



OBBS IMPLEMENTATION DATES & DETAILS FOR HEALTH CARE PROVISIONS

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
For plan years beginning after December 31, 2024	Telehealth Safe Harbor (Section 71306)	Not applicable.	Legislation does not require guidance for this provision.
July 4, 2025	Prohibition on Medicaid and CHIP Eligibility Enrollment Rule (Sections 71101 & 71102)	\$1 million to CMS for FY 2026, the funds will remain available until expended.	Legislation does not require guidance for this provision.
July 4, 2025	Prohibition on Nursing Home Staffing Standard Rule (Section 71111)	Not applicable.	Legislation does not require guidance for this provision.
July 4, 2025	Entities Providing Abortion Services (Section 71113)	\$1 million to CMS for FY 2026, with funds remaining available until expended.	Legislation does not require guidance for this provision.
Changes would take on July 4, 2025, with a transition period of up to three fiscal years at the Secretary's discretion	Waiver of Uniform Medicaid Provider Tax Requirement (Section 71117)	Not applicable.	On May 12, CMS issued a <u>proposed rule (TRP summary)</u> that is nearly identical to this section. Notably, the proposed rule includes a more aggressive transition period for states. Should CMS finalize the rule in its current form, only states who are out of compliance with this provision who have not received the most recent approval of a waiver of the broad based or uniformity requirements within the past two

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
			years will receive a transition period. States with more recent waiver approvals will not be provided with a transition period. CMS is still soliciting comments on the proposed rule, which were due on July 14.
<p>The effective date for this provision is for payments furnished during a rating period beginning on or after July 4, 2025.</p> <p>Since rating periods for Medicaid MCOs begin July 1, this provision will essentially take effect starting with rating periods starting between July 1, 2026, and June 30, 2027</p>	<p>Payment Limit for Certain State Directed Payments (Section 71116)</p>	<p>\$7 million per year from FY 2026 to FY 2033 to remain available until expended.</p>	<p>This provision requires HHS to revise the regulations at 42 CFR § 438.6(c)(2)(iii). As a result, CMS must undergo notice and comment rulemaking to make changes to this provision.</p>
<p>The Secretary must approve state applications by December 31, 2025</p>	<p>Rural Health Transformation Program (Section 71401)</p>	<p>\$200 million to CMS for FY 2025; \$50 billion to CMS for FY 2026-2030; any unobligated funds, as of October 1, 2032, would return to the Treasury.</p>	<p>Legislation does not require guidance for this provision, though HHS will likely need to issue RFPs for grant applications soon.</p>

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
For taxable years beginning after December 31, 2025	APTC Recapture (Section 71305)	Not applicable.	Legislation does not require guidance for this provision.
For plan years beginning after December 31, 2025	SEPS & Tax Credit Eligibility (Section 71304)	Not applicable.	Legislation does not require guidance for this provision.
For taxable years after December 31, 2025 for immigrants receiving PTCs	Immigrant Eligibility (Sections 71301 and 71302)	Not applicable.	Legislation does not require guidance for this provision.
January 1, 2026	Sunsetting Increased FMAP for New Expansion States (Section 71114)	Not applicable.	Legislation does not require guidance for this provision.
January 1, 2026	Bronze and Catastrophic Plans Treatment (Section 71307)	Not applicable.	Legislation does not require guidance for this provision.
January 1, 2026	DPC Treatment (Section 71308)	Not applicable.	Legislation does not require guidance for this provision.
For services furnished between January 1, 2026, and before January 1, 2027	Medicare Physician Payments (Section 71202)	Not applicable.	Legislation does not require guidance for this provision.
The Commissioner of Social Security must complete a review of those currently enrolled by July 4, 2026	Limiting Eligibility for Immigrants (Section 71201)	Not applicable.	Legislation does not require guidance for this provision.

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
October 1, 2026	Medicaid Eligibility for Qualified Aliens (Section 71109)	\$15 million to CMS for FY 2026, with the funds remaining available until expended.	Legislation does not require guidance for this provision.
October 1, 2026	Expansion FMAP for Emergency Medicaid (Section 71110)	\$1 million to CMS for FY 2026, with the funds remaining available until expended.	Legislation does not require guidance for this provision.
The freeze of the existing threshold for current provider taxes will begin on October 1, 2026	Provider Taxes (Section 71115)	\$20 million to CMS for FY 2026, with funds remaining available until expended	Legislation does not require guidance for this provision.
Beginning December 31, 2026 for notifying individuals of the requirements	Medicaid Community Engagement Requirements (Section 71119)	\$200 million to CMS for implementation for FY 2026 to remain available until expended. \$200 million for FY 2026 for the purposes of awarding grants to states, to remain available until expended.	CMS must issue an interim final rule by June 1, 2026, for the purposes of implementing the community engagement requirements.
On or after the first day of the first quarter that begins after December 31, 2026	Retroactive Coverage (Section 71112)	Not applicable	\$10 million to CMS for FY 2026
Beginning not later than the first day of the first quarter that begins after December 31, 2026 for demonstrating compliance	Medicaid Community Engagement Requirements (Section 71119)	\$200 million to CMS for implementation for FY 2026 to remain available until expended. \$200 million for FY 2026 for the purposes of awarding grants to states, to remain available until expended.	CMS must issue an interim final rule by June 1, 2026, for the purposes of implementing the community engagement requirements.

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
For taxable years beginning after December 31, 2026 for premium tax credit eligibility	Immigrant Eligibility (Sections 71301 and 71302)	Not applicable.	Legislation does not require guidance for this provision.
Changes to the verification of tax credit eligibility information will be effective January 1, 2027	Immigrant Eligibility (Sections 71301 and 71302)	Not applicable.	Legislation does not require guidance for this provision.
January 1, 2027 for establishing a process for obtaining information	Reducing Duplicate Enrollment Under the Medicaid and CHIP Programs (Section 71103)	\$30 million to CMS for FY 2026-2029 (\$10 million for FY 2026 to establish the system and standards and \$20 million for FY 2029 to maintain the system).	Legislation does not require guidance for this provision.
January 1, 2027	Unenrollment of Deceased Individuals (Section 71104)	Not applicable.	Legislation does not require guidance for this provision.
January 1, 2027	Eligibility Redeterminations Frequency (Section 71107)	\$72 billion to CMS for FY 2026, with funds remaining available until expended.	CMS must issue guidance related to the implementation of this policy within 180 days of enactment of the bill (December 31, 2025).
January 1, 2027	Budget Neutrality for Section 1115 Demonstration Projects (Section 71118)	\$5 million for FY 2026 and \$5 million for FY 2027 to remain available until expended.	Legislation does not require guidance for this provision.
New eligibility requirements begin on January 4, 2027	Limiting Eligibility for Immigrants (Section 71201)	Not applicable.	Legislation does not require guidance for this provision.
Beginning October 1, 2027 (federal FY 2028) the hold harmless threshold	Provider Taxes (Section 71115)	\$20 million to CMS for FY 2026, with funds remaining available until expended	Legislation does not require guidance for this provision.

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
<p>for expansion states will reduce to 5.5 percent. The hold harmless thresholds will continue to reduce as follows:</p> <ul style="list-style-type: none"> Beginning October 1, 2028: 5 percent Beginning October 1, 2029: 4.5 percent Beginning October 1, 2030: 4 percent Beginning October 1, 2031 and each subsequent year: 3.5 percent 			
For taxable years beginning after December 31, 2027	Eligibility Verification (Section 71303)	Not applicable.	Legislation does not require guidance for this provision.
For price applicability years beginning on or	Orphan Drug Exclusion (Section 71202)	Not applicable.	Legislation does not require guidance for this provision.

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
after January 1, 2028			
The phasing down for the grandfathered directed payments will begin with rating periods starting on or after January 1, 2028.	Payment Limit for Certain State Directed Payments (Section 71116)	\$7 million per year from FY 2026 to FY 2033 to remain available until expended.	This provision requires HHS to revise the regulations at 42 CFR § 438.6(c)(2)(iii). As a result, CMS must undergo notice and comment rulemaking to make changes to this provision.
January 1, 2028	Home Equity Limit (Section 71108)	Not applicable.	Legislation does not require guidance for this provision.
January 1, 2028	Medicaid Provider Screening Requirements (Section 71105)	Not applicable.	Legislation does not require guidance for this provision.
July 1, 2028	Adjustments of Medicaid HCBS Coverage (Section 71121)	\$50 million for FY 2026 to help CMS carry out these waiver changes and \$100 million for FY 2027 to support the expansion of state systems to deliver these HCBS waivers; the bill specifies that the \$100 million will be distributed among the states in proportion to the state's HCBS-eligible population	Legislation does not require guidance for this provision.
October 1, 2028	Cost-Sharing (Section 71120)	\$15 million to CMS for FY 2026 to remain available until expended.	Legislation does not require guidance for this provision.
By December 31, 2028 for exemptions expiring	Medicaid Community Engagement Requirements (Section 71119)	\$200 million to CMS for implementation for FY 2026 to remain available until expended. \$200 million for FY 2026 for the purposes of awarding grants to states, to remain available until expended.	CMS must issue an interim final rule by June 1, 2026, for the purposes of implementing the community engagement requirements.

Implementation Date	Topics & Sections	Funding	CMS Guidance & Rule Deadlines
October 1, 2029 for submitting enrollee data	Reducing Duplicate Enrollment Under the Medicaid and CHIP Programs (Section 71103)	\$30 million to CMS for FY 2026-2029 (\$10 million for FY 2026 to establish the system and standards and \$20 million for FY 2029 to maintain the system).	Legislation does not require guidance for this provision.
Beginning FY 2030	Payment Reduction Related to Certain Erroneous Excess Payments Under Medicaid (Section 77106)	Not applicable.	Legislation does not require guidance for this provision.