

The One Big Beautiful Bill Act Timeline

<i>What Year?</i>	<i>Where in Healthcare?</i>	<i>What's the Provision?</i>	<i>When Does it Happen?</i>	<i>How are Bleeding Disorders Impacted?</i>
2025	Medicaid, Medicare	9 year pause on Implementation and enforcement of the Medicare Savings Program (MSP) eligibility, Medicaid and CHIP eligibility and enrollment, and others	Immediately (July 4 th)	<p><u>Slower enrollment and harder eligibility determinations.</u></p> <p>These rules were designed to make Medicare and Medicaid enrollment and eligibility determinations easier.</p>
	Medicaid	Federal funding is blocked for one year (until July 3, 2026) for specified family planning and abortion service providers.	Immediately (July 4 th)	<p><u>Patients, particularly women and girls, could lose access to care.</u></p> <p>Federal funds will no longer be available to family planning providers or a providers that have performed abortions.</p>
	Rural Hospitals	\$50B in Rural Provider Relief Fund awards will be approved for funding allocated to states beginning in 2026-2030	December 31 st	<p><u>Potentially maintained rural hospitals but with reduced capacity.</u></p> <p>This will attempt to help rural hospitals and providers stay afloat while current funding sources dwindle over the next 5 years</p>
	Affordable Care Act	Enhanced Premium Tax Credits expire	December 31 st	<p><u>Increased premium costs for patients on Marketplace plans.</u></p> <p>These tax credits were available to Americans in certain income brackets to</p>

				help ease financial burden for those with low incomes.
2026	Affordable Care Act	Income-based special enrollment periods are eliminated.	January 1 st	<u>Fewer open enrollment periods</u> Income-based special enrollment periods allowed year-round insurance enrollment for those earning 150% or less of the federal poverty line
	Affordable Care Act	Individuals who did not file taxes and reconcile Advance Premium Tax Credits for the prior tax year become ineligible for premium tax credits.	January 1 st	<u>Stricter reporting and consequences for unfiled income taxes</u> Premium tax credits will no longer be available through marketplace plans if a person failed to reconcile their reported income with their expected income at enrollment
	Affordable Care Act	Exchange premium tax credits are eliminated for non-citizens under 100% FPL subject to the Medicaid 5-year bar.	January 1 st	<u>Limited premium assistance for non-citizens</u> This prevents people who are above the federal poverty line and who are not US citizens from receiving premium tax credits on marketplace plans
	Medicaid	HHS Secretary is required to promulgate guidance on community engagement requirements by this date.	June 1 st	<u>Bleeding Disorders patients may face work reporting requirements</u> This provision requires the Secretary of HHS to create guidance on work reporting requirements for implementation beginning in 2027

	Medicaid	Emergency Medicaid services FMAP is reduced to standard Medicaid FMAP for services provided to undocumented individuals.	October 1 st	<u>Limits Medicaid spending for undocumented patients</u>
	Medicaid	Medicaid & CHIP eligibility is limited to those with US citizenship, green card holders, certain Cubans and Haitians, and COFA residents, with an exception at state option for children under age 21 and pregnant women.	October 1 st	<u>Loss of healthcare and resources for people who are undocumented</u> This prevents children and adults from obtaining Medicaid or Children’s Health Insurance Program services if they have not met immigration or citizenship requirements, with some exceptions
2027	Medicaid	Semi-annual redeterminations are required for Medicaid expansion population.	January 1 st	<u>Increased eligibility reporting</u> Medicaid enrollees will now be required to verify eligibility every 6 months
	Medicaid	States must establish community engagement requirements (work reporting requirements) as a condition of eligibility for “able-bodied” expansion population adults between 19 and 64 years old, with a one-year hardship exception for good-faith efforts if granted by HHS Secretary.	January 1 st	<u>Bleeding disorders patients may be swept up in “able-bodied” definitions because of poor understanding</u> Medicaid enrollees will be required to work, volunteer, or be enrolled in study at least 20 hours per week to remain eligible for Medicaid
	Medicaid, Affordable Care Act	Individuals who are not enrolled in Medicaid due to failure to meet community engagement reporting requirements are no	January 1 st	<u>Failing to meet work reporting requirements for Medicaid will prevent a person from receiving upfront tax credits and reduced costs</u>

		longer eligible for Advance Premium Tax Credits or Cost Sharing Reductions for Marketplace plans. (“No later than the first of the first quarter beginning after Dec. 31, 2026, or earlier at state option.”)		This provision prevents patients from receiving tax credits for marketplace plans at the start of the plan year, and prevents them from receiving cost sharing reductions, if the patient failed to meet work reporting eligibility requirements for Medicaid
	Affordable Care Act	Exchange premium tax credits are no longer available to lawfully present immigrants other than green card holders, certain Cubans and Haitians, and COFA residents.	January 1 st	<u>Some lawfully present bleeding disorder patients will lose premium tax credits</u> This restricts premium tax credits to only citizens, green card holders, and other people from specific countries of origin.
	Medicaid	Retroactive coverage is reduced to two months preceding enrollment in traditional Medicaid and the month preceding enrollment for the expansion population.	January 1 st	<u>Parents of new children with bleeding disorders may lose Medicaid coverage if not completed in time</u> This provision reduces the retroactive coverage available under Medicaid, so anyone who applies after two months will no longer receive back-dated coverage.
	Medicaid	HHS must create a system to prevent individuals from being enrolled in Medicaid in multiple states.	January 1 st	<u>Patients utilizing an HTC or specialty care across state lines could lose access to care</u> This provision requires states to prevent enrollment in Medicaid in more than one state
	Medicare	Medicare eligibility is limited to those with US citizenship, green	January 4 th	<u>Some lawfully present bleeding disorder patients will lose Medicare eligibility</u>

		card holders, certain Cubans and Haitians, and COFA residents.		This restricts Medicare access to only citizens, green card holders, and other people from specific countries of origin.
2028	Medicaid, Medicare	Existing state-directed payment limits are reduced by 10% annually to reach the allowable Medicaid rate (100% of Medicare for expansion states) beginning with the rating period on or after Jan. 1, 2028.	January 1 st	<p><u>Reduced services to patients.</u></p> <p>This reduces the amount of Medicaid funding that can be given to states which have expanded Medicaid under the Affordable Care Act.</p>
	Affordable Care Act	Passive enrollment and provisional eligibility for Premium Tax Credits ends; state Marketplaces must pre-verify eligibility for Advance Premium Tax Credits and cost-sharing reductions using applicant documentation of income, immigration status, health coverage status, place of residence, and family size.	January 1 st	<p><u>Patients will no longer have continued eligibility each year for premium tax credits or cost-sharing reductions</u></p> <p>This places additional restrictions on premium tax credit eligibility and increases verification requirements each year</p>
	Affordable Care Act	Passive Marketplace plan reenrollment ends; all must reverify eligibility annually.	January 1 st	<p><u>Patients will no longer automatically continue being enrolled in coverage</u></p> <p>All marketplace health plan enrollees must annually recertify their eligibility, in combination with the other provisions outlined that will make enrollment more difficult and reduce cost-savings</p>

	Medicaid	Home equity value limit is set at \$1M (non-waivable) for purposes of determining allowable assets for long-term care eligibility.	January 1 st	<p><u>Elderly patients with assets over \$1M but without steady incomes may lose eligibility.</u></p> <p>This prevents enrollees with over \$1M in home assets from being eligible for long-term care</p>
	Medicaid	States are required to impose cost-sharing on certain services for Medicaid expansion adults with incomes above 100% FPL.	October 1 st	<p><u>All patients on Medicaid will begin paying copays if they are above the federal poverty line</u></p>
2029	Medicaid	States must submit enrollee Social Security numbers to the federal system for preventing individuals from being enrolled in Medicaid in multiple states, and must verify addresses and act to end the multi-state enrollment.	October 1 st	<p><u>Patient social security information will be shared and patients will face increased address verification requirements.</u></p> <p>This attempts to end enrollment in Medicaid within more than one state through address and social security verifications</p>

Sources:

- Northwest Health Law Advocates: <https://nohla.org/reports/obbba-timeline/>
- National Health Council: https://mcusercontent.com/8539da5fa74b42800607b5f2f/files/ca1e2dc0-ad02-7988-5b64-7df551c5639d/OBBBA_Timeline_Slides.01.pdf
- National Academy for State Health Policies: <https://nashp.org/what-health-care-provisions-of-the-one-big-beautiful-bill-act-mean-for-states/>