

Topic	Provision	House bill	Senate bill	Impact of House-passed bill
Essential Plan Coverage	Eligibility restrictions for accessing the state's <b>Essential Plan</b> based on citizenship status	<p><b><u>Sec. 112101</u></b></p> <p>Narrows eligibility for premium tax credits and related healthcare coverage subsidies under the Affordable Care Act for many lawfully present immigrants.</p> <p>This action eliminates federal funding for a subset of New Yorkers accessing healthcare coverage through the state's Essential Plan (those lawfully residing with incomes 138% of the federal poverty level or less and Deferred Action for Childhood Arrivals recipients).</p> <p>Effective for taxable years beginning after Dec. 31, 2026.</p> <p><b><u>Sec. 112103</u></b></p> <p>Under the State's constitution, the State must provide Medicaid coverage to a share of this group (the Aliessa population — those with less than five years of legal residency and not yet eligible for federal benefits). This coverage would be funded by state-only funds with no federal match.</p>	<p><b><u>Sec. 71301</u></b></p> <p>Further narrows eligibility to the following defined eligible aliens: (1) lawfully permanent residents; (2) certain Cuban immigrants; and (3) COFA migrants lawfully residing in the United States.</p> <p>Effective for plan years beginning on or after Jan. 1, 2027.</p> <p><b><u>Sec. 71302</u></b></p> <p>Same as House bill Sec. 112103.</p>	<p><u>NY impact:</u></p> <p>\$7.6M in lost federal funding</p> <p>\$2.7M in new state-only Medicaid costs</p> <p>507K shift from EP to Medicaid; 224K shift from EP to uninsured</p> <p>\$1.4M in losses to hospitals (lower payments and uncompensated care)</p>

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		Effective for taxable years beginning after Dec. 31, 2025.		
Medicaid coverage	Work requirements for some Medicaid recipients	<p><b><u>Sec. 44141</u></b></p> <p>Requires certain adults (ages 19-64 without dependents) to complete at least 80 hours a month of work, education or community service to keep Medicaid coverage.</p> <p>Exemptions include pregnant individuals, former foster youth under 26, tribal members, people with serious health issues (including substance use disorders) and those recently incarcerated.</p> <p>States must check if individuals met the requirement at least for the month before they apply or renew Medicaid.</p> <p>Effective Dec. 31, 2026, with guidance to states from HHS by Dec. 31, 2025.</p>	<p><b><u>Sec. 71124</u></b></p> <p>Same as House bill Sec. 44141, <u>except</u> is effective the first quarter that begins after Dec. 31, 2026, or at the option of the State under a waiver or demonstration project, an earlier date.</p>	<p><u>NY impact:</u></p> <p>Over \$510M in new costs to state annually</p> <p>Over 1.2M newly uninsured due to this and other provisions</p> <p>\$1.7M in losses to hospitals (uncompensated care)</p>
Medicaid coverage	Cost-sharing requirements for certain ACA expansion enrollees under Medicaid	<p><b><u>Sec. 44142</u></b></p> <p>Requires states to impose cost sharing for the ACA Medicaid expansion group with incomes above the federal poverty line. Copays or deductibles per service must be more than \$0 but cannot</p>	<p><b><u>Sec. 71125</u></b></p> <p>Same as House bill Sec. 44142.</p>	<p><u>NY impact:</u></p> <p>Increase in uncompensated care for hospitals</p>

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		<p>exceed \$35. Total cost sharing for a family is capped at 5% of the family's income. Services exempt from cost sharing include emergency services, primary care, mental health or substance use disorder services.</p> <p>Effective Oct. 1, 2028.</p>		
Medicaid and CHIP coverage	Eligibility and verification requirement for Medicaid/CHIP	<p><b><u>Sec. 44103</u></b></p> <p>Requires states to regularly collect Medicaid beneficiaries' address information from reliable sources, including data shared with managed care plans. HHS must create a system to stop people from enrolling in Medicaid in more than one state at the same time.</p> <p>Effective Jan. 1, 2027, for obtaining address information.</p> <p>Effective Oct. 1, 2029, for social security numbers to prevent duplicate enrollment.</p> <p><b><u>Sec. 44108</u></b></p> <p>States must check eligibility for adults in the ACA Medicaid expansion group every six months instead of once a year.</p>	<p><b><u>Sec. 71103</u></b></p> <p>Same as House bill Sec. 44103.</p> <p><b><u>Sec. 71108</u></b></p> <p>Same as House bill Sec. 44108.</p>	<p><u>NY impact:</u></p> <p>Increase in uncompensated care for hospitals with more uninsured</p>

Topic	Provision	House bill	Senate bill	Impact of House-passed bill
		Effective Dec. 31, 2026, for more frequent eligibility checks.		
Medicaid and CHIP coverage	Retroactive coverage for Medicaid/CHIP	<u><b>Sec. 44122</b></u>  Limits retroactive Medicaid/CHIP coverage from 90 to 30 days.  Effective Oct. 1, 2026.	<u><b>Sec. 71114</b></u>  Same as House bill Sec. 44122, <u>except</u> effective date is on or after the first day of the first quarter that begins after Dec. 31, 2026.	<u>NY impact:</u>  Increase in uncompensated care for hospitals
Medicaid and CHIP coverage	Prohibiting federal <b>Medicaid/CHIP</b> funding without <b>verified citizenship or immigration status</b>	<u><b>Sec. 44110</b></u>  Eliminates federal funding match (FMAP) to states for Medicaid/CHIP enrollees whose citizenship or immigration status cannot be verified by the end of the existing "reasonable opportunity period" (currently interpreted by CMS as at least 90 days). States may opt to cover these costs with state-only funds.  Effective Oct. 1, 2026.	<u><b>Sec. 71109</b></u>  Same as House bill Sec. 44110.	<u>NY impact:</u>  TBD

Summary of key adverse provisions of the House and Senate's  
*One Big Beautiful Bill Act* impacting funding to states, individual  
coverage, and hospital/health system funding and services

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Coverage and access	Limits on <b>gender-affirming care</b>	<p><b><u>Sec 44125</u></b></p> <p>Eliminates federal Medicaid or CHIP funding for specific gender-affirming care procedures.</p> <p>Federal funding is stopped upon enactment.</p> <p><b><u>Sec. 44201</u></b> Removes gender-affirming care procedures as an ACA essential health benefit.</p> <p>Removal as an essential health benefit is effective for plan years on or after Jan. 1, 2027.</p>	<p><b><u>Sec 71117</u></b></p> <p>Same as House bill Sec. 44125.</p> <p>House Bill Sec. 44201 is not included.</p>	<p><b><u>NY impact:</u></b></p> <p>Service limitation</p>
Federal funding and provider Medicaid payment	Provider tax limits	<p><b><u>Sec. 44134</u></b></p> <p>Limits states' use of provider taxes by setting stricter rules for when states can get a waiver from the federal requirement that Medicaid provider taxes be uniformly applied.</p> <p>New York's recently approved MCO tax receives this waiver.</p> <p>On a parallel track, CMS has proposed new regulations to apply these same limits regulatorily.</p> <p>While the legislation allows for a transition period of up to three years, the proposed rule offers no</p>	<p><b><u>Sec. 71122</u></b></p> <p>Same as House bill Sec. 44134.</p>	<p><b><u>NY impact:</u></b></p> <p>Loss of \$1.6B annually in federal funding</p> <p>Loss of \$965M annually in promised Medicaid rates and supportive funding to hospitals.</p> <p>Cut of \$300M to cover new state costs</p>

		<p>glide path for New York's MCO tax due to the recency of the approval.</p> <p>Effective upon enactment, subject to any applicable transition period determined appropriate by the HHS secretary, not to exceed three fiscal years.</p>		
<b>Federal funding to states and provider Medicaid payment</b>	<b>Provider tax limits</b>	<p><b><u>Sec. 44132</u></b></p> <p>Limits states' use of provider taxes by placing a moratorium on:</p> <ul style="list-style-type: none"> <li>• new provider taxes;</li> <li>• increasing existing provider taxes; and</li> <li>• expanding taxes to new services or providers.</li> </ul> <p>Effective upon enactment (tax must be in state law before enactment).</p>	<p><b><u>Sec. 71120</u></b></p> <p>Limits ACA-expansion states' use of provider taxes by reducing the maximum threshold of 6% by annual reductions of 0.5% until it reaches 3.5% in FFY 2031.</p> <p>This provision does not apply to nursing homes or intermediate care facilities in expansion states.</p> <p>Places a moratorium on non-expansion states' use of provider taxes up to 6%.</p> <p>Effective Oct. 1, 2026.</p>	<p><b><u>NY impact:</u></b></p> <p>Loss of provider tax opportunities</p>

Federal funding to states	FMAP penalty for providing coverage to undocumented immigrants	<p><b><u>Sec. 44111</u></b></p> <p>Cuts the federal funding match (FMAP) for the ACA Medicaid expansion group from 90% to 80% for states that use public money to provide health coverage to undocumented immigrants. New York currently pays for long-term care services for undocumented immigrants with its own state funds.</p> <p>Effective for calendar quarters beginning on or after Oct. 1, 2027.</p>	<p><b><u>Sec. 71111</u></b></p> <p>Same as House bill Sec. 44111.</p>	<p><b><u>NY impact:</u></b></p> <p>Loss of \$924M annually</p>
Federal funding to states	Caps emergency Medicaid FMAP for providing coverage to undocumented immigrants	Not included.	<p><b><u>Sec. 71112</u></b></p> <p>Caps emergency Medicaid FMAP for unlawfully present immigrants at the state's regular matching rate rather than 90%.</p> <p>Effective Oct. 1, 2026.</p>	
Provider Medicaid payment	Drug acquisition cost survey	<p><b><u>Sec. 44123</u></b></p> <p>Requires monthly surveys of both retail and non-retail pharmacies to determine the average price pharmacies pay for drugs (including discounts and rebates) with the goal of aligning Medicaid payments with market prices.</p>	<p><b><u>Sec. 71115</u></b></p> <p>Same as House bill Sec. 44123, <i>except</i> is effective nine months after enactment for retail pharmacy surveys.</p>	<p><b><u>NY impact:</u></b></p> <p>TBD and may impact 340B savings currently accruing to NYS</p>

		<p>Effective six months after enactment for retail pharmacy surveys.</p> <p>Effective 18 months after enactment for non-retail pharmacy surveys.</p>		
<b>Provider Medicaid payment</b>	<b>Limits on State Directed Payments</b>	<p><b><u>Sec. 44133</u></b></p> <p>Lowers the cap on supplemental Medicaid payments states can make to hospitals and other providers through SDP models from the "Average Commercial Rate" to Medicare.</p> <p>SDPs in place and approved by enactment are exempt from the new cap but held at their existing level with no future trend factor/inflationary increase. SDPs approved after enactment are subject to a cap of up to 100% of the Medicare rate (110% for non-expansion states).</p> <p>Effective upon enactment.</p>	<p><b><u>Sec. 71121</u></b></p> <p>Same as House bill Sec. 44133, <u>except</u>:</p> <ul style="list-style-type: none"> <li>Existing SDPs would be reduced by 10% annually starting Jan. 1, 2027, until the Medicare payment limit is achieved. Please note that, same as the House bill, SDPs approved after enactment are subject to a cap of up to 100% of the Medicare rate (110% for non-expansion states).</li> <li>Effective for the rating period beginning on or after enactment, except reductions for existing SDPs would occur for the rating period on or after Jan. 1, 2027.</li> </ul>	<p><b><u>NY impact:</u></b></p> <p>\$1B loss to existing SDP programs</p>



Provider Medicare payment	Recouping improper Medicare payments	<p><b><u>Sec. 112204</u></b></p> <p>Funds a federal government initiative to develop AI tools to find and recoup improper Medicare payments (Medicare Parts A and B). Requires annual reports to Congress on progress.</p> <p>AI work starts no later than Jan. 1, 2027.</p> <p>Reports to Congress start no later than Jan. 1, 2029.</p>	Not included.	
ACA marketplace coverage	Open enrollment period; special enrollment periods; eligibility verification	<p><b><u>Sec. 44201</u></b></p> <p>Ends the open enrollment period on Dec. 15.</p> <p>Eliminates the year-round enrollment opportunity for people with incomes up to 150% of poverty (low-income SEP).</p> <p>Limits the ability of all marketplaces to provide specific types of SEPs that are based on the relationship of people's income to the poverty line.</p> <p>Requires enrollees prove eligibility to enroll before enrolling. Removes an automatic extension of 60 days for an enrollee to verify their household income.</p>	Not included.	<p><b><u>NY impact:</u></b></p> <p>Increase in uncompensated care for hospitals with more uninsured</p>

		<p>Effective for plan year beginning Jan. 1, 2026 (Open enrollment beginning Nov. 1, 2025) for open enrollment provision.</p> <p>Effective for plan year beginning Jan. 1, 2026, for SEP provisions.</p>		
ACA marketplace coverage	Premium adjustment percentage methodology	<p><b><u>Sec. 44201</u></b></p> <p>Reverts the PAP methodology to that of 2019. The 2019 methodology uses individual market premiums to index these measures, which causes the PAP to grow more slowly and pass more cost-sharing onto the consumer over time.</p> <p>Effective for calendar year beginning Jan. 1, 2026.</p>	Not included.	<p><u>NY impact:</u></p> <p>Increase in uncompensated care for hospitals with more uninsured</p>
ACA marketplace coverage	Nonpayment of past premiums	<p><b><u>Sec. 44201</u></b></p> <p>Permits insurers to require enrollees pay the full amount of their first month's premium to have their coverage effectuated.</p> <p>Permits insurers to require the full premium to be paid in each month to retain coverage.</p> <p>Permits insurers to require payment for the first month's premium, as well as any unpaid, past-due</p>	Not included.	<p><u>NY impact:</u></p> <p>Increase in uncompensated care for hospitals with more uninsured</p>

		<p>premiums before effectuating coverage.</p> <p>Effective for plan years beginning on or after Jan. 1, 2026.</p>		
ACA marketplace coverage	Funding cost-sharing reduction payments	<p><b><u>Sec. 44202</u></b></p> <p>Return to funding CSRs through payments from the federal government with explicit congressional appropriation for funds. Likely to reduce the size of the premium tax credits.</p> <p>Effective for plan years beginning on or after Jan. 1, 2026.</p>	Not included.	<p><u>NY impact:</u></p> <p>Increase in uncompensated care for hospitals with more uninsured</p>
ACA marketplace coverage	Requiring Exchange verification of eligibility for health plan	<p><b><u>Sec. 112201</u></b></p> <p>Requires individuals who get premium tax credits to prove they still qualify every year by actively verifying verify their income, enrollment and other details. This ends automatic renewal for those receiving premium tax credits.</p> <p>Effective for taxable years beginning after Dec. 31, 2027.</p>	<p><b><u>Sec. 71303</u></b></p> <p>Requires pre-enrollment verification of eligibility, but with some notable differences from the House bill.</p> <p>Effective date is same as House bill.</p>	<p><u>NY impact:</u></p> <p>Increase in uncompensated care for hospitals with more uninsured</p>

ACA marketplace coverage	Disallowing premium tax credit in case of certain coverage enrolled in during special enrollment period	<p><b><u>Sec. 112202</u></b></p> <p>Blocks individuals from getting premium tax credits if they sign up for health coverage through the exchange using a SEP based on income.</p> <p>Effective the third full calendar month following the date the bill is enacted.</p>	<p><b><u>Sec. 71304</u></b></p> <p>Same as House bill Sec. 112202, <u>except</u> is effective for plan years beginning after Dec. 31, 2025.</p>	<p><b><u>NY impact:</u></b></p> <p>Increase in uncompensated care for hospitals with more uninsured</p>
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