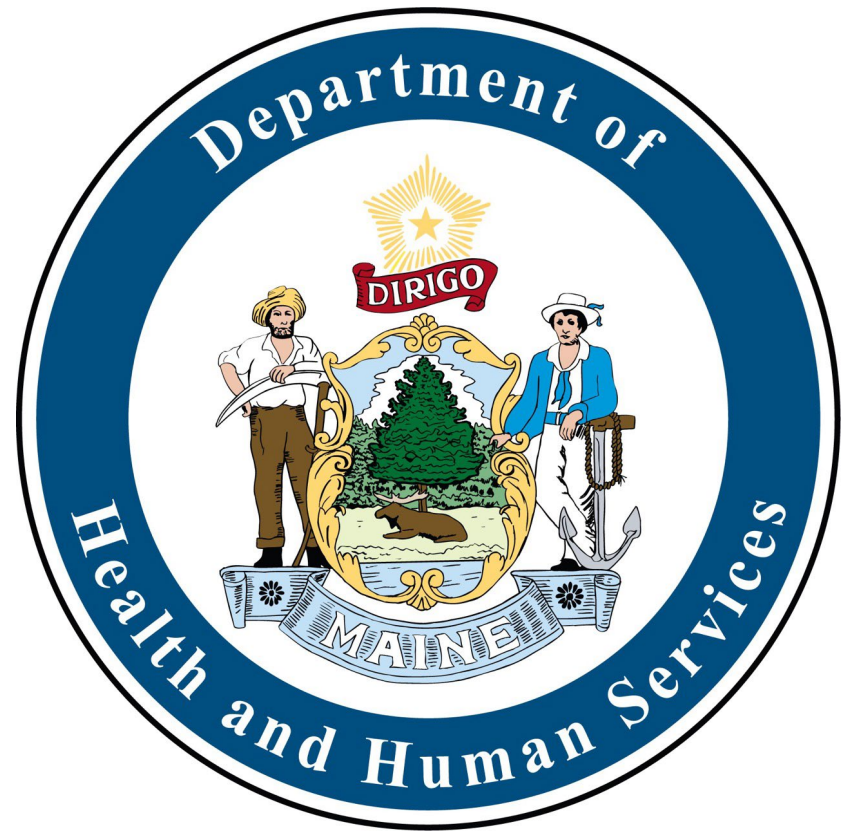


Impacts of Recent Federal Changes on Maine

A presentation by the Maine Department of Health and Human Services:

- Commissioner Sara Gagné-Holmes
- Director Hilary Schneider, Office of the Health Insurance Marketplace
- Director Michelle Probert, Office of MaineCare Services
- Director Ian Yaffe, Office for Family Independence

Prepared for the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services



October 17, 2025

Today's Agenda

- Commissioner's Comments
- Health Insurance Marketplace Impacts
- MaineCare Impacts
- Supplemental Nutrition Assistance Program (SNAP) Impacts
- Summary & Implementation Next Steps



Today's Presentation Purpose

- **Purpose:** To provide a briefing on federal budget reconciliation impacts on programs within Maine DHHS, specifically CoverME.gov, MaineCare, and SNAP:
 - These changes shift costs and administrative responsibilities from the federal government to states and will increase administrative workload, technology modernization needs, and workforce strain across multiple programs.
 - Legislative support will be needed in early 2026 for targeted investment in systems and technology modernization and staffing to support compliance.



Our Offices

Commissioner's Office

Provides oversight and coordination across the Department's programs to advance the health, safety, and well-being of Maine people. It oversees policy and strategic direction, budget and program accountability, interagency coordination, and communication with the public and Legislature, ensuring that all DHHS offices work together effectively to deliver essential health and human services statewide.

Office of the Health Insurance Marketplace (OHIM)

Operates CoverME.gov, Maine's official Health Insurance Marketplace. CoverME.gov is a platform where individuals and families who don't have affordable health coverage can compare and select a high quality, comprehensive private health insurance plan and apply for financial assistance to lower the cost of their coverage or be referred to OFI if they are likely to be eligible for MaineCare.

Office of MaineCare Services (OMS)

Administers MaineCare, Maine's Medicaid program. MaineCare is funded by the federal and state government to provide free or low-cost health insurance to Mainers who meet certain requirements, usually based on income, disability, or age. MaineCare helps to ensure that all Maine people can access the critical health services – preventive, routine, and emergency – that enable them to live healthy, safe, and resilient lives.

Office for Family Independence (OFI)

Determines initial and ongoing eligibility for MaineCare, SNAP, and TANF. OFI also oversees the General Assistance Program, Child Support, Disability Determination Services, and a Fraud Unit.

Federal Budget Reconciliation Bill

[Federal Budget Reconciliation](#) is a budget reconciliation bill, sometimes referred to as HR 1, that was signed into law on July 4, 2025.

Key Provisions

Several policy changes that shift cost and administrative burden to states

New eligibility, reporting, and verification mandates.

Restrictions on state flexibility.

Fiscal Overview

\$5B fiscal impact over 10 years.

Compliance will not be cost-neutral – state must invest in staff, eligibility systems, and data infrastructure to meet federal mandates.

Greater administrative burden, tighter eligibility, destabilized financing.



Impact on Coverage & Care

CoverME.gov

- Over 60,000 currently covered.
- Changes jeopardize renewals, shorten enrollment, narrow eligibility, undermine risk pool, increase premiums, increase administrative burdens.

MaineCare

- Approx. 390,000 Mainers currently covered.
- Medicaid expansion population, (approx. 90,000 of those covered) faces risk of coverage loss, funding strain for providers due to increased charity & uncompensated care.
- Destabilizes financing, narrows eligibility, increases administrative burdens.

SNAP

- Helps over 169,000 Mainers and their families afford groceries each month.
- New federal requirements reduce benefits and access while simultaneously shifting administrative costs to states.

Bottom Line: Coverage gaps, financial strain, access barriers for patients.



Timeline of Key Changes

2025

JULY

- Medicaid prohibited providers lose federal match for services
- Medicaid provider tax moratorium

AUGUST

- DACA recipients ineligible for marketplace coverage
- Loss of coverage due to premium underpayment

OCTOBER

- Elimination of SNAP-Ed
- SNAP expanded work requirements & utility allowance changes
- New limits on marketplace special enrollment periods

NOVEMBER

- SNAP Non-Citizen Changes (pending guidance)

2026

JANUARY

- Marketplace enhanced premium tax credits expire
- Marketplace APTC repayment limits eliminated
- Lawfully present immigrants <100% FPL ineligible for APTC on Marketplace

OCTOBER

- Medicaid eligibility changes for certain non-citizen groups
- SNAP administrative cost sharing

NOVEMBER

- Open enrollment for marketplace coverage shortened

2027

JANUARY

- Medicaid Work / Community Engagement Requirements for expansion population
- Medicaid Eligibility Redeterminations & Retroactive Limits
- Medicaid-eligible applicants not meeting work requirements ineligible for APTC on Marketplace
- Many lawfully present immigrants ineligible for APTC on Marketplace

OCTOBER

- SNAP Payment Error Rate (PER) cost sharing

2028
& Beyond

JANUARY 2028

- Auto-enrollment eliminated on Marketplace

OCTOBER 2028

- Mandatory copays for expansion adults

OCTOBER 2029

- Medicaid Payment Error Rate Measurement (PERM) Penalty Changes

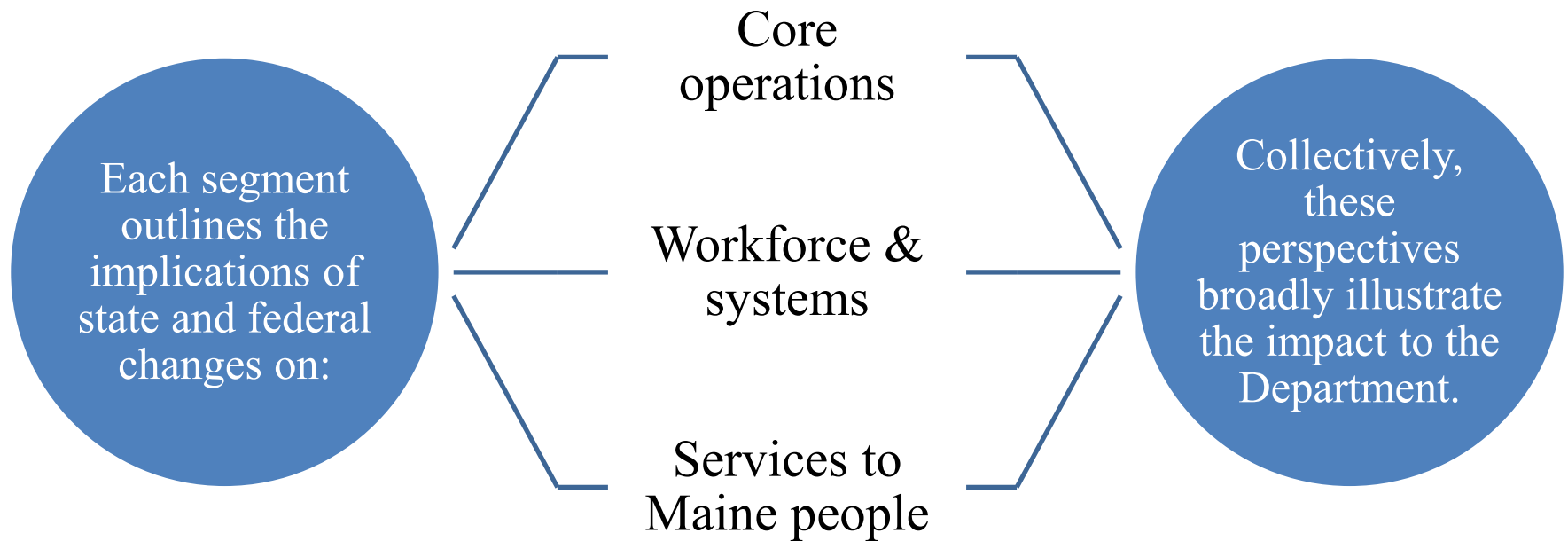
SNAP

MaineCare

Marketplace

Department Impacts in Focus

Subsequent sections provide office-level analyses

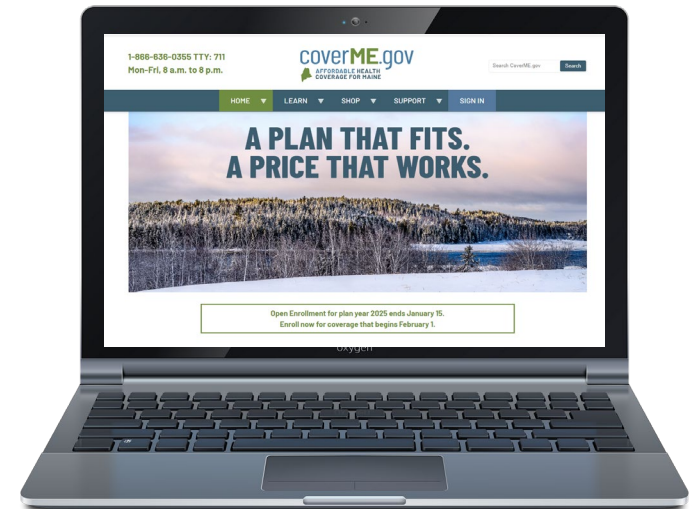


CoverME.gov – Maine's Health Insurance Marketplace



CoverME.gov – Maine's Health Insurance Marketplace

- Single, secure and trusted **online marketplace** for **health and dental insurance**
 - **More easily shop** for and **compare** plans across private companies (Anthem, Community Health Options, Delta Dental, Harvard Pilgrim, & Mending)
- **Fills gap** between employer-provided insurance and government programs (i.e., MaineCare, Medicare or VA/TRICARE)
- **Only place** to access federal **financial savings**:
 - Advance Premium Tax Credits (APTC) which lower premiums
 - Cost Sharing Reductions (CSR) which lower out-of-pocket costs
- **“No wrong door”** – preliminary assessment for MaineCare – transfer likely eligible consumers to OFI for eligibility determination

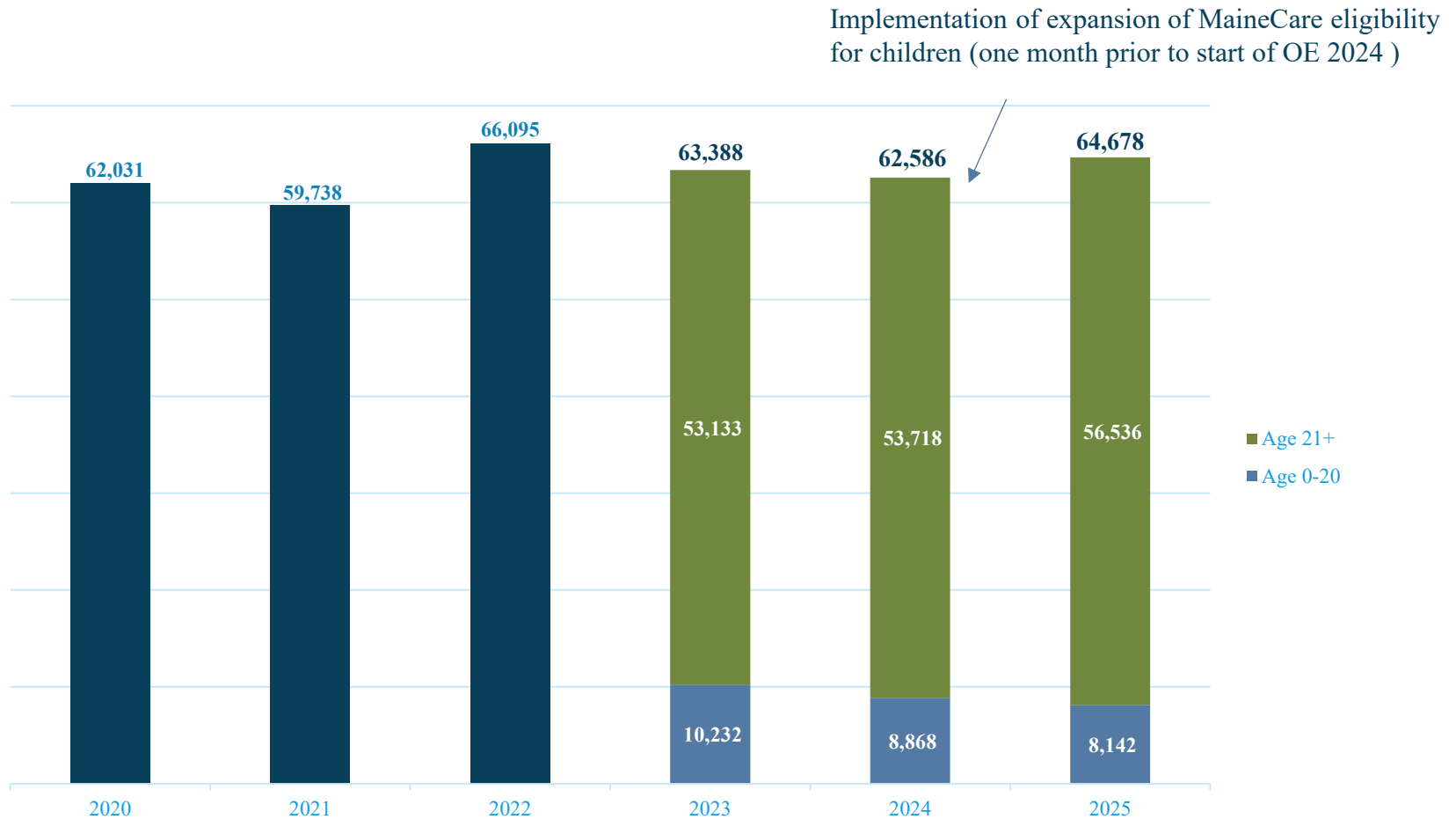


Eligibility Requirements

- Live in Maine
- US Citizen or lawfully present
- Not incarcerated
- Not eligible for Medicare

**Not eligible for financial savings if eligible for other “affordable” coverage*

Enrollment During Open Enrollment Period*



**Open Enrollment Period (OEP) typically runs from Nov 1- Jan 15 each year. Occasionally, extended by a day or two due to last day of Open Enrollment falling on MLK Day or weekend.*

2025 Plan Year Changes (Current Plans)

Effective 8/25/25

- **DACA recipients no longer eligible** for health coverage on the marketplace
- **Loss of coverage due to underpayment:** Change to rules that allowed enrollees to maintain coverage if they hadn't paid their full premium
 - Carriers must use net percentage-based method (95% or higher)
 - Gross-premium and fixed-dollar threshold method no longer allowed

Effective 10/24/25

- **Income-based SEPs prohibited:** “Household income at or below 150% FPL” Special Enrollment Period eliminated
- Eliminates ability for households with a projected income $\leq 150\%$ federal poverty level to enroll in marketplace coverage at any time during the year
- Often utilized by:
 - Adults w/o children just above MaineCare cutoff
 - Legal immigrants experiencing waiting period for MaineCare eligibility due to citizenship status

2026 Plan Year Changes

Effective Plan Year 2026

- **Lawfully present immigrants <100% FPL not eligible for APTC:**
 - Immigrant households with incomes less than 100% FPL no longer eligible for Advance Premium Tax Credits
 - Includes those waiting for Medicaid eligibility due to immigration status
- **APTC repayment limits eliminated:**
 - Households with incomes higher than anticipated will have to repay entire amount of any excess APTC received
 - Prior to this change, many protected by repayment cap
 - <138% FPL remain protected by repayment cap
- **Expansion of HSAs:** All bronze and catastrophic plans are HSA-eligible even if have pre-deductible coverage
- **EPTC Expiration:** Enhanced Premium Tax Credits (EPTC) set to *expire* December 31, 2025

These are the plans people will be shopping for during Open Enrollment starting November 2025

2027 Plan Year & Beyond

Effective Plan Year 2027

- **Shortened Open Enrollment Period:** no longer than 9 weeks
 - Beginning no earlier than November 1
 - Ending no later than December 31
- **MaineCare eligible that do not meet “work requirements” not eligible for APTC**
- **Many lawfully present immigrant groups no longer eligible for financial assistance**

Effective Plan Year 2028

- **Auto-enrollment no longer accepted**
 - Consumers must actively verify application information to remain covered

Reconciliation & CMS RULE – Operational Impacts

Time and Staffing Constraints

- Implementation to-date: hundreds of hours of staff time on changes/updates:
 - consumer, broker, and assister communications
 - internal operational guidelines
 - Eligibility and enrollment system changes or manual work-arounds
- To-date changes are small percentage of all newly required changes
- New eligibility and verification requirements require investments in people and technology:
 - Extensive system updates and testing
 - Increased casework and document verification
 - Updating operational guidelines
 - Communication with consumers, brokers, enrollment assisters, and partners
 - Coordination with OFI/OMS
- Inadequate timelines for system and technology changes: typical timeline 9-12 months v. 2-3 months for 2025 & 2026 implementation deadlines

Reconciliation & CMS RULE – Operational Impacts (Continued)

Vendor contracts

- Contract renewals (or contract amendments) with technology, call center and outreach vendors will likely require increased investments, at least in the short term for:
 - Increased number of platform changes in a shortened time period
 - Projected increased consumer contacts inbound call and chat volume and outbound communication campaigns
 - Increased consumer confusion and enrollment support

Legal challenges

(result in ever-changing requirements)

- City of Columbus v Kennedy: court stayed all marketplace enforcement of removing eligibility for advance premium tax credits for consumers who have failed to reconcile in prior tax years
 - Additional manual workarounds and increased staff time necessary to maintain compliance with changing FTR guidelines

Consumer Impact: Expiring EPTC

Premium Tax Credit (PTC)

- Federal tax credit that lowers monthly premiums for marketplace health insurance
- Can be taken in advance of filing federal income taxes (called APTC)
- **85% of CoverME.gov consumers receive APTC**

Enhanced premium tax credits (EPTC)

- Authorized in American Rescue Plan Act of 2021 (ARPA); extended in Inflation Reduction Act (IRA)
- Temporarily increased amount of premium tax credits and expanded eligibility
- eliminated premium “cliff” for thousands of Mainers
- **EPTC expires 12/31/25 unless Congress takes action to extend**
- If EPTC expires, premiums will increase for all who receive APTC with greatest impacts for older, rural adults, households with children
- **If EPTC expires, average premium increase for CoverME.gov households will be 77% in 2026**

Example household impacts of EPTC Expiration:

Town	Family Size/Ages	Annual Income	Annual Premium for Silver Plan (w/EPTC)	Annual Premium for Silver Plan (w/o EPTC)	Increase in Premium
Lisbon	5 / ages 50, 50, 20, 15, 12	\$120,000	\$7,760	\$11,950	+ 54%
Calais	3 /ages 63, 60, 25	\$107,000	\$9,177	\$47,300	+ 415%
Kittery	4 / ages 40, 38, 8, 5	\$100,000	\$6,280	\$9,960	+ 59%
Fort Kent	2 /both age 60	\$85,000	\$7,200	\$38,490	+ 435%
Fairfield	3 / ages 30, 27, 1	\$82,000	\$4,920	\$7,550	+ 53%
Bangor	2 / both age 63	\$50,000	\$1,730	\$3,370	+ 95%

MaineCare, Maine's Medicaid Program



MaineCare

MaineCare provides health insurance coverage for Maine children and adults who have lower incomes and/or are older or have disabilities.

Example: A family of four would need to earn \$43,056 or less annually for both the parents and children to be eligible for MaineCare (Medicaid) coverage.

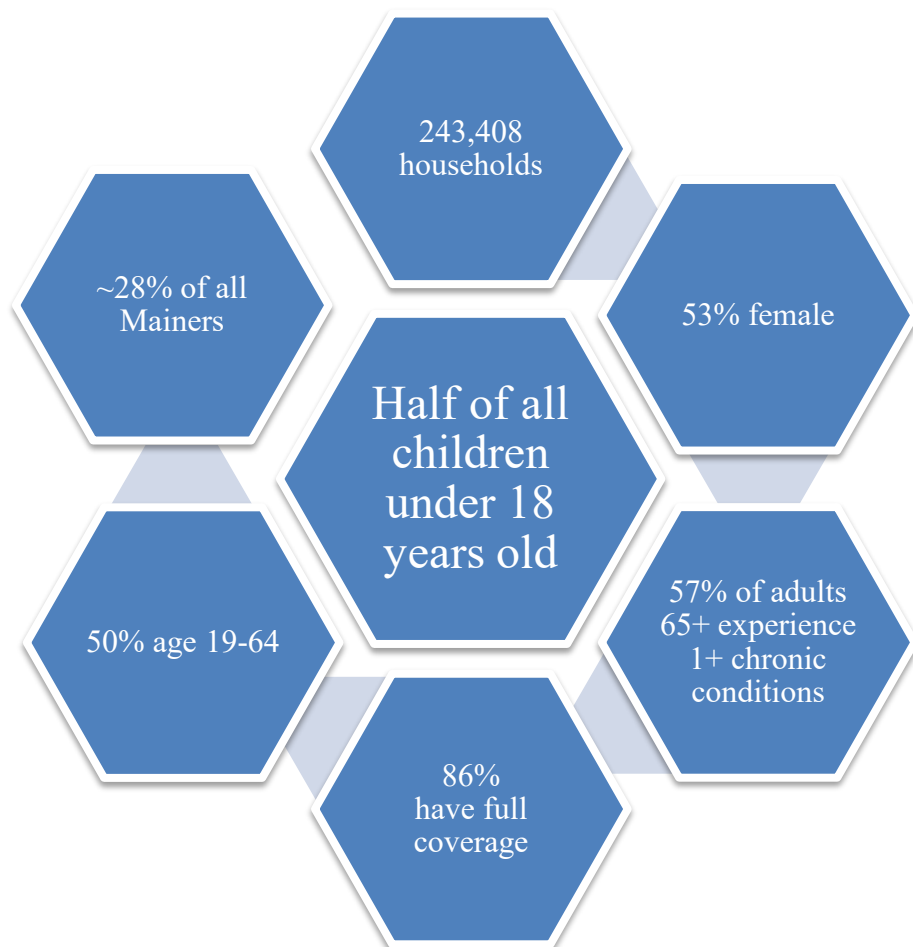
Includes Maine's Medicaid program and Children's Health Insurance Program (CHIP), which are jointly funded by the federal government and the state and governed by:

- Federal and state law and regulations.
- The Medicaid and CHIP State Plans and waivers, which serve as Maine's agreements with the Centers for Medicare & Medicaid Services (CMS) regarding coverage and reimbursement.
- MaineCare rules, documented in the MaineCare Benefits Manual.

MaineCare also includes certain state-funded benefits and coverage groups, governed by rule.

Who is Enrolled in MaineCare?

As of July 2025, approximately 390,000 Maine people had MaineCare coverage



Mainers eligible for MaineCare typically face

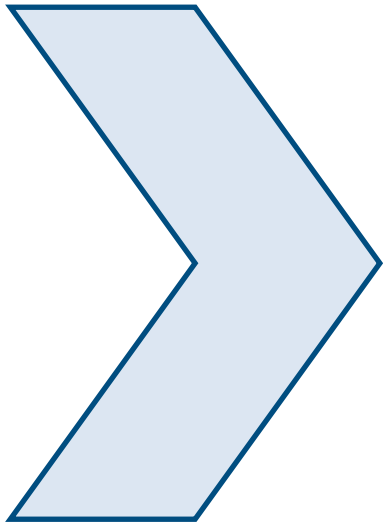
Higher health burden

More individual health vulnerability

Greater structural and social inequity

“Prohibited Provider” Status for Certain Family Planning Providers

July 2025



- A one-year moratorium on Federal reimbursements for services provided by providers delivering abortion services and meeting certain other criteria— in Maine, impacts Planned Parenthood and Maine Family Planning.

Impact:

- Impacts about 5,900 members.
- Pursuant to state law, Maine will continue to reimburse state-funded services.

Provider Tax Moratorium

July 2025

- No new or increased provider taxes, freezing Maine's hospital tax at 3.25 percent, restricting financing options to cover future cost increases.
- Awaiting CMS guidance to confirm whether hospital tax rebasing will be possible going forward

Resource impact:

- Constrains State's future Medicaid financing options, especially in relation to its ability to leverage federal funds to cover cost increases and avoid other MaineCare cuts.
- Underscores criticality of resources (staff, vendor and systems) to accurately project enrollment and costs.

Temporary Payment Increase Under the Medicare Physician Fee Schedule

January 2026

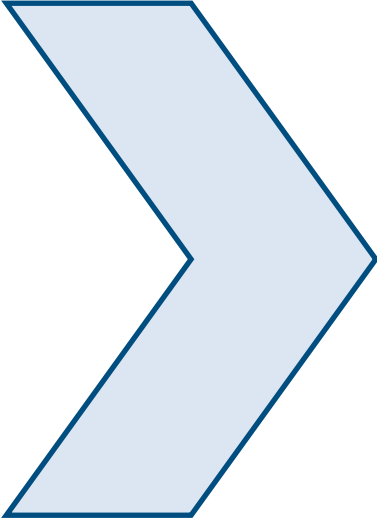
- Requires a temporary 2.5% payment increase to the Medicare Physician Fee Schedule for services delivered during calendar year 2026.

Resource impact:

- This will increase MaineCare reimbursements from mid FY26 to mid FY27, resulting in just under \$1M general fund impact in each fiscal year.

Eligibility Changes for Certain Immigrant Groups

October 2026

- 
- **Eliminates federal coverage for certain immigrant groups** such as refugees, asylees, trafficking survivors, and certain parolees.
 - **Eliminates non-emergency coverage for about 3,000 enrollees.** Excludes children and pregnant people.
 - **Federal law still requires Emergency Services coverage**
 - Elimination of enhanced 90/10 federal match rate for populations that would have qualified for expansion but for immigration status.

Resource impact:

- Requires enrollment and claims system changes, staff resources for state and federal policy updates.

MaineCare Work & Community Engagement Requirements

January 2027

Who does this apply to?

- This applies to Expansion Adults (~90,000 members) upon application or renewal, beginning January 1, 2027

What is the requirement? Members must:

- Work, volunteer, or be enrolled in school at least 80 hours per month, **or**
- Have income from work equal to at least 80x the Federal minimum wage, **or**
- Meet specific exclusion criteria.

Members who do not meet requirements or exclusion criteria cannot receive subsidies through CoverME.

Exclusion Criteria for MaineCare Work & Community Engagement Requirements

Pregnant

Parents/caregivers of dependent < age 14 or who has a disability

Tribal members and Alaska Natives

Veterans with service connected disabilities

Have Substance Use Disorder (SUD)

Medically frail or otherwise have special medical needs

Former foster youth under age 26

Currently incarcerated or released within the past 90 days

Family caregivers as defined in RAISE Family Caregivers Act

Compliant with TANF/SNAP work requirements

MaineCare Work & Community Engagement Requirements (Additional Details)

Required Outreach

- Starting by at least October 1, 2026 (3 months before implementation)

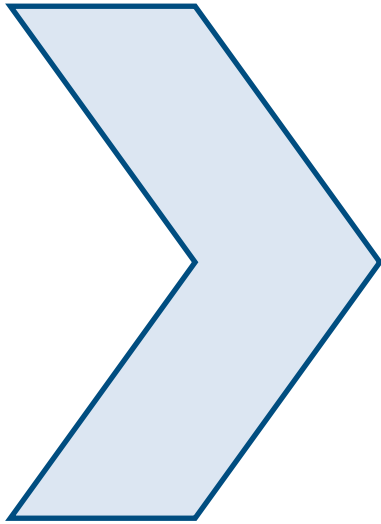
Existing Data Sources

- States must use data they have access to automatically verify compliance or exclusion criteria

Limited Funding

- There is limited funding available for states to implement; this grant has not been announced yet.

MaineCare Work & Community Engagement Resource Impacts:



- Significant IT systems upgrades and developments needed
 - New technology to verify both Community Engagement activities and exclusion criteria.
 - Required to ensure ACES system continues to automatically inform eligibility determinations (ex parte).
 - Account transfer improvements with OHIM.
- Need for effective and multiple forms of member outreach and communication, as required per federal law.
- Staffing to process increased manual renewals and verifications.

MaineCare Timing of Eligibility Redeterminations & Retroactive Coverage

January 2027

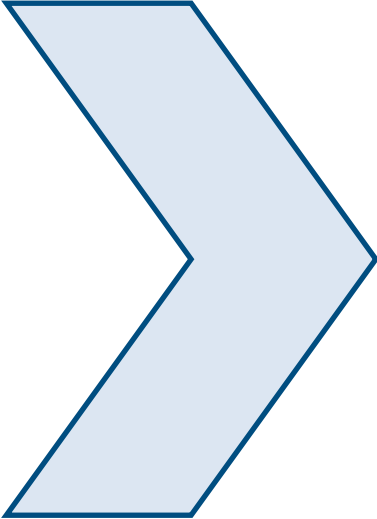
- Eligibility renewals will occur every **six months** (instead of 12 months) for Medicaid Expansion adults.
- Retroactive coverage changes:
 - one month for Medicaid Expansion adults.
 - two months for all other MaineCare coverage groups.

Resource Impacts

- Staffing needed to process double the frequency of renewals, increased system demands, and costs associated with more frequent income verifications.
- Need for effective and multiple forms of outreach and communication, as required per federal law.

MaineCare Mandatory Copayments for Expansion Population

October 2028

- 
- Adults eligible under MaineCare Expansion with incomes above 100% of the Federal Poverty Level are subject to additional cost-sharing (copays)
 - Certain services are exempt (e.g. primary care, behavioral health), and cost sharing limits apply.
 - MaineCare Expansion members will have additional copay requirements on services such as dental services and non-emergent Emergency Department visits.

Resource Impacts

- Systems changes, staff resources for policy changes and customer service.
- Need for effective and multiple forms of outreach and communication, as required per federal law.

MaineCare Payment Error Rate Penalties

2026:

While not an explicit statutory change, CMS may change historic practice of accepting corrective action plans in lieu of imposing state penalties.

October 2029

Above a 3% error threshold (national average is 5-6%):

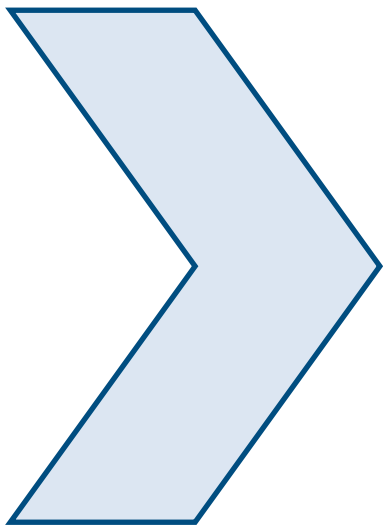
- Expands the sorts of errors that can subject states to financial penalties
- Restricts waivers of penalties, limiting state's ability to avoid penalties though identification and correction of flaws in systems and processes.

Resource impact:

- Significant added financial risk and volatility.
- Provider errors / lack of documentation result in penalties.
- Investment in staff and training needed to decrease risk.

Resource Impact

from Overall Increased Risks & Volatility to Medicaid Financing and Enrollment



Resource impact:

- Significant updates to analytic resources and claims, accounting and reporting systems to enable more sophisticated projections that incorporate tracking and actuarial analysis of the separate components of price, utilization, and enrollment trends.

Supplemental Nutrition Assistance Program (SNAP)



What is SNAP?

Supplemental Nutrition Assistance Program (SNAP) provides monthly benefits to eligible, low-income households for purchasing food.

How does it work?

SNAP benefits supplement a household's existing food budget and are received monthly on an EBT card to purchase food.

While SNAP income is limited to under 200% Federal Poverty Level (FPL), most individuals receiving SNAP have an income under 120% FPL.



Becoming a SNAP Recipient

SNAP Households Generally Must:

- Submit an application
- Participate in an interview
- Provide information as needed to verify identity, income, and citizenship (OFI also verifies using Federal, State, and Third Party sources)
- Follow program rules, including reporting and work requirements
- Complete a renewal after 12 months



SNAP Eligibility Changes

Already Implemented (October 2025)

Elimination of funding for the
SNAP-Education (SNAP-Ed)
Grant

Expanded work requirements
(Impacts $\approx 30,000$)

Limiting “Heat & Eat”
(LIHEAP) automatic deduction
(Impacts $\approx 1,000$)

Implemented Soon (Pending Federal Guidance)

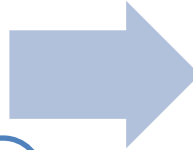
Removing SNAP eligibility
for refugees, asylees,
trafficking victims, and some
other lawfully present non-
citizens (Impacts $\approx 2,000$)



SNAP Cost Shifting & Penalties

October 1, 2026

- Increased state cost-sharing for administrative costs – from 50% to 75%.



October 1, 2027

- Increased penalties, up to 15% of SNAP benefits when Payment Error Rate (PER) is above 6%.

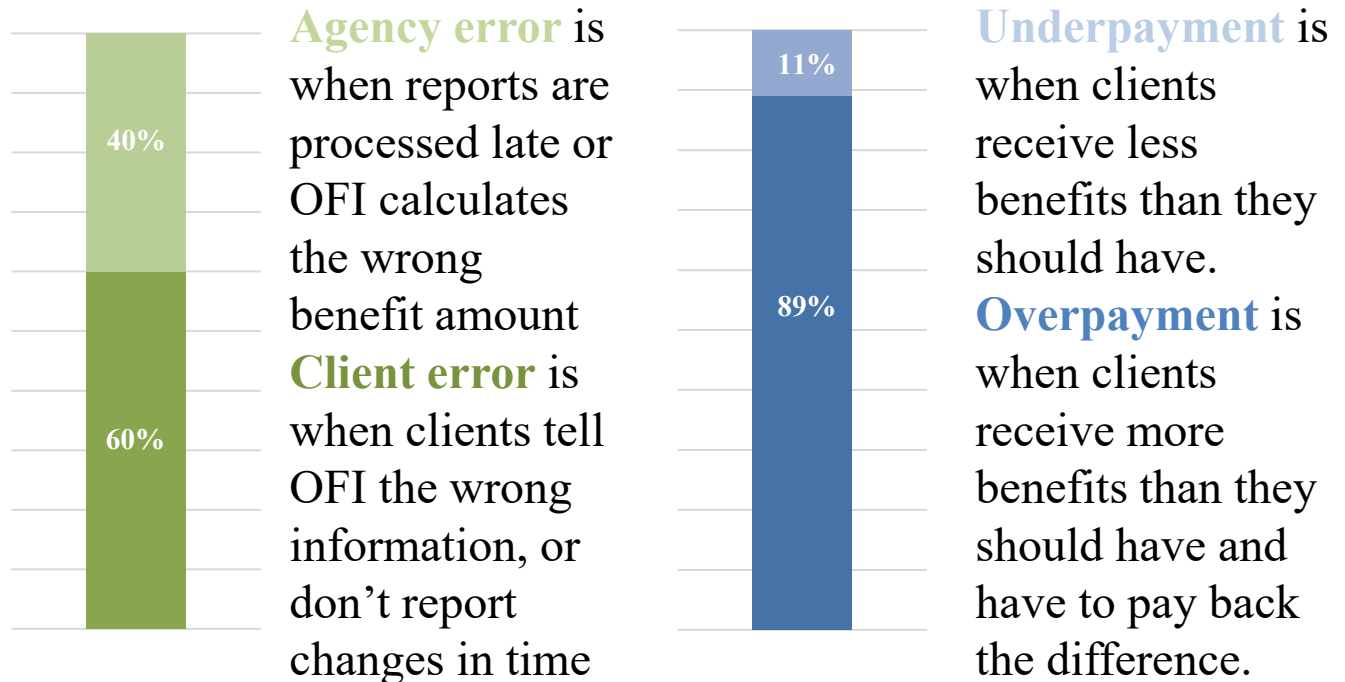


What is the Payment Error Rate (PER)

Percentage of benefits issued with errors as determined through a Quality Control sample

**Errors are either an underpayment or overpayment
AND are either due to agency or client error:**

**Maine's 2025
PER is
projected to
be about 10%**



The Payment Error Rate is NOT an indicator of Fraud.

SNAP Payment Error Rate

Root Causes

Shelter and Utility Expenses like rent, heating costs, and electricity costs were unreported or miscalculated.

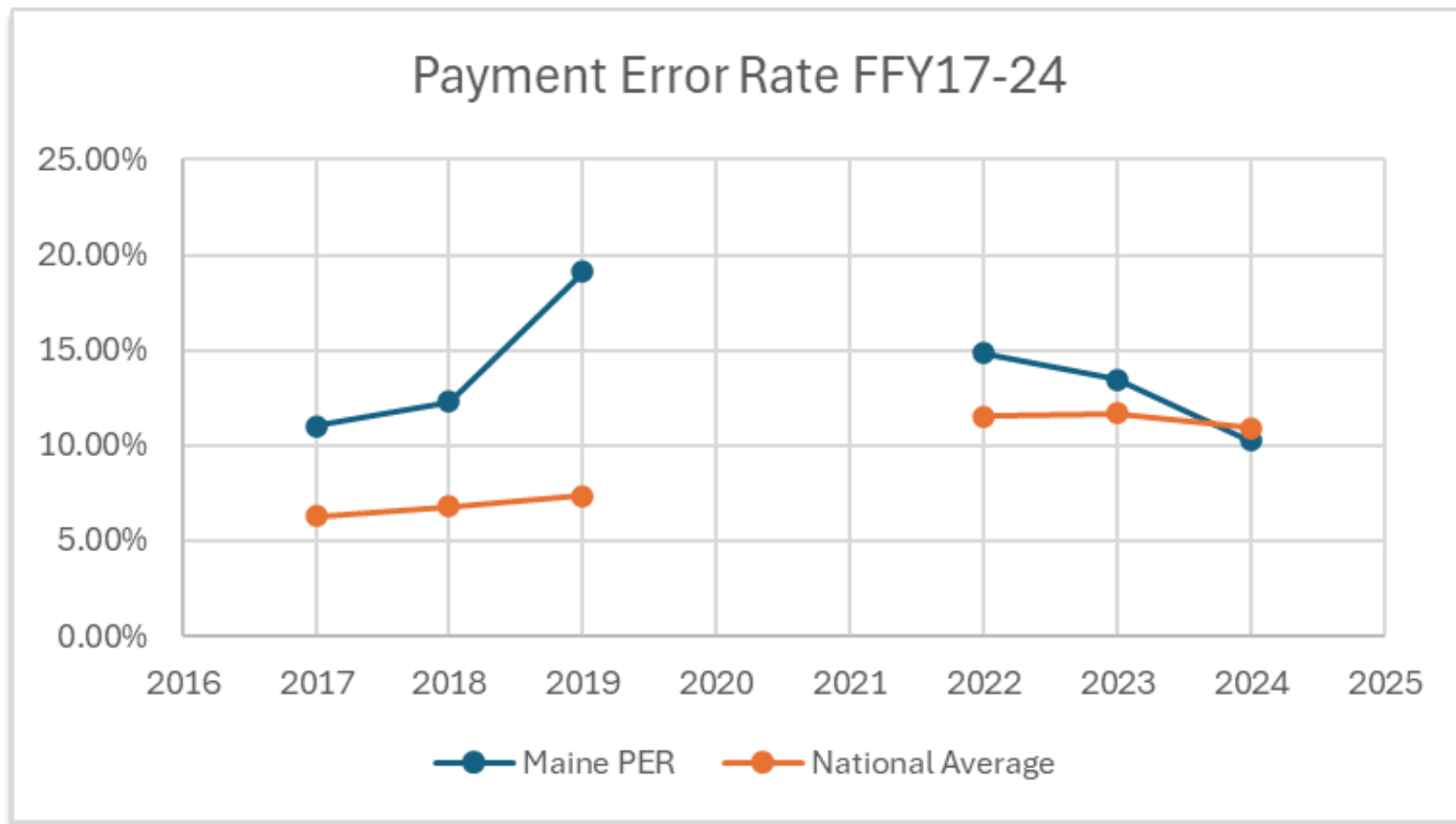
Unreported changes to a household's income or household composition after they have been verified and eligibility was determined.

Employment Income was miscalculated, inaccurate, or unreported.

Delays in processing reported information due to volume of work and staffing levels such as not processing a change in income before benefits are issued, but before the next renewal when income is re-verified.



Tracking Maine's SNAP PER Progress



SNAP PER was not tracked 2020-2021



SNAP PER – Looking Forward

Current steps to improve PER through existing resources:

- Client text and email messaging campaigns around reporting requirements
- Case evaluation and call monitoring through supervisors
- Increased focus on Eligibility Specialist retention
- Training enhancement and refreshers based on common errors

DHHS cannot make enough improvement to reduce the future penalty through existing resources alone.

Resources will be needed for:

- Staff capacity for increasing verifications and improving timeliness
- System improvements to increase efficiency and accuracy
- Adding a dedicated team to review cases that are more likely to have errors before they impact the PER
- Conducting additional external verifications, especially for employment and income



SNAP Cost Sharing Requirements

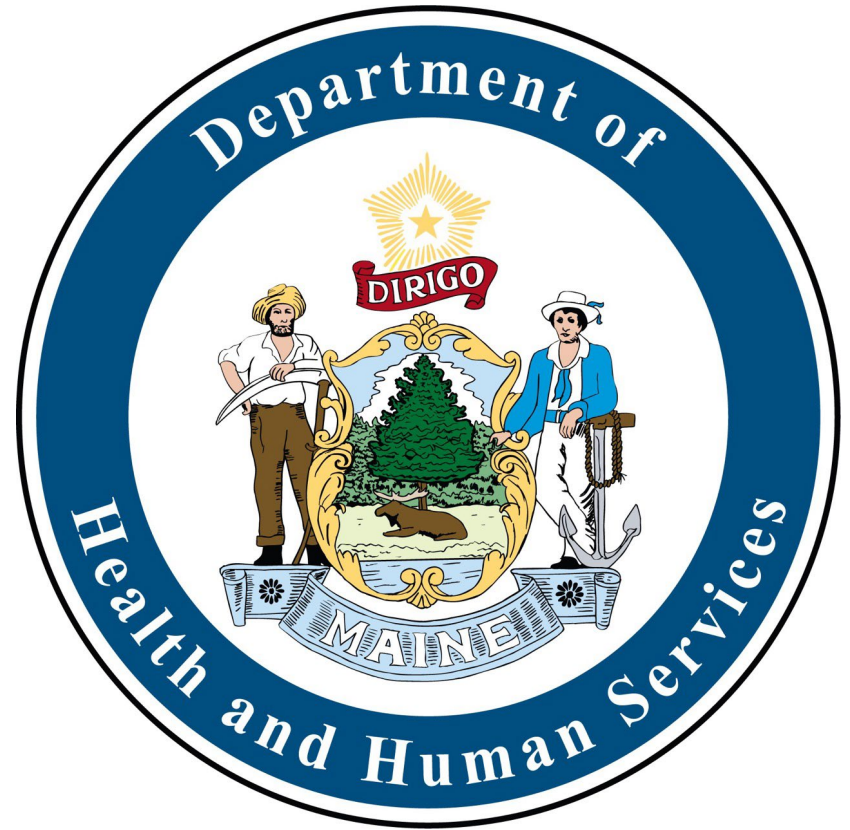
Improving Maine's PER before September 30, 2026 is critical given the penalties.

- Under these requirements, states with PERs above 6% will be required to pay a penalty based on monthly benefits issued (in addition to the existing penalty process).
- Early investment in the program will help guard against much higher future costs beginning October 2027.

State PER Range	State Cost Sharing Requirement	Estimated Maine Obligation (SFY28)
<6%	0%	\$0
6-8%	5%	\$18,191,945
8-10%	10%	\$36,383,890
10%	15%	\$54,575,835



Summary and Next Steps



Recap – Reconciliation Impacts

Health Insurance Marketplace (CoverME.gov)

Program Overview

~64,000 Mainers enrolled; state-based exchange

Reconciliation & Other Federal Action Impacts

Elimination of enhanced subsidies and decreased state flexibility

Complex new eligibility verification requirements

Increased costs for consumers for health insurance coverage

Operational & Fiscal Implications

Technology: Major system updates to align with new federal eligibility verification requirements.

People: Additional staff and contractor resources to implement system changes and conduct consumer outreach to prevent coverage losses.

Recap – Reconciliation Impacts

MaineCare

Program Overview

~ 390,000 Mainers rely on MaineCare for Medicaid and CHIP coverage and care.

Reconciliation Impacts

Complex new eligibility requirements and verification processes.

Fewer options and significant added risk and volatility to Medicaid financing

Significant and complex new systems and process requirements for Medicaid eligibility.

Significant disenrollment resulting in cuts to provider reimbursement, as well cost shifting to states.

Operational & Fiscal Implications

Systems: upgrades and new functionality to comply with new eligibility requirements.

Workforce: Need for expanded eligibility, IT, and analytics staff to meet new demands on workload and need for accurate analytics and projections.

Fiscal Risk: New financing restrictions, PERM penalties, and CE volatility heighten fiscal uncertainty and strain State capacity.

Recap – Reconciliation Impacts

SNAP

Program Overview

Serves ~176,000 Mainers monthly; major source of food security and local economic stability.

Rural counties have the highest participation rates.

Reconciliation Impacts

Expanded work requirements, new eligibility restrictions, limits to future benefit increases.

Elimination of SNAP-Ed (nutrition education grant)

Operational & Fiscal Implications

Increases state cost sharing for the program from 50% to 75%.

New penalties related to administrative errors require immediate investment in staff capacity and technology to avoid up to \$50 million (annually) beginning 2027.

Bottom Line Impacts

State Fiscal Impact

- Significant cost-shifting to states for administration: tens of millions in added state costs for administration, verification systems, plus reduced federal funding -- an [estimated \\$5.0 billion cost to MaineCare](#) over a ten-year period.

Community Impact

- Reduced benefits and access will strain local food pantries, retailers, and nonprofit partners and exacerbate food insecurity.
- Increased uninsured and underinsured individuals will mean higher health care costs and more bad debt for people.
- Decreased access to care due to cost means poorer health outcomes and less healthy communities and workforce.

Broader Healthcare System Impact

- Current Medicaid expansion spending directs approximately \$329M to hospitals, \$70M to physicians/FQHCs, \$50M to behavioral health, and \$218M to pharmacies.
- Significant disenrollment of this population will result in a loss of revenue and increases to uncompensated care for these critical providers, and others.



Bottom Line Needs

- These federal changes represent:
 - Reduced federal funding resulting in significant cost shift to the State
 - Increased compliance costs, including penalizing states for errors at an unprecedented rate at the same time as states are implementing substantial programmatic changes
- Maine cannot implement the changes without new investments in people and technology.
- Legislative support will be needed for targeted, time-sensitive appropriations for compliance staffing and system modernization.

To meet federal requirements and maintain services to eligible people in Maine, the State will need to

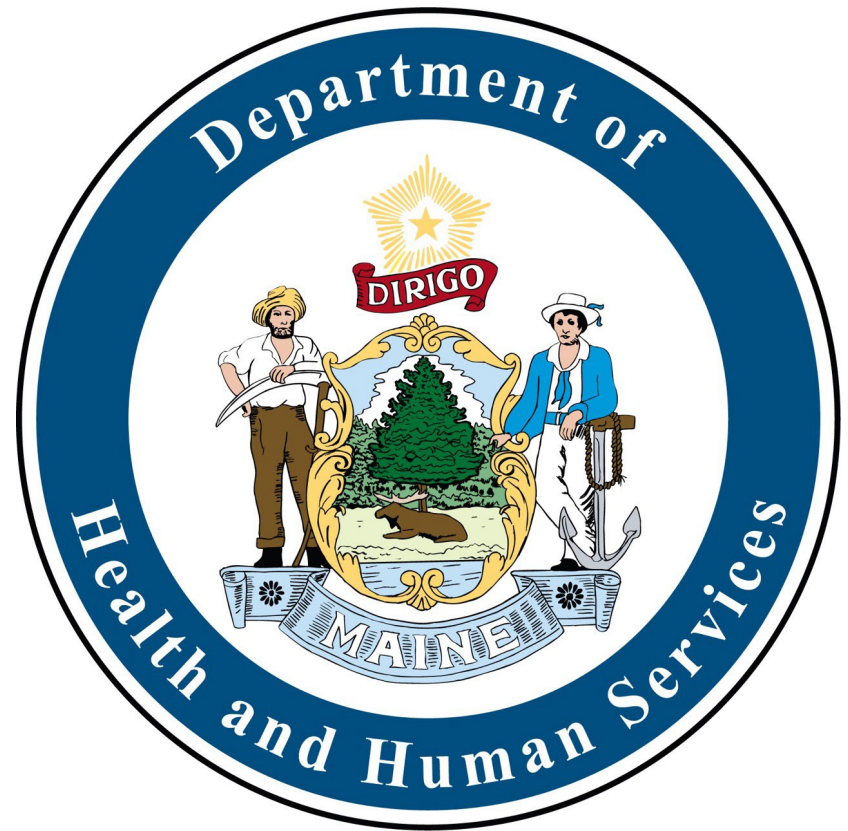
- Invest in and implement technology changes
- Expand existing capacity to meet new demands
- Maintain clear communication with members and clients

Bottom Line

- **Maine must invest in both people and technology simply to comply**, before even addressing programmatic or fiscal mitigation.



Questions?



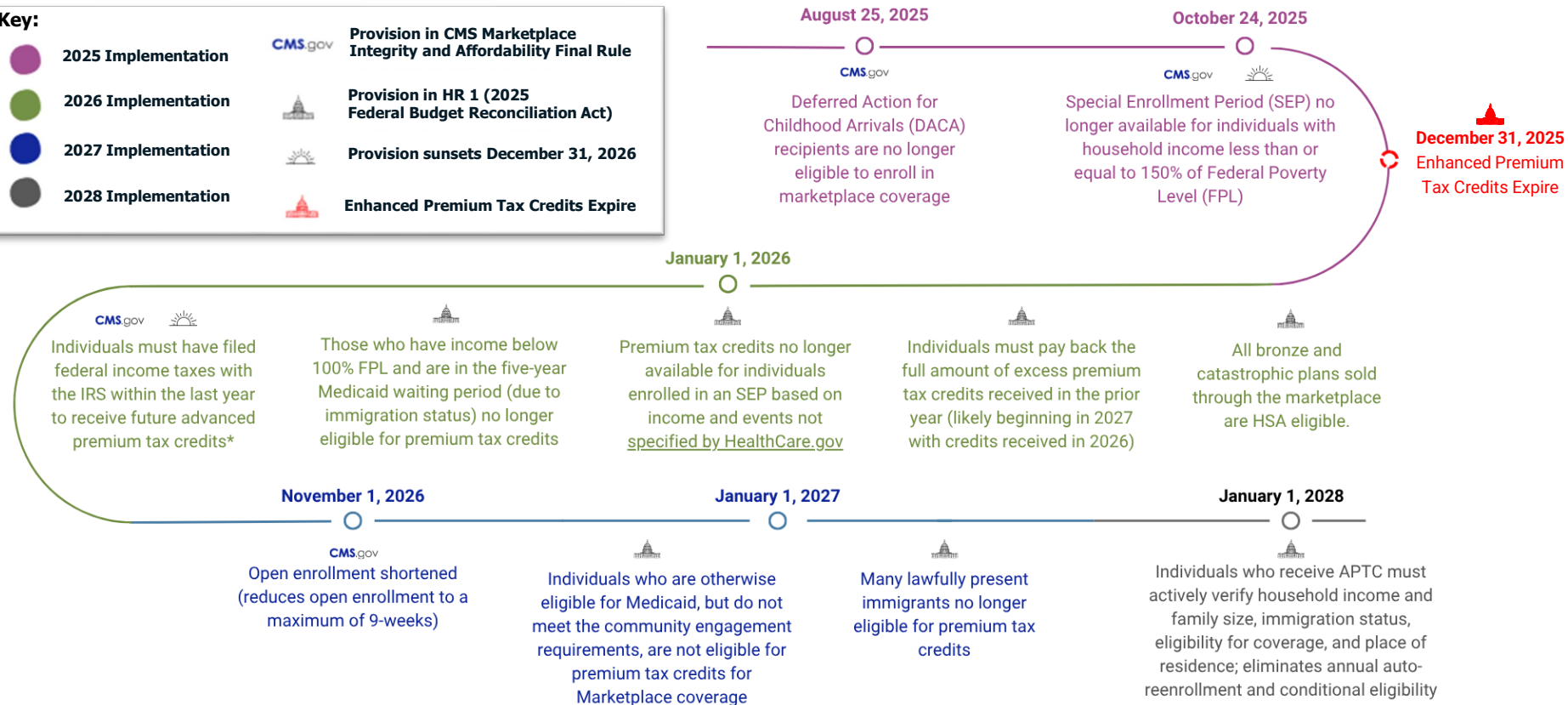
Federal Changes Impacting Maine's Marketplace



Recent Federal Changes to Maine's Health Insurance Marketplace

Key:

- **2025 Implementation** CMS.gov **Provision in CMS Marketplace Integrity and Affordability Final Rule**
- **2026 Implementation** **Provision in HR 1 (2025 Federal Budget Reconciliation Act)**
- **2027 Implementation** **Provision sunsets December 31, 2026**
- **2028 Implementation** **Enhanced Premium Tax Credits Expire**



* = Provision is stayed pending resolution of City of Columbus v Kennedy