

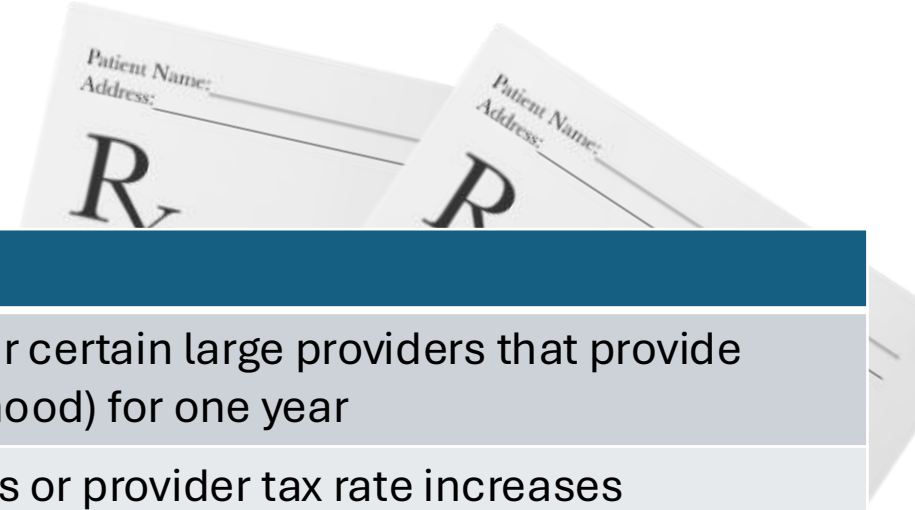
# H.R.1 Implementation Timeline

*President Trump signed [H.R.1](#), Republicans' "big, beautiful" reconciliation bill, into law on July 4, 2025. Starting from that date, the law lays out effective dates and implementation dates for its numerous health provisions over the next few years, and beyond.*

*The Trump Administration, and in some cases, the States, have the task of implementing the proposals passed in the bill. Read on for implementation and effective timeframes specified in the law.*



# Medicaid



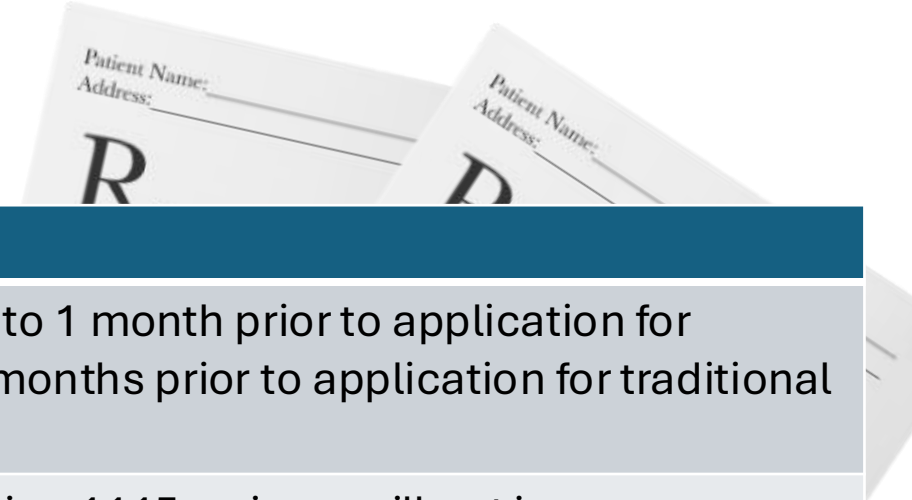
| Effective or Implementation Date | Section | Provision Summary   |
|----------------------------------|---------|---|
| July 4, 2025                     | 71113   | Prohibits Medicaid funds for certain large providers that provide abortions (Planned Parenthood) for one year                                       |
| July 4, 2025                     | 71115   | Prohibits new provider taxes or provider tax rate increases   |
| July 4, 2025                     | 71116   | Caps the state-directed payment (SDP) limit at 100% for expansion states and 110% for non-expansion states  |
| July 4, 2025                     | 71117   | Changes conditions for waiver of the uniform tax requirement for provider taxes; allows HHS Sec. to create an up-to <b>3-year transition period</b> |
| December 31, 2025                | 71107   | HHS to release implementation guidance on the eligibility redetermination requirements  |
| January 1, 2026                  | 71114   | Sunset on the 8-quarter 5% FMAP increase for expansion states   |
| June 1, 2026                     | 71119   | Requires HHS to promulgate interim final rulemaking on work requirements implementation   |

# Medicaid



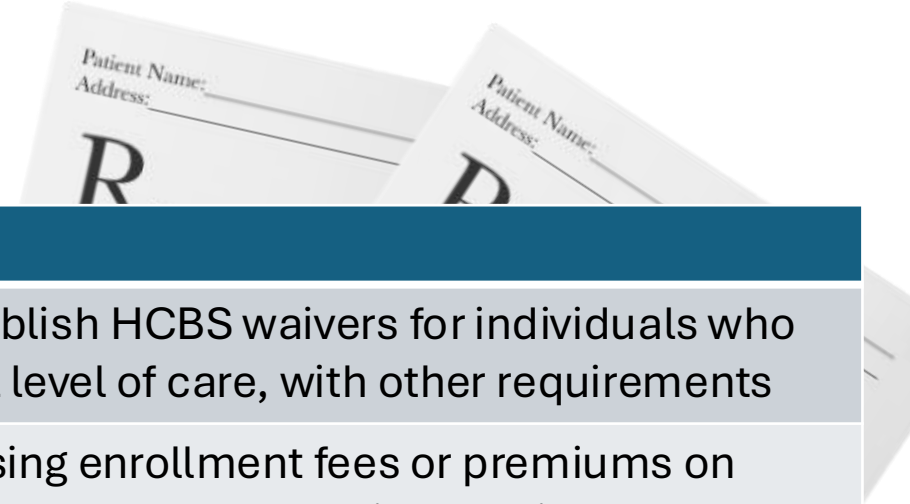
| Effective or Implementation Date             | Section | Provision Summary  |
|--|---------|--|
| October 1, 2026                              | 71109   | Narrowed definition of qualified immigrants for the purposes of eligibility for Medicaid and CHIP takes effect   |
| October 1, 2026                              | 71110   | Limits FMAP for emergency Medicaid to the state's regular FMAP, for those who would be eligible for coverage if not for their immigration status   |
| December 31, 2026<br><i>(not later than)</i> | 71119   | States must implement work requirements for certain Medicaid enrollees, with exceptions<br><i>Allows HHS Sec. to exempt States, given good faith effort, for a period of time not ending later than 12/31/2028</i> |
| January 1, 2027                              | 71107   | Requires States to make eligibility redeterminations every 6 months for the Medicaid expansion adult population  |
| January 1, 2027                              | 71103   | Requires States to have a process to obtain address information for enrollees  |
| January 1, 2027                              | 71104   | Requires States to review the Death Master File at least quarterly to identify deceased enrollees  |

# Medicaid



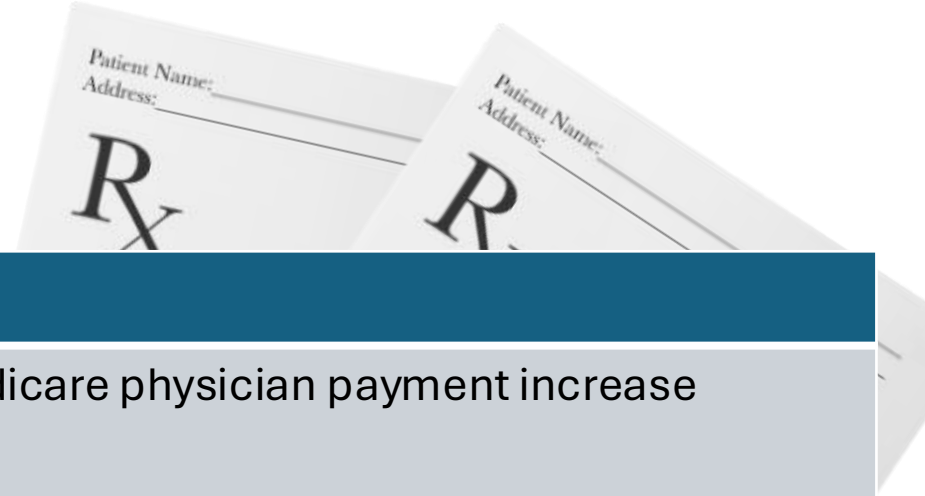
| Effective or Implementation Date | Section | Provision Summary   |
|----------------------------------|---------|---|
| January 1, 2027                  | 71112   | Limits retroactive coverage to 1 month prior to application for expansion enrollees and 2 months prior to application for traditional Medicaid enrollees                            |
| January 1, 2027                  | 71118   | Requires CMS to verify Section 1115 waivers will not increase federal expenditures  |
| October 1, 2027                  | 71115   | Decrease the allowable provider tax rate in expansion states by 0.5% each year, starting FY2028 (10/1/2027) through FY 2032, until the percentage reaches 3.5%                      |
| January 1, 2028                  | 71105   | Requires States check providers against Death Master File at least quarterly and at enrollment to prevent enrollment of deceased providers  |
| January 1, 2028                  | 77108   | Reduces the home equity limit to \$1M regardless of inflation, with exception for homes on farms  |
| January 1, 2028                  | 71116   | Lowers the allowable SDP for certain grandfathered SDP arrangements by 10 percent each year until allowable limit is met (110% for non-expansion states; 100% for expansion states) |

# Medicaid



| Effective or Implementation Date | Section         | Provision Summary   |
|----------------------------------|-----------------|---|
| July 1, 2028                     | 71121           | Newly allows States to establish HCBS waivers for individuals who do not need an institutional level of care, with other requirements                           |
| October 1, 2028                  | 71120           | Prohibits States from imposing enrollment fees or premiums on expansion population, but imposes cost-sharing requirements for certain services, with exceptions |
| October 1, 2029                  | 71103           | Requires States to have a system to prevent enrollment in two states simultaneously   |
| October 1, 2029                  | 71106           | Reduces the amount of identified improper and erroneous payments the HHS Secretary may waive and expands the definition of erroneous payments                   |
| September 30, 2034               | 71101,<br>71102 | Moratorium on implementation of Medicaid Eligibility and Enrollment Final Rules expires   |
| September 30, 2034               | 71111           | Moratorium on implementation of skilled nursing facility (SNF) nurse staffing ratio rule expires  |

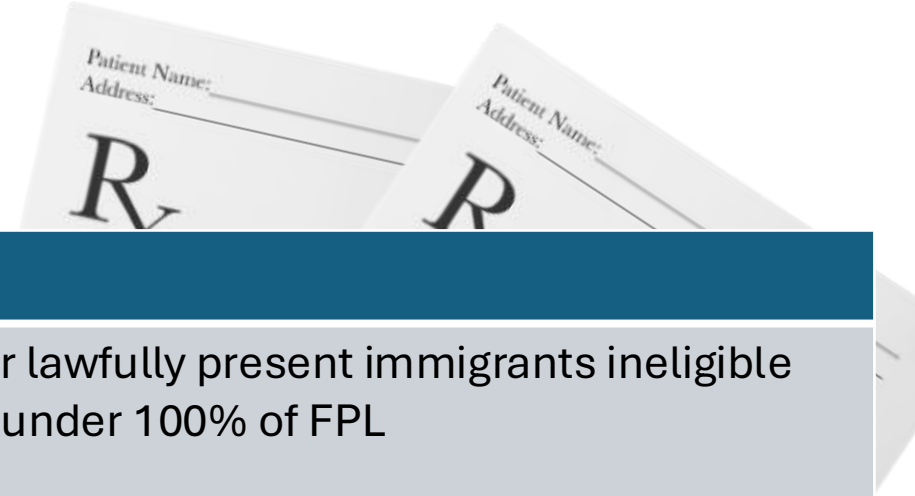
# Medicare



| Effective or Implementation Date            | Section | Provision Summary   |
|---|---------|---|
| January 1, 2026                             | 71202   | Start of one-year 2.5% Medicare physician payment increase  |
| February 1, 2026<br><i>(not later than)</i> | 71203   | Expands the orphan drug exclusion and clarifies the start date for the timeframe leading to eligibility under the Medicare Drug Price Negotiation Program<br><i>(applies to the selection of drugs for initial price applicability year 2028; the selection of drugs for that year slated to <a href="#">occur</a> by February 1, 2026)</i> |
| July 4, 2026                                | 71201   | Commissioner of Social Security required to identify and send notice to anyone currently entitled to or receiving benefits under Medicare that no longer will be due to limitations on Medicare eligibility for certain immigrants  |
| January 4, 2027                             | 71201   | Effective date of limitation of Medicare eligibility to certain immigrants  |



# Affordable Care Act



| Effective or Implementation Date | Section | Provision Summary   |
|----------------------------------|---------|---|
| January 1, 2026                  | 71302   | Eliminates PTC eligibility for lawfully present immigrants ineligible for Medicaid with incomes under 100% of FPL                             |
| January 1, 2026                  | 71304   | Disallows enrollees using a non-QLE SEP from receiving PTCs and CSRs  |
| January 1, 2026                  | 71305   | Eliminates limitation on partial repayment of PTC excess payments, regardless of income, requiring taxpayers to pay full amount of any excess |
| January 1, 2027                  | 71301   | Narrows eligible immigrants for PTCs and requires verification of immigration status (starting plan years beginning January 1, 2027)          |
| January 1, 2028                  | 71303   | Requires Exchanges to conduct pre-enrollment verification for PTC eligibility, with exceptions  |

# Health Savings Accounts



| Effective or Implementation Date               | Section | Provision Summary  |
|--|---------|--|
| January 1, 2025                                | 71306   | Allows High Deductible Health Plans (HDHPs) to cover telehealth and remote care services without a deductible, permanently |
| January 1, 2026<br><i>(in months starting)</i> | 71307   | Considers Marketplace bronze and catastrophic plans as HDHPs able to be paired with an HSA                                 |
| January 1, 2026<br><i>(in months starting)</i> | 71308   | Considers certain direct primary care (DPC) arrangements as not a health plan, allowing them to be paired with an HSA      |



# Other Provisions



| Effective or Implementation Date             | Section | Provision Summary   |
|--|---------|---|
| October 1, 2025                              | 71401   | First year of funding availability for the Rural Health Transformation Program (rural provider relief fund; \$10 billion per year for FY26-FY30). |
| December 31, 2025<br><i>(not later than)</i> | 71401   | End of the application period of the Rural Health Transformation Program, and date by which CMS must approve or deny applications for the program |