

HR 6494

Territories Health Equity Act of 2025

Congress: 119 (2025–2027, Current)

Chamber: House

Policy Area: Health

Introduced: Dec 5, 2025

Current Status: Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means

Latest Action: Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. (Dec 5, 2025)

Official Text: <https://www.congress.gov/bill/119th-congress/house-bill/6494>

Sponsor

Name: Del. Plaskett, Stacey E. [D-VI-At Large]

Party: Democratic • **State:** VI • **Chamber:** House

Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Del. King-Hinds, Kimberlyn [R-MP-At Large]	R · MP		Dec 5, 2025
Del. Moylan, James C. [R-GU-At Large]	R · GU		Dec 5, 2025
Del. Radewagen, Aumua Amata Coleman [R-AS-At Large]	R · AS		Dec 5, 2025
Rescom. Hernández, Pablo Jose [D-PR-At Large]	D · PR		Dec 5, 2025

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Dec 5, 2025
Ways and Means Committee	House	Referred To	Dec 5, 2025

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Territories Health Equity Act of 2025

This bill alters provisions relating to the treatment of U.S. territories under Medicaid, Medicare, and Medicare Advantage.

For example, the bill

- eliminates Medicaid funding limitations for U.S. territories beginning in FY2026,
- exempts an individual from late-enrollment penalties for Medicare medical services if the individual resided in Puerto Rico as of the date of eligibility and the individual enrolls within five years of such date, and
- establishes minimum criteria for certain elements used in Medicare Advantage payment calculations for areas within U.S. territories.

The bill also allows residents of U.S. territories who are unable to obtain health insurance through their employer or a health insurance exchange to instead obtain coverage that is at least as broad as the coverage available to Members of Congress and their staff through the District of Columbia exchange.

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