H.R. 1 AND MEDICAID FAMILY PLANNING PROGRAMS

H.R. 1, often referred to as "The One Big Beautiful Bill," that passed in July 2025 changed Medicaid and access to healthcare in many ways. Here's what you need to know about how the new law affects Medicaid Family Planning Programs (MFPPs).

1

MFPP enrollees will <u>not</u> be subject to eligibility redeterminations every 6 months. H.R. 1 requires that individuals enrolled in Medicaid Expansion (primarily adults up to 138% FPL) have their eligibility determined every 6 months. This requirement does **not apply** to limited benefit programs like MFPPs. Redeterminations for MFPPs should take place once every 12 months.

2

MFPP enrollees will <u>not</u> have work requirements. H.R. 1 requires that, unless an exception applies, people enrolled in Medicaid Expansion report working or volunteering at least 80 hours per month to keep their coverage. This requirement **does not** apply to limited benefit programs like MFPPs.

3

Beginning 10/1/2026, the categories of immigrants who qualify for MFPP coverage will be limited. H.R. 1 limits the categories of immigrants and non-citizens who can qualify for Medicaid programs, including MFPPs, to legal permanent residents (green card holders) who have lived in the U.S. for 5+ years, Cuban and Haitian immigrants, and COFA migrants. Therefore, unless states use state-dollars to cover their care, refugees, asylees, and other humanitarian visa holders will soon be ineligible for MFPP coverage .

4

Beginning 12/31/2026 MFPP enrollees will only be eligible for 2 months of retroactive coverage. H.R. 1 reduces retroactive coverage from 3 months to 2 months for all covered populations except for the Expansion group. Expansion enrollees are only eligible for 1 month of retroactive coverage.

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Despite changes to Medicaid, MFPPs play a critical role in keeping people covered and able to access preventative care, including reproductive healthcare.

Here's how you can maximize coverage using MFPPs!

1. **Automatically consider MFPP eligibility at application and redetermination.** Incorporating MFPP coverage into the application and redetermination cascade without requiring the individual to opt in, and enrolling individuals who are ineligible for full coverage, but qualify for MFPP coverage into MFPPs helps keep people in partial coverage without additional burdens for patients.

2. **Increase enrollment in MFPP coverage to create sustainable funding for providers.** Providers with Family Planning grant dollars should screen and enroll eligible patients into MFPP coverage before applying grant dollars as a payor of last resort. This preserves limited grants to serve the truly un/underinsured and creates a more sustainable stream of funding for providers.

3. **Understand your state's MFPP eligibility and benefits to help patients understand their coverage options.** People eligible for full benefit coverage should always be enrolled in the most comprehensive program available to them. However, for those ineligible for full coverage, MFPP programs may still provide access to partial benefits. Becoming familiar with your state's MFPP program ensures you're equipped to inform patients about all available coverage options and how they can connect to care.

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