulations. We will also talk about how AI can be used to make sense of the publicly disclosed pricing information, if and when we will see regulations implementing the requirement to publicly disclose prescription drugs prices, and how and why plan sponsors need access to complete and accurate pricing information and claims data to satisfy their ERISA fiduciary duties. Register for the Forum today by visiting [sii.org](#).

## KEEP IN TOUCH

For more information and content, please follow [LinkedIn](#) and visit our website at [SIIA.org](#).

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