DIVERSE ELDERS COALITION

Factsheet on H.R.1 Implementation

Brief Bill Overview

House Republicans recently passed a sweeping budget reconciliation bill, enacting major portions of President Trump's agenda, including tax cuts, border security, and lifting the borrowing limit. The bill also makes substantial changes to the Medicaid and SNAP programs by reducing federal funding, altering eligibility, and imperiling coverage for millions of older Americans and those with disabilities. This factsheet highlights the most impactful changes.

- The Congressional Budget Office (CBO) estimates find that the bill would cut $792 billion in federal Medicaid spending over ten years. These are the deepest cuts to Medicaid in the program's history.
- The combined changes to Medicaid, Medicare and health insurance marketplaces would increase the number of people without health insurance by 16 million in 2034.
- The bill would enact the largest SNAP cut in history. The package aims to cut $290 billion (nearly 30 percent) from the program.
- The Congressional Budget Office estimates that more than 7 million people would see their food assistance terminated or cut substantially.

Implementation Timeline

Date of Enactment (effective immediately)

SNAP/Nutrition Assistance

- Harsher SNAP paperwork requirements go into effect for families with children ages 14 and above, older Americans (ages 55 to 64), former foster youth, veterans, and homeless people.
- Removes SNAP eligibility for immigrants who are not legal permanent residents, those granted the status of Cuban and Haitian entrant, or Compacts of Free Association migrants (COFA). This excludes lawfully present refugees, asylees, and people granted withholding of removal.

Medicare/Medicaid

- Pauses implementation of rule requiring minimum staffing levels for Long Term-Care facilities. Moratorium will end on September 30th, 2034.
- Defunds of Planned Parenthood and other "prohibited entities" (sunsets after one year.)
- Prohibits all new provider taxes; freezes provider taxes at the current rate for non-expansion states. This is a major source of revenue for states in funding their Medicaid programs.
- Restricts Medicare eligibility to residents who are citizens or nationals of the United States, lawful permanent residents (green card holders), Cuban/Haitian entrants & COFA migrants.
    - Rescinds eligibility for Medicaid from all other lawfully present immigrants, including asylees, refugees, people granted withholding of removal, trafficking survivors, survivors of domestic violence, and persons granted humanitarian parole for a period of at least 1 year.

January 1, 2026

Medicare/Medicaid

- Eliminates the 5% increase for Federal Matching Rate for state's newly implementing the ACA's Medicaid expansion.
- Prohibits lawfully present non-citizens with incomes under 100% of the Federal Poverty Level from qualifying for Premium Tax Credits in the ACA Marketplace.

October 1, 2026

SNAP/Nutrition Assistance

- Increases administrative cost share to 75 percent from 50 percent for states, likely raising states' administrative costs by tens or hundreds of millions of dollars each year.

Medicare/Medicaid

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    - Rescinds eligibility for Medicaid from all other lawfully present immigrants, including asylees, refugees, people granted withholding of removal, trafficking survivors, survivors of domestic violence, and persons granted humanitarian parole for a period of at least 1 year.

January 1, 2027

Medicare/Medicaid

- For Medicaid Expansion states, enrollees ages 19 to 64 must report 80 hours of community engagement activities or receive a qualifying exception to maintain their coverage.
- Retroactive Medicaid will be limited to one month prior to application for expansion population and two months prior for non-expansion and CHIP individuals.
- States must provide enrollees' addresses and social security numbers to CMS to "reduce duplicate enrollment under the Medicaid and CHIP programs."
- States must conduct quarterly screenings against the "Death Master File" to verify Medicaid enrollee status and disenroll individuals present in the file.
- Premium tax credits on the ACA marketplace will be limited (for non-citizens) to permanent residents (green card holders), Cuban/Haitian entrants, and COFA migrants.

January 4, 2027

Medicare/Medicaid

- Terminates Medicare coverage from lawfully present immigrants who are not lawful permanent residents, Cuban/Haitian entrants, and COFA migrants.

October 1, 2027

SNAP/Nutrition Assistance

- Requires states to pay up to 15% of SNAP benefits based on payment error rates. This could result in program costs increasing by hundreds of millions of dollars each year.

Medicare/Medicaid

- For Medicaid expansion states, 6% provider taxes must be reduced by .5% each year until they reach 3.5% in FY 2032.

January 1, 2028

Medicare/Medicaid

- Requires that the ACA Marketplace conduct a pre-enrollment verification of household income, immigration status, health coverage/eligibility status, place of residence, family size, among other information prior to receiving Premium Tax Credits.

October 1, 2028

Medicare/Medicaid

- Requires that states impose cost sharing of up to $35 per service on adults with 100-138% of the Federal Poverty Line. Exempts certain services and primary care, mental health, and substance use disorder services provided by federally qualified health centers, behavioral health clinics, and rural clinics.

October 1, 2029

Medicare/Medicaid

- Reduces federal Medicaid payments for states with erroneous excess Medicaid payments over the allowable rate of 3%. The Secretary of Health and Human Services (HHS) retains discretion to waive if a state provides a “good faith effort,” as determined by the Secretary.