



COUNCIL FOR AFFORDABLE  
**HEALTH COVERAGE**

February 23, 2026

The Honorable Aaron Bean  
U.S. House of Representatives  
Washington, DC 20515

Dear Congressman Bean:

On behalf of the Council for Affordable Health Coverage (CAHC), I write to express our enthusiastic support for your legislation, the *HSA's For All Act*, which modernizes federal law to expand eligibility for Health Savings Accounts (HSAs) to individuals covered under group health plans and qualified health plans.

Our health care system is seriously off track, and the number one problem is affordability. Health costs are rising three times faster than wages. Because health costs are rising faster than income, affordability is getting worse. We project the typical American family will spend 40 percent of their income just on health insurance premiums by 2032. Even after paying record-high premiums, families face substantial out-of-pocket costs before most insurance benefits even begin. For example, deductibles for Silver plans doubled since enactment of Obamacare and now total \$5,300, but most Silver plan enrollees do not have access to a cost-saving HSA.

Your bill helps reverse these trends, providing relief to an additional 150 million Americans who would gain access to more affordable coverage and lower health costs.

### **The Problem**

As health costs increased, employers used higher deductibles to keep premiums lower for their employees. But employers also provide preventive care, coverage for routine chronic illnesses, and basic services like primary care visits before the deductible is met. These benefits disqualify many employer plans from being HSA eligible because their plans do not meet the statutory definition of an HSA qualified "high-deductible health plan." As a result, tens of millions of working Americans who face substantial deductibles are arbitrarily prohibited from accessing HSAs, despite experiencing the same financial exposure as those who qualify.

Your bill appropriately replaces the outdated "high-deductible health plan" requirement with eligibility based on coverage under a "covered health plan," including group health plans and qualified health plans offered through an Exchange. This reform creates flexibility for employers who may provide benefits like wellness or preventive care before the deductible is reached. It also allows any exchange enrollee to access an HSA.

### **HSAs Strengthen Consumer Incentives**

HSAs are not simply tax-preferred accounts; they are structural reforms that change incentives in ways that support long-term affordability.

First, HSAs improve buying power for households facing health expenses. Because account contributions and spending are tax free, each service or drug is discounted by the tax rate paid by the consumer (a 10 to 37% discount off the list price). In addition, high deductibles create real financial exposure. Allowing workers to contribute pre-tax dollars to offset those costs reduces effective out-of-pocket burden and strengthens financial preparedness.

Second, save money if they know the price and their costs before purchasing a service or prescription drugs. McKinsey estimates that approximately \$125 - 175 billion (30 – 40 percent) of outpatient commercial spending is “shoppable”.<sup>1</sup> Modeling suggests that if even 20 – 30 percent of volume shifted to lower-quartile providers, category spending could decline 10 – 20 percent, yielding system-wide savings of 1 – 3 percent when applied across high-variation services.<sup>2</sup> Based on the McKinsey figures, CAHC estimates annual savings of at least \$10 billion for patients if transparency and incentives are aligned.

Third, HSAs are portable and owned by the individual. Unlike employer-controlled arrangements, HSA balances roll over and accumulate year over year encouraging prudent use and long-term savings behavior. Consumers become owners, rather than renting coverage every year through steadily increasing premiums. This ownership model strengthens personal responsibility while preserving comprehensive insurance protection.

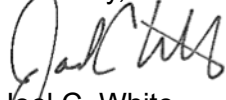
### **Modernizing Eligibility Expands Access Without Increasing Federal Mandates**

Approximately 39 million HSAs currently cover more than 60 million Americans. Under your bill, an additional 150 million Americans would access more affordable coverage.

The HSA's For All Act does not impose new mandates on employers or insurers. It does not dictate plan design. It simply removes an outdated statutory barrier and allows Americans who already face significant deductibles to pair their coverage with a tax-advantaged savings mechanism. Importantly, this reform enhances affordability without expanding federal regulatory complexity or layering additional subsidy structures onto an already heavily subsidized system. Instead, it leverages a market-based tool that empowers individuals directly by rebalancing incentives toward patients rather than concentrating financial control within big companies.

For these reasons, CAHC strongly supports the HSA's For All Act and commends your leadership in advancing consumer-centered health reform. We stand ready to assist you and your colleagues as this legislation moves forward.

Sincerely,



Joel C. White  
President

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<sup>1</sup> Services identified including imaging, discretionary ambulatory care, lab tests, specialist visits, and infusions.

<sup>2</sup> McKinsey & Company, *Understanding Shoppable Health Care Services* (2019); McKinsey & Company, *How Price Transparency Could Affect U.S. Health Care Markets* (2018); see also Health Care Cost Institute, *Shoppable Services: Opportunities and Challenges* (Mar. 2016), finding that 43 percent of outpatient spending could be considered shoppable.