

§	Policy Change	Effective Date / Transition	Key Implementation Details
Medicaid – Fraud-reduction & Enrollment			
71101	Stops CMS from implementing the September 21 2023 final rule on Medicare Savings Program (MSP) eligibility and enrollment	On enactment	HHS barred from administering or enforcing all cited CFR amendments
71102	Stops CMS from implementing the April 2 2024 rule that streamlines Medicaid/CHIP applications and renewals	On enactment	Lists every affected CFR section across Parts 431, 435, 436, 447 & 457
71103	Creates a new national duplicate-enrollment cross-check system and requires monthly SSN feeds from states	<ul style="list-style-type: none"> • Address-update process due Jan 1 2027 (50 states/DC) • Monthly SSN data exchange required Oct 1 2029 • Good-faith exemption may last only through Dec 31 2028 	CMS must build the data hub (§1902(uu)); states must meet detailed milestone and quarterly-reporting requirements
71104–71108	(additional program-integrity sections on redeterminations, provider screening, managed-care audits, etc.; see §§ 71105-71108)	Various; earliest Jan 1 2028 for redetermination provisions	
71109	Federal match (FFP) denied for Medicaid/CHIP services furnished while citizenship/immigration status is unverified	Jan 1 2028	Eliminates state option to cover beneficiaries during the “reasonable-opportunity” period beyond that date

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Medicaid – Benefits & Financing			
71111	Lowers ACA expansion FMAP to 80 % (from 90 %) for any “specified State” that funds comprehensive coverage for non-qualified aliens	Calendar quarters after Oct 1 2027	Definition of “specified State” based on state-funded coverage or subsidies; phased FMAP drop applies automatically
71112	Caps Emergency Medicaid FMAP at a state’s regular matching rate	Oct 1 2026	Applies only to aliens treated under §1903(v)(2) (emergency medical condition)
71113	Bars CMS from implementing the May 10 2024 nursing-facility minimum-staffing final rule	On enactment	Blocks amendments to §§438, 442, 483 of 42 CFR
71114	Reduces retroactive eligibility: <ul style="list-style-type: none"> • Expansion adults – 1 month • Other groups – 2 months 	Applications filed on or after Q1 2027	Conforming CHIP change; overrides existing 90-day retroactive period
71115	Requires monthly national surveys of actual pharmacy acquisition cost (retail and non-retail) to tighten Medicaid drug reimbursement	12 months after enactment unless Secretary sets another survey frequency	Re-tools §1927(f); allows distinct benchmarks for specialty, mail-order, etc.
71120	Provider-tax moratorium – bans any new or higher health-care-related taxes after enactment. Phases down hold-harmless threshold for expansion states from 6% to 3.5% (reducing by 0.5% per year for 5 years). Non-expansion states may retain taxes up to 6%.	5-year phase down	Exemption for nursing home and ICF/DD-related taxes that are in effect prior to May 2025.

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71121	Caps Medicaid managed-care state-directed payments per service to: <ul style="list-style-type: none"> • 100 % of Medicare rates (expansion states) • 110 % of Medicare (non-expansion) 	Rating periods beginning on/after enactment . Existing approvals cut 10 % each year starting Jan 1, 2027 until cap reached	Applies via revision to 42 CFR 438.6(c)(2)(iii)
71123	Requires Chief Actuary certification of budget-neutrality for all new or renewed §1115 Medicaid demonstrations	On enactment	\$5 M per FY 2026-27 appropriated for implementation; excess-spending methodology specified
71124	Mandates community-engagement (work) requirements for able-bodied adults as a condition of Medicaid eligibility	Default start: Q1 2027 . States may begin earlier via 1115 waiver.	Minimum 1–3 preceding months of engagement; ongoing monthly or periodic verification; wide list of exemptions; data reporting required
Cost-Sharing & Eligibility			
1916(k) (new)	Requires states to impose some form of cost-sharing for the Medicaid Expansion population.	October 2028	Cost-sharing limit is \$35 per service. Exempts primary care, mental-health & SUD services. Rx treated differently.
Medicare			
71201	Limits Medicare entitlement/enrollment to U.S. citizens, lawful permanent residents, certain Cubans & COFA migrants	Immediately for new applicants ; current enrollees phased off 1 year after enactment	SSA Commissioner must identify ineligible beneficiaries within 6 months and send termination notices

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Marketplace (ACA) Tax Credits			
71301	Restricts premium tax credit eligibility to citizens & a narrowed list of “eligible aliens” matching the new Medicare definition	Taxable years beginning after enactment (first full open-enrollment following passage)	Inserts new §36B(e)(2)(B); ineligible aliens become full-price purchasers
Other Health-Related Tax Provisions			
70115-70117	Extends & enhances ABLE contributions, roll-overs & saver’s credit beyond 2025	Contributions & credits after Dec 31 2025 ; inflation adjustment tweaked	
70204	Establishes tax-exempt “ Trump accounts ” for children (essentially medical/education/custodial savings)	Contributions allowed Jan 1 2026–Dec 31 2028 ; distributions largely barred before age 18	