Budget Reconciliation Act Implementation Dates
For Select Medicaid & Health Provisions

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Notes:

- This chart identifies implementation dates for **select** health provisions of the Senate engrossed version of the budget reconciliation bill that was signed into law on July 4, 2025.
- A single provision may have multiple entries to reflect multi-stage implementation across more than one deadline.
- Additional relevant dates and information are identified in the third column (for example, sunset dates for temporary provisions, deadlines for federal agency rulemaking or guidance, overlapping rulemaking deadlines, or areas where administrative discretion may impact implementation).
- Color coding is used to distinguish between the different programs addressed—Medicaid (no color), **Medicare** and **Marketplace**.

Implementation Dates	**Provision Summary** (Section of Senate Engrossed Version)	**Additional Relevant Dates/Info**
Upon Enactment	**Rule Moratoria** • Medicare Savings Programs (71101) • Medicaid Eligibility & Enrollment (71102) • Long-Term Care Facilities Staffing (71111)	Sunsets on **9/30/34**
Upon Enactment	**Defunding Planned Parenthood and other "prohibited entities"**[1]. (71113)	Sunsets after one year **(7/4/26)**

[1] Enforcement or application of this provision is currently enjoined subject to a temporary restraining order issued by the U.S. District Court for the District of Massachusetts. *Planned Parenthood Federation of America, Inc. v. Kennedy*, 1:25-cv-11913, (D. Mass. Jul. 7, 2025).

Implementation Dates	Provision Summary (Section of Senate Engrossed Version)	Additional Relevant Dates/Info
Upon Enactment	**Medicare Eligibility Restrictions for Lawfully Present Non-citizens:** For new applicants who are not citizens, Medicare coverage will only be available to lawful permanent residents (*e.g.* green card holders), Cuban/Haitian entrants, or COFA migrants. (71201)	
Upon Enactment:	**State Directed Payments (SDPs)**: New SDPs subject to limit on provider rates not to exceed 100% of Medicare (Medicaid expansion states) or 110% of Medicare (Medicaid non-expansion states). State plan rate applies if there is no published Medicare payment rate (*e.g.*, adult dental). (71116)	
12/31/25	**Rural Health Transformation Fund (One-Time Application):** Deadline for CMS Administrator to approve or deny applications for funding. If an application is approved, a state shall be eligible for an allotment under this for each of fiscal years 2026-2030. (71401)	Submission period start date to be specified by CMS; applications close no later than (NLT) **12/31/25**.
FY2026-2030 **10/1/2025-9/30/2030**	**Rural Health Transformation Fund (Funding Allotment):** Funding allotted to states by CMS Administrator ($10 billion per year, 50% evenly across all approved States and 50% based on criteria set forth in statute; $50 billion total). (71401)	

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1/1/26	**Sunsetting Increased FMAP Incentive:** Eliminate the 5% increase to the traditional FMAP rate for states implementing ACA Medicaid expansion. (71114)	
1/1/26	**Removing PTC eligibility for lawfully present immigrants under 100% FPL (Marketplace):** Prohibits lawfully present non-citizens with incomes under 100% FPL who are not eligible for Medicaid from qualifying for PTC. (71302)	Separately a recent Marketplace final rule excludes DACA recipients from definition of "lawfully present," effective **8/25/25**.
1/1/26	**Eliminating Limitation on APTC Recapture (Marketplace)**: Requires full repayment of excess APTCs, rescinding prior caps for people up to 400% FPL. (Note that this applies to Plan Year 2026 plans, which will be reconciled when individuals file taxes in early 2027.) (71305)	"Safe harbor" for people with actual income <100% FPL remains in place at 26 C.F.R. § 1.36B-2(b)(6)(i).
1/1/26	**Low-income Special Enrollment Period (SEP) (Marketplace)**: Prohibits individuals who enroll under an income-based SEP from receiving qualifying for PTCs. (71304)	**8/25/25-12/31/26**: Separately, a recent Marketplace final rule pauses SEP for <150% FPL, sunsetting **12/31/26**.

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7/4/26	**Identifying Non-citizen Medicare Beneficiaries For Purposes of Terminating Coverage:** Commissioner of SSA must complete review of existing enrolled individuals NLT 12 months after enactment to identify those who are not citizens or nationals of the United States, lawful permanent residents (*e.g.* green card holders), Cuban/Haitian entrants, or COFA migrants, whose Medicare coverage will be terminated. (71201)	Commissioner of SSA must notify affected current beneficiaries "as soon as practicable after such identification and in a manner designed to ensure such individual's comprehension of such notification".
10/1/26	**Reduced FMAP for Emergency Medicaid in Expansion States**: Reimbursement for emergency-only Medicaid based on state's baseline FMAP, not 90% match for individuals who would have been eligible through Medicaid expansion. (71110)	
10/1/26	**Provider Taxes**: Effectively prohibits new provider taxes in all states (by eliminating hold harmless safe harbor); prohibits non-expansion states from increasing existing provider taxes. (71115, 71117)	Uniform tax requirement waiver: to be implemented via rulemaking change to 42 C.F.R. § 438.6(c)(2)(iii); changes subject to a transition not to exceed 3 years **(July 2028)**. Grandfathering applies to provider taxes in non-expansion states 1) that were in effect on **5/1/25** and 2) apply to nursing facilities and ICFs.

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10/1/26	**Medicaid Eligibility Restrictions for Lawfully Present Non-Citizens:** Restricts eligibility to citizens or nationals of the United States, lawful permanent residents (*e.g.* green card holders), Cuban/Haitian entrants, or COFA migrants. (71109)	States retain flexibility to cover pregnant women and children in Medicaid and CHIP.
January 2027	**Terminating Medicare Eligibility for Lawfully Present Non-Citizens:** Benefits terminated for existing Medicare beneficiaries who are not citizens or nationals of the United States, lawful permanent residents (*e.g.* green card holders), Cuban/Haitian entrants, or COFA migrants. (71201)	
1/1/27	**6-Month Redeterminations for Expansion Population**: Applies to redeterminations scheduled on or after 1/1/2027. (71107)	**12/31/25:** CMS Administrator must provide guidance NLT 180 days after enactment.
1/1/27	**Deceased Enrollees**: States must conduct screenings no less than quarterly to identify deceased enrollees using the Death Master File; disenroll deceased enrollees; and reinstate enrollees if there is an error. (71104)	

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1/1/27	**Reducing Retroactive Coverage:** For coverage based on an application made on or after 1/1/27, retroactive coverage limited to 1 month prior to application for Medicaid expansion population and 2 months prior for non-expansion population and CHIP. (71112)	
1/1/27	**1115 Budget Neutrality**: HHS Secretary may not approve a 1115 waiver, renewal, or amendment unless the CMS Actuary certifies that it would not increase Federal expenditures. (71118)	HHS Secretary shall specify a methodology for how savings can be taken into account and used with regard to subsequent renewals.
1/1/27	**Duplicate Enrollments**: State plan must provide for a process to regularly obtain address information for enrollees from reliable data sources identified in the statute; MCO/PIHP contracts must require entities to transmit address info to State. (71103)	
1/1/27	**Work Requirements:** Deadline to implement work requirements. States can implement earlier under 1115. **+3 months after implementation and "periodically" thereafter**: State must notify applicable individuals regarding how to comply, exceptions, consequences of noncompliance, and how to report a status change affecting applicability of the requirements or an exception. (71119)	**6/1/26**: IFR must be issued by HHS Sec but the IFR is not subject to 5 U.S.C. 553 (APA rulemaking requirements). **Waivers:** States can implement WR before 1/1/27 under Section 1115 demonstration authority.

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		Notice: Notice requirements triggered by implementation date within specific state, not necessarily 1/1/27. **Delayed Implementation:** HHS Secretary can approve a one-time implementation delay to expire not later than 1/1/28.
1/1/27	**Restricting PTC Eligibility for Lawfully Present Non-citizens (Marketplace):** Limits non-citizen eligibility for PTCs to lawful permanent residents (*e.g.* green card holders), Cuban/Haitian entrants, or COFA migrants. (71301)	**8/25/25:** Separately, Marketplace Final Rule excludes DACA recipients from definition of "legally present".
8/1/27	**Pre-enrollment Verification for APTCs (Marketplace):** States must provide a pre-verification process, not later than August 1, to verify household income and eligibility for APTCs for the subsequent plan year (*i.e.*, 8/1/27 for plan years beginning 1/1/28). (71303)	HHS Secretary may waive pre-enrollment verification in the case of an enrollment under a change in family size SEP. Separately, a recent Marketplace final rule implements a number of enrollment/verification changes with various effective dates, including: **8/25/25 (permanent):** New coverage can be conditioned on payment of past-due premiums; end of automatic 60-day

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		extension to resolve income inconsistency. **8/25/25 (12/31/26 sunset)**: Pause on 150% FPL SEP; income verification when tax data unavailable or sources indicate income >100% FPL. **PY 2026 only (12/31/26 sunset):** $5 penalty for auto-enrollment if $0 premium (FFM only); reinstates 1-year failure to file-and-reconcile policy that renders a tax filer ineligible for APTC if they did not file taxes and reconcile APTC in a prior year; eligibility verifications for SEPs (FFM only). **PY 2026 (permanent)**: End of automatic re-enrollment hierarchy; limitations on Annual Open Enrollment Period
10/1/2027-9/30/2032 **(FY 2028-FY2032)**	**Provider Taxes:** "Hold harmless" safe harbor for Medicaid expansion states reduced by 0.5% annually from current 6.0% cap. Ultimately, the Medicaid expansion state safe harbor for provider taxes will be permanently capped at 3.5%. (71115, 71117)	

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1/1/28	**Work Requirements:** Final implementation date for work requirements for states that receive "good faith effort" extension. (71119)	HHS Secretary has wide latitude to establish conditions for an exemption of the 1/1/27 deadline to implement, but it cannot expire later than **1/1/28**.
1/1/28	**State Directed Payments (Grandfathered)**: Plans approved prior to 5/1/25 (or within 180 days of enactment for a rural hospital) subject to reductions implemented through 10% annual reduction until payments reach 100% of the Medicare rate in a Medicaid expansion state (or 110% of the Medicare rate in an expansion state). State plan rate applies if there is no published Medicare payment rate (*e.g.*, adult dental). (71116)	
1/1/28	**Deceased Providers**: States must conduct screenings against Death Master File at enrollment/reenrollment and no less than quarterly during the period that a provider or supplier is enrolled to determine if an enrolled provider or supplier is deceased. (71105)	
1/1/28	**Home Equity Limit for Long-Term Care**: Caps home equity limit at $1 million, regardless of inflation, excluding homes on certain agricultural lots. (71108)	
1/1/28	**Verification of Eligibility for Premium Tax Credits:** Pre-enrollment eligibility verification required. (71303)	HHS Secretary may waive pre-enrollment verification for enrollment under a change in family size SEP.

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7/1/28	**Home or Community-Based Services (HCBS) waiver changes**: Earliest date HHS Secretary may approve 1915(c) waiver to provide HCBS services to individuals who do not need an institutional level of care. (71121)	
10/1/28	**Cost Sharing Requirements for Expansion Population**: States must implement cost sharing ("greater than $0" and not to exceed $35) for services furnished to Medicaid expansion enrollees with family income above 100% FPL. Cost sharing cannot be applied to primary care, mental health, SUD, or FQHC services. Total cost sharing cannot exceed 5% of family income (calculated quarterly or monthly at state's discretion); no premiums, enrollment fee, or similar charge. (71120)	
10/1/29	**Duplicate Enrollments**: HHS Secretary must establish a system to be used by the Secretary and states to prevent simultaneous enrollment in more than one state Medicaid program; States must submit SSN and other information determined necessary by the HHS Secretary no less than monthly; HHS Secretary may determine a State is exempt. (71103)	
10/1/2029 (FY 2030)	**Payment Reduction for Erroneous Excess Payments:** HHS Sec must reduce federal Medicaid payments if error rate exceeds 3%; exemption for "good faith effort". (71106)	

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10/1/2031 (FY 2032) and onward	**Provider Taxes:** Expansion state safe harbor capped at 3.5%. (71115, 71117)	