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PCC Better Health – NOW Campaign Meeting

Tuesday, July 15, 2025

agenda

1.	Welcome & Announcements	Larry McNeely & Ann Greiner, Primary Care Collaborative
2.	Review of Key HR 1 Provisions	PCC Team
3.	Path Forward for Medicaid Primary Care: BHN Partner Discussion	All Participants

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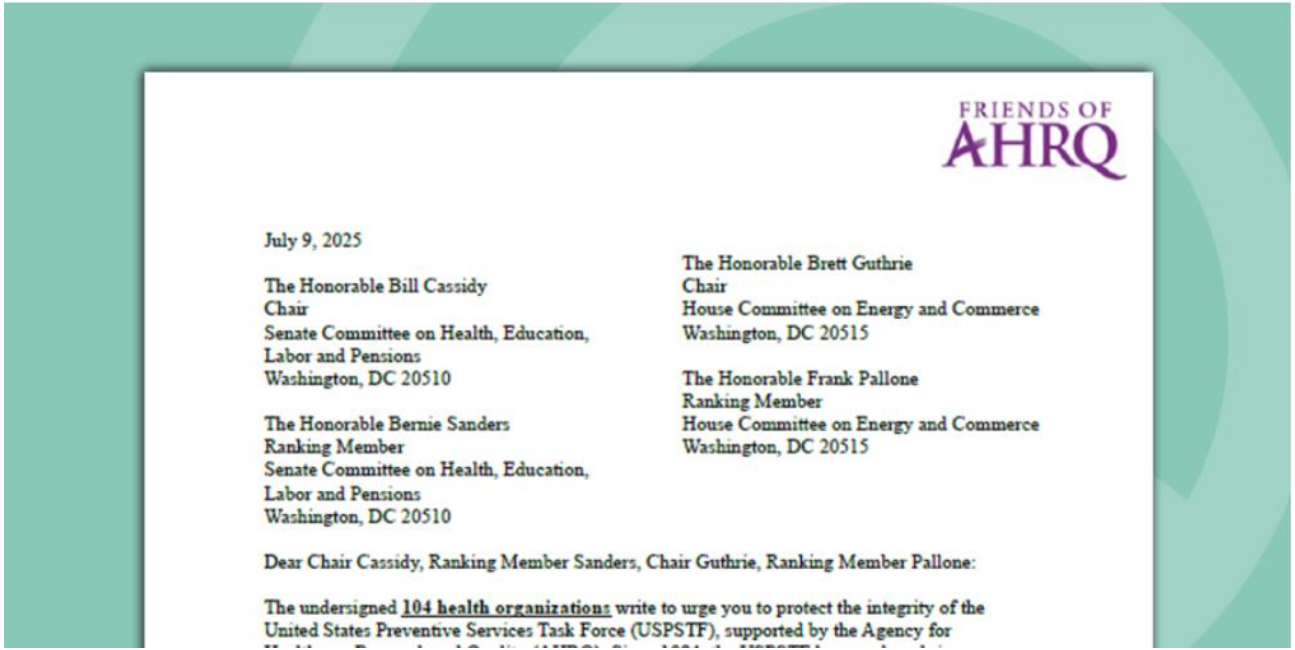
Welcome and Announcements

Larry McNeely & Ann Greiner
Primary Care Collaborative

Upcoming PCC Events

- **July 29 Webinar- *Learning from Leadership: Employer Innovators Seeking to Scale***
  - Join the PCC for a webinar exploring how employers are developing innovative new approaches that expand access to whole-person primary care
- **August 19 BHN and P&A meetings**
  - The PCC will be convening our Better Health – NOW campaign and our Policy & Advocacy Committee next month on August 19th

PCC Signs Onto Letter to Protect USPSTF



FRIENDS OF AHRQ

July 9, 2025

The Honorable Bill Cassidy
Chair
Senate Committee on Health, Education, Labor and Pensions
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member
Senate Committee on Health, Education, Labor and Pensions
Washington, DC 20510

The Honorable Brett Guthrie
Chair
House Committee on Energy and Commerce
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
House Committee on Energy and Commerce
Washington, DC 20515

Dear Chair Cassidy, Ranking Member Sanders, Chair Guthrie, Ranking Member Pallone:

The undersigned **104 health organizations** write to urge you to protect the integrity of the United States Preventive Services Task Force (USPSTF), supported by the Agency for

On July 9, the PCC, along with 103 other organizations, signed onto a letter from Friends of AHRQ urging Congress to protect the integrity of USPSTF.

PCC Updates Shared Principles

Shared Principles signers have agreed to a greater emphasis on the need for prevention and lifestyle changes to combat the chronic disease epidemic as federal policymakers also have increased such calls. These revisions:

- reinforce the role of the **community**;
- emphasize **wellbeing** in addition to **detecting and treating disease**;
- better highlight the importance of **health promotion** as well as **prevention**;
- acknowledge the **wellbeing of clinicians and staff**;
- address **conditions for health**; and
- underscore **whole-person care** as described in NASEM's report "Implementing High-Quality Primary Care."

Part of **PCC's Whole Person-Care Initiative** supported by **Ardmore Institute of Health** and **Healing Works**.

BHN MPFS Comment Development

- **Optional 1-1s:** Let's get something on the calendar!
- **Early Aug:** AdHoc MPFS Comment Development Meeting
- **Mid Aug:** Draft PCC/BHN Comment circulated for feedback
- **Aug 19:** Policy & Adv and BHN Virtual Meetings
- **Late Aug/Early Sep:** Proposed Consensus draft circulated
- **September 12:** Comment Deadline

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Review of Key HR 1 Provisions

PCC Team

Medicaid Rules

Topic	Summary	Effective Date
Medicaid Rule Implementation (Secs. 71101, 71102, 71111)	Prohibits the implementation and enforcement of the Medicare Savings Program (MSP) eligibility, Medicaid and CHIP eligibility and enrollment, and nursing home staffing rules until September 30, 2034.	July 4, 2025
Medicaid: Provider Taxes and State Directed Payments		
Provider Taxes (Secs. 71115, 71117)	Freezes the current provider tax thresholds for all states for two years and reduces the allowable level of provider taxes for expansion states by 0.5% each year until it reaches 3.5% in FY 2032. Modifies the criteria for determining provider taxes are generally redistributive.	Oct 1, 2028, for the tax thresholds July 4, 2025, for the generally redistributive requirement
State-Directed Payments (Sec. 71116)	Sets the payment limit for state directed payments to 110% of Medicare rates for non-expansion states and 100% of Medicare rates for expansion states. For states that newly expand Medicaid, all state directed payments will be subject to this provision, even if previously approved. Existing state directed payment limits would be reduced by 10% annually to reach the Medicaid allowable rate.	July 4, 2025 Grandfathered payments will begin to reduce by 10% annually with the rating period on or after Jan 1, 2028

Medicaid Expansion Population

Topic	Summary	Effective Date
Redetermination (Sec. 71107)	Requires semi-annual redeterminations for the expansion population.	Jan 1, 2027
Community Engagement Requirements (Sec. 71119)	Requires states to establish community engagement requirements as a condition of eligibility for able-bodied adults between 19 and 64 years old. Requires 80 hours of work or equivalent qualifying activity in the month(s) preceding eligibility determinations and between redeterminations. Includes mandatory and optional exceptions, expectations for state communication and verification processes, and grants to states for creating needed systems.	The Secretary of HHS must promulgate guidance by June 1, 2026. States must establish community engagement requirements beginning Jan 1, 2027. (With the exception of one year delay for hardship good faith effort if granted by the HHS Secretary)

Medicaid Expansion Pop Cont.

Title	Summary	Date
Cost-Sharing Requirements (Sec. 71120)	Requires states to impose cost-sharing on certain services for Medicaid expansion adults with incomes above 100% of the Federal Poverty Level (FPL). Cost-sharing will be at a rate determined by the state and must be above $0 but may not exceed $35 per service. The total aggregate amount for the family may not exceed 5% of the family income. Certain types of services will be exempted, including primary care, prenatal care, pediatric care, emergency room care (except for non-emergency care provided in an emergency room), mental health and substance use disorder services, and services to certain community health centers.	Oct 1, 2028
Expansion FMAP Incentive (Sec. 71114)	Sunsets the 5% enhanced FMAP incentive for the traditional Medicaid population for states that expand Medicaid after Jan 1, 2026.	Jan 1, 2026

Medicaid Eligibility and Enrollment Requirements and Procedures

Title	Summary	Date
Retroactive Coverage (Sec. 71112)	Limits retroactive coverage for the traditional Medicaid population to the two months preceding enrollment and to the month preceding enrollment for the expansion population.	Jan 1, 2027
Deceased status checks (Secs. 71104, 71105)	Requires quarterly deceased status checks and disenrollment for beneficiaries and providers.	Jan 1, 2027, for beneficiaries; Jan 1, 2028, for providers
Multi-state enrollment (Sec. 71103)	Adds a requirement for HHS to create a system to prevent individuals from being enrolled in Medicaid in multiple states, and for states to submit social security numbers to such a system and to verify addresses and act when multiple state enrollment is identified.	Process established by Jan 1, 2027, with states submitting information by Oct 1, 2029

Medicaid Eligibility and Enrollment Requirements and Procedures Cont.

Title	Summary	Date
Reduction of good faith waiver (Sec. 71106)	Annually, HHS issues estimates of improper payment rates in Medicaid based on a review of states' programs through the Payment Error Rate Measurement (PERM) program. Currently, states are required to repay HHS if their error rate is above 3%, or they may work with HHS to correct the errors through corrective action plans through a "good faith waiver." The new law reduces the amount of erroneous excess payments the HHS Secretary may waive and expands the definition or erroneous excess payments to include services to individuals who are ineligible for federal reimbursement. In addition, the law limits the ability of the HHS Secretary to waive payments associated with administrative errors of the state. This change may result in additional federal recoupments and affect state cost-sharing levels.	Oct 1, 2030
Asset Ceiling (Sec. 71106)	Creates a non-waivable ceiling of $1 million home equity values for allowable assets for LTC eligibility.	Jan 1, 2028

Immigrant Coverage

Topic	Summary	Effective Date
Emergency Medicaid FMAP (Sec. 71110)	Reduces the FMAP for emergency Medicaid services provided to "unlawfully present aliens" that would otherwise qualify for Medicaid expansion to the standard FMAP, rather than the expansion FMAP of 90%.	Oct 1, 2026
Medicaid Eligible Populations (Sec. 71109)	Limits Medicaid eligibility to US citizens, lawful permanent residents, certain Cuban or Haitian immigrants, and individuals living in the US through a compact of free association.	Oct 1, 2026
Marketplace Eligible Populations (Sec. 71301)	Limits premium tax credit eligibility for lawfully present immigrants to only a category of "eligible alien," which is defined as: an individual who is an alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act; an alien granted the status of Cuban and Haitian entrant; or an individual who lawfully resides in the U.S. in accordance with a Compact of Free Association.	Jan 1, 2027

Immigrant Coverage Cont.

Topic	Summary	Effective Date
Medicare Eligible Populations (Sec. 71201)	Limits Medicare eligibility to only citizens or individuals lawfully admitted for permanent residence under the Immigration and Nationality Act; an alien granted the status of Cuban and Haitian entrant; or an individual who lawfully resides in the U.S. in accordance with a Compact of Free Association.	Jan 4, 2027
Tax Credit Eligibility for Individuals Subject to the 5-year bar (Sec. 71302)	Prohibits premium tax credits for individuals under 100% FPL subject to the 5-year bar under Medicaid.	Jan 1, 2026

Other

Topic	Summary	Effective Date
Rural Provider Relief Fund (Sec. 71401)	Appropriates $50 billion to states to support rural providers. Requires a rural health transformation plan and approval of awards.	Approval of awards by Dec 31, 2025, for funding allocated to states FY2026-2030
Family Planning Service Providers (Sec. 71113)	Prohibits federal funding for specified family planning and abortion service providers.	July 4, 2025-July 3, 2026
Extension of Telehealth Deductible (Sec. 71306)	Permanently establishes that lack of a deductible for telehealth and remote care will not prohibit a plan from being treated as a high-deductible plan.	Jan 1, 2025
Flexibility for use of High-Deductible Plans and Direct Primary Care (DPC) under Health Savings Accounts (HSAs) (Secs. 71307, 71308)	Redefines high-deductible health plans to include bronze and catastrophic plans available as individual coverage through a marketplace for the purposes of being paired with an HSA. Establishes an exemption for DPC so that they are not disqualifying coverage for HSAs. Spending on DPC must fall below a specified cap and may not include certain services such as procedures requiring anesthesia, prescriptions, or certain laboratory services. Allows DPC to be an allowable expense covered by HSAs.	Jan 1, 2026

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Path Forward for Medicaid Primary Care: BHN Partner Discussion

All Participants