

# Timeline of Key Provisions of the One Big Beautiful Bill Act



The One Big Beautiful Bill Act includes several key provisions affecting Medicaid, the Marketplace, and affordable health care access, with phased implementation from 2025 through 2028. This also includes key provisions of the Centers for Medicare and Medicaid Services (CMS) Market Integrity Rule that will impact coverage across this same timeline.

## Immediately

### Optional Medicaid Work

**Requirements:** States can request approval from CMS to start requiring people with Medicaid to work in order to get benefits. Several states have pending applications, but it is uncertain whether these will proceed.



### Ends Tax Credits for Individuals in Special Enrollment Period:

People with low incomes, at or below 150% of the Federal Poverty Level, won't receive premium tax credits if they sign up for health insurance outside the regular enrollment period. This impacts low-income people who try to join the Marketplace throughout the year because they have moved, experienced a change in income, or had other life events. (Effective August 25, 2025).

## January 1, 2026

### Rural Health Transformation Fund Grants:

CMS will issue grants to states to improve health care in rural areas through a new \$50 billion rural health transformation fund. Grant funding will begin in 2026 and consist of \$10 billion each year through 2030.

### Ends Medicaid Expansion

**Incentive:** States that recently expanded will no longer receive an extra 5% in federal funding for Medicaid expansion population.



### Eliminates Limit on Recapture of Advanced Premium Tax Credits (APTCs):

Individuals who underestimated their income when enrolling in Marketplace coverage may face a higher tax bill, as they would have to repay money if they received too high of a monthly premium reduction due to income fluctuations.



## October 1, 2026

**Limits Medicaid Coverage of Noncitizens:** Ends Medicaid coverage for lawfully residing noncitizens who have been covered through Medicaid for decades, including refugees, asylees, and victims of human trafficking, with exceptions for children and pregnant women. States providing emergency services to noncitizens ineligible for full Medicaid will face penalties and reduced federal funding.

# Timeline of Key Provisions of the One Big Beautiful Bill Act

**January 1, 2027**

## **Mandatory Medicaid Work**

**Requirements:** All states must require people with Medicaid to work or do other specified activities for at least 80 hours a month. There are required exemptions for those with a serious or complex condition, caregivers, and people with disabilities, but it is not clear how those exemptions will be defined by the federal government or operationalized at a state level.



**Redetermining Eligibility:** States must check if people on Medicaid expansion are still eligible every six months, adding an administrative burden to the states and individuals with Medicaid.



**Limits Retroactive Coverage:** Limits retroactive coverage for Medicaid expansion enrollees to one month prior to the application date, and for individuals in traditional Medicaid to two months prior to their enrollment. Under current law, retroactive coverage is available for up to three months preceding an individual's application date, which can reduce the burden of medical debt for patients.



**January 1, 2028**

## **Pre-Enrollment Verification for All Marketplaces**

**Requires all Marketplaces to verify eligibility for premium tax credits before enrolling people in health coverage. Currently enrollees are automatically reenrolled if they don't select a new plan and are pre-approved for credits.**



**Provider Taxes:** Many states help fund Medicaid by taxing doctors and other health care providers. States will now be limited in how they can use these taxes, particularly in expansion states, which reduces state Medicaid funding.

**October 1, 2028**

**Cost-sharing:** Requires states to impose cost-sharing up to \$35 for Medicaid expansion enrollees just above the poverty line, with exemptions for certain services. Cost-sharing is when the patient is responsible for paying a co-pay or other fee for health services.



**ACS CAN will continue to advocate for affordable access to care for cancer patients.**