

SBM Provisions Implementation Timeline

Below outlines the implementation timeline for each SBM provision.

Plan Year 2025

Plan Year 2026

Plan Year 2027

Plan Year 2028

Telehealth & HSAs

Permanently allows HDHP telehealth services pre-deductible without losing HSA compatibility.

Unpaid Past Premiums

Permits issuers to deny coverage for unpaid past premiums, subject to state law.

DACA Ineligibility

Makes DACA recipients ineligible for QHPs.

Agents & Brokers

Sets "preponderance of the evidence" standard to terminate FFM/SBE-FP agent agreements.

DMI Resolution Extension

Removes automatic 60-day extension for resolving income inconsistencies.

Income Verification

Adds DMI if data sources indicate <100% FPL or if IRS tax data is unavailable through PY26.

Premium Payment Thresholds

Pauses certain issuer premium threshold options for PY26.

150% FPL SEP

Pauses monthly <150% FPL SEP through PY26.

Alien Medicaid & Income Status

Prevents Individuals from receiving PTC if ineligible for Medicaid due to alien status and income <100% FPL.

Special Enrollment Periods

Prevents Individuals who enroll via a non-QLE SEP from receiving premium tax credits and CSRs.

PTC Reconciliation

Requires all premium tax credit recipients repay the full amount of any excess.

Bronze and Catastrophic & HSA

Permits states to treat Bronze and Catastrophic plans as HDHPs that can be paired with HSAs.

Direct Primary Care & HSA

Allows consumers to combine a marketplace HDHP with a separate arrangement for primary care.

Temporary FTR Standard

Reinstates a 1-year Failure to File and Reconcile policy for PY26, replacing the 2-year FTR policy.

Bronze to Silver Re-enrollment

Removes automatic re-enrollment from an available Bronze plan to a different silver plan.

EHB Sex-Trait Modification

Prohibits covering specified sex-trait modification procedures as an EHB starting in PY26.

PAPI Methodology

Updates the premium adjustment percentage methodology to include more private plans.

Levels of Coverage

Widens de minimis range for plan actuarial values.

Auto-Renewal Premium

Adds \$5 premium for certain PY26 FFM/SBE-FP auto-renewals.

SEP Pre-Enrollment Verification

Restores FFM/SBE-FP pre-enrollment checks for most SEPs for PY26.

Coverage for Lawfully Present Immigrants

Limits subsidized coverage to lawful permanent Residents, Cuban and Haitian entrants, and COFA Residents.

APTC/CSR and Medicaid Community Engagement

Blocks APTC/CSR eligibility for Individuals not enrolled in Medicaid due to failure to demonstrate meeting community engagement requirements.

Open Enrollment

For PY27 and beyond, OEP must begin no later than Nov 1 and end no later than Dec 31, with a max duration of 9 weeks.

PTC Verification

Requires pre-verification of income, family size, citizenship, health coverage status, residence, and other information to receive Premium Tax Credits, and allows use of reliable third-party data.

Permanent FTR Policy

Reinstates and makes permanent a 1-year Failure to File and Reconcile policy, which applied in PY26 but lapses in PY27.

KEY

Only applies to HealthCare.gov

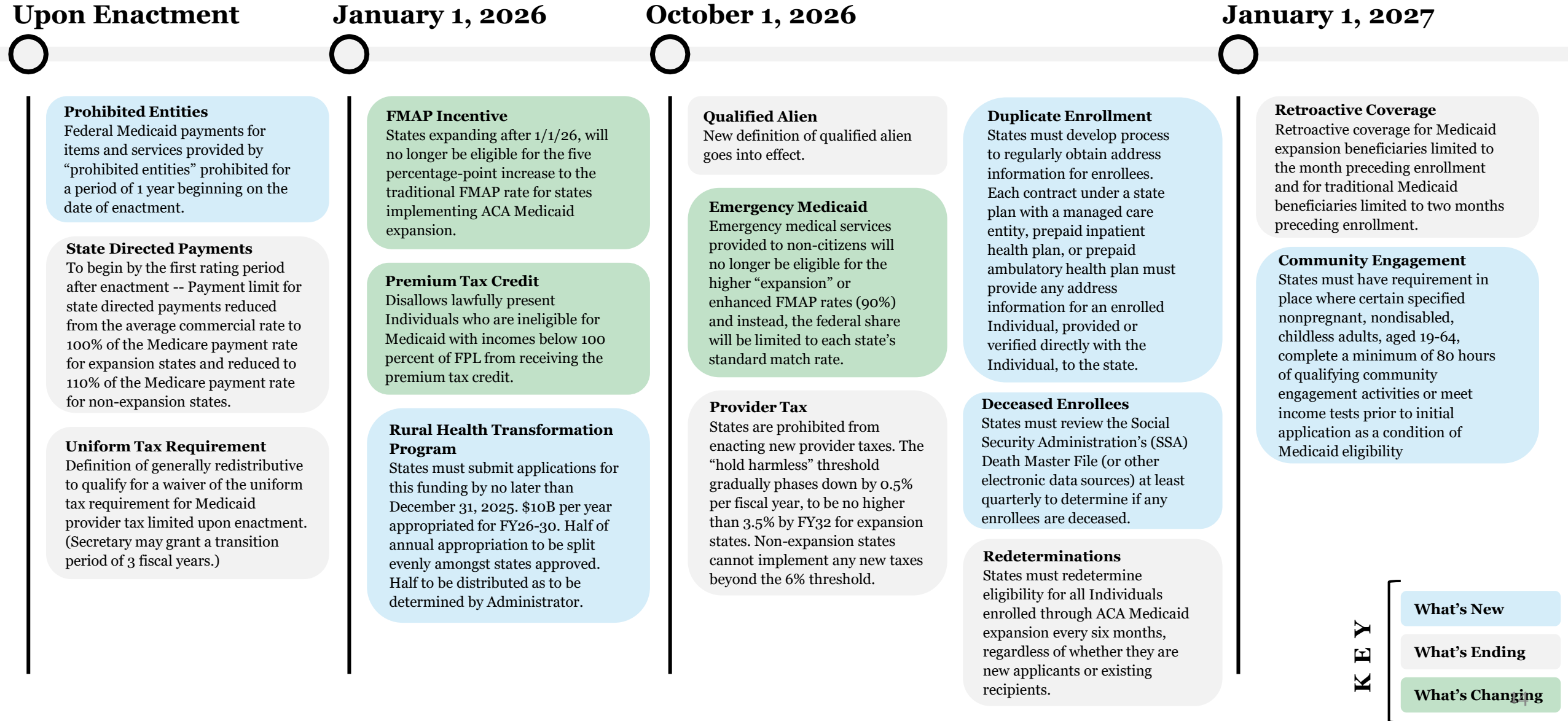
No longer applies due to federal stay

H.R 1

CMS Final Rule

Medicaid Provisions Implementation Timeline (1 of 2)

Below outlines the implementation timeline for each Medicaid provision.



KEY

- What's New
- What's Ending
- What's Changing

Medicaid Provisions Implementation Timeline (2 of 2)

Below outlines the implementation timeline for each Medicaid provision.

January 1, 2028

July 1, 2028

October 1, 2028

October 1, 2029

Provider Enrollment

States must check the SSA’s Death Master File during a provider or supplier’s enrollment and reenrollment as well as quarterly.

Home Equity Limit

Home equity limit capped at \$1M for determining eligibility for long-term care services under the Medicaid program.

HCBS Waiver

New “stand alone” 1915(c) waiver option available to cover HCBS through Medicaid targeted to people with significant but sub-institutional needs.

Cost Sharing

Medicaid expansion enrollees earning more than 100 percent of FPL will pay no premiums but will face state-mandated copays (up to \$35 per service and capped at 5% of income). Key primary care and safety-net service remain exempt.

Duplicate Enrollment

States must submit enrollee data monthly to the new system to prevent multiple state enrollments and to disenroll Individuals residing in another state. HHS to establish a system to prevent Individuals from being simultaneously enrolled in multiple state Medicaid programs.

Erroneous Payments

Secretary may begin waiving a reduced amount of erroneous excess payments (The definition of erroneous excess payments to include items & services furnished to Individuals not eligible for federal reimbursement in Medicaid).

K E Y

What’s New

What’s Ending

What’s Changing

SNAP Provisions Implementation Timeline

Below outlines the implementation timeline for each SNAP provision.

Upon Enactment

October 1, 2025

October 1, 2026

October 1, 2027

December 31, 2028

Modification of SNAP Work Requirements for ABAWDs

Expanding to 18 to 65 years of age; dependent child under 14; Indian or Urban Indian + other.

Availability of Standard Utility Allowance

SUA applies to households with disabled or elderly members.

Restrictions on Internet Expenses

Cost of home internet cannot be used in excess shelter calculation.

Qualified Alien

New definition of qualified alien goes into effect.

National Education and Obesity Prevention Grant Program

State SNAP agencies operate without SNAP-Ed Program.

State Administrative Cost Share Increase Comes Into Effect

FY 2027 and beyond state share of administrative expenses changes from 50% to 75%.

Re-Evaluation of SNAP allotment

Reevaluation of the Thrifty Food Plan Market Baskets cannot occur earlier than October 1, 2027.

State Cost-Sharing for Error Payments Comes Into Effect

Starting in FY 2028: The federal government will adjust its share of SNAP benefit costs for each state based on that state's most recent payment error rate.

Error rate under 6%: Federal government pays 100% (state pays nothing)

Error rate 6%–7.99%: Federal pays 95%, state pays 5%

Error rate 8%–9.99%: Federal pays 90%, state pays 10% Error rate 10% or more:

Federal pays 85%, state pays 15%

If a state has a payment error rate at 6% or higher, state share comes into effect.

FY 2028: States can choose to use their payment error rate from 2025 or 2026 when calculating state error payments.

FY 2029 and beyond: The Secretary will use the error rate from 3 years prior to calculate state error payments.

Work Requirement Waivers for Non-Contiguous States

Alaska and Hawaii may request waivers from the Secretary for their work requirements.

Approved Waivers shall expire no later than December 31, 2028.

KEY

New Policy

Policy Change

Policy Ends