

Reconciliation Implementation Requirements & Deadlines

Medicaid | Enrollment & Eligibility

Provision	Effective Date	Brief Description	Details
<p>Moratoriums On Implementation of Rules Relating to Eligibility and Enrollment in Medicare Savings Program and Medicaid, CHIP, and Basic Health Program</p>	<p>July 4, 2025 through September 30, 2034</p>	<p>Bars the Secretary of HHS from implementing, administering, or enforcing CMS rules that addressed barriers to access and continuity of coverage for eligible individuals. Impacted rules include:</p> <ul style="list-style-type: none"> Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment Medicaid Program; Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes 	<p>Medicare Savings Program</p> <ul style="list-style-type: none"> Prohibits the Secretary of Health and Human Services (HHS) from implementing, administering, or enforcing specific sections of the final rule published by the Centers for Medicare & Medicaid (CMS) on September 21, 2023, Medicare Savings Program Eligibility Determination and Enrollment before September 30, 2034. Policies subject to the moratorium: clarification of the effective date of coverage under the QMB group; the application of financial eligibility methodologies; determination of eligibility; and use of information and requests for information Appropriates \$1 million for FY 2026 to support implementation of delays the MSP and Medicaid/CHIP/BHP moratoriums. <p>Medicaid, CHIP, and BHP</p> <ul style="list-style-type: none"> Prohibits the Secretary of HHS from implementing, administering, or enforcing substantive provisions of the final rule published by the CMS on April 2, 2024, Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes applicable to Medicaid or CHIP before September 30, 2034 Minor amendments (e.g., renumbering and reserving sections) and changes to the Basic Health Program (BHP) within the final rule would not be impacted
<p>Staffing standards for long-term care facilities under the Medicaid program</p>	<p>July 4, 2025 through September 30, 2034</p>	<ul style="list-style-type: none"> Prohibits the HHS Secretary from enforcing new LTC minimum staffing standards. 	<p>Prohibits the HHS Secretary from implementing, administering, or enforcing amendments made by the final rule “Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting” until September 30, 2034.</p>

Reconciliation Implementation Requirements & Deadlines

Medicaid | Enrollment & Eligibility

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Federal payments to prohibited entities that provide family planning or reproductive services	July 4, 2025 to July 4, 2026	Prohibits Medicaid payments to some providers providing abortion services for one year.	<p>Prohibits for one year Medicaid payments to nonprofit essential community providers primarily furnishing family planning services or reproductive services that provide for abortions, and which received federal and state Medicaid funding reimbursements exceeding \$800,000 in 2023.</p> <p>Appropriates \$1 million for FY 2026 for implementation.</p> <p>No additional regulatory requirements.</p>
Moratorium on new or increased provider taxes in non-expansion states	July 4, 2025	Freezes provider taxes for non-expansion states.	<p>Freezes, at current rates and amounts, what non-expansion states can assess through provider taxes. Freezes current provider tax rates.</p> <p>No additional regulatory requirements.</p>
Requirements regarding waiver of uniform tax requirement for Medicaid provider tax	July 4, 2025 (subject to transition period determined by HHS Secretary, not to exceed 3 fiscal years)	Mandates healthcare related uniform tax requirements for States.	<p>Tightens broad based and uniform requirements. States with health care-related tax waiver that meets at least one of these criteria as of date of enactment must modify the waiver to comply. Clarifies that the provision only applies to 50 states and DC and is not applicable to territories.</p> <p>Effective upon enactment subject to any applicable transition period determined appropriate by the HHS Secretary. The transition period cannot exceed 3 fiscal years. Further rulemaking expected given proposed rule released from CMS on waiver of uniform tax.</p>
Sunsetting eligibility for increased FMAP for new expansion states	January 1, 2026	Sunsetts increased FMAP for new expansion states.	<p>Sunsetts temporary five percent enhanced FMAP for states that opt to expand Medicaid, a policy passed in the American Rescue Plan. Applies prospectively, not affecting states currently receiving an enhanced federal match under this authority.</p> <p>Appropriates \$20 million for FY 2026 for implementation.</p> <p>No additional regulatory requirements.</p>

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Medicaid | Enrollment & Eligibility

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<p>Requirement for states to establish Medicaid community engagement requirements for certain individuals</p>	<p>Interim final guidance: June 1, 2026</p> <p>Effective date for requirements: December 31, 2026</p> <p>Good faith exemptions end: December 31, 2028</p>	<p>Establishes work and community engagement requirements for Medicaid enrollees in expansion and partial expansion states.</p>	<p>Requires states to establish community engagement requirements for able-bodied adults ages 19-64. The requirements apply to all expansion states, and partial expansion states (WI and GA). States must implement the requirements by CY 2027, absent a good faith exception allowing more time. States may also implement the requirements earlier.</p> <p>CMS must provide an interim final rule to implement the requirements no later than June 1, 2026. CMS will also be reviewing waiver requests from states that applied to use community engagement requirements (in some cases, required by their state legislatures). Areas requiring federal regulatory action include:</p> <ul style="list-style-type: none"> • Good Faith Exemptions. The HHS Secretary can (or choose not to) grant exemptions for states from fully complying with community engagement requirements by the effective date, although any such exemptions must conclude by the end of CY 2028. • Standards. There are various areas where the Secretary must establish standards to govern state implementation activities, including <ul style="list-style-type: none"> • When an individual qualifies for a mandatory exception • Defining the requirements for states to receive approval to use optional hardship exemptions • Ex-parte verification of eligibility and qualifying activities • Notice to enrollees, including modalities of accessible of notification and content on eligibility and enrollment, compliance and procedures, impact for non-compliance. Also, CMS could undertake more in the way of public notification. • Definitions. Many key terms are described in statute or cross-referenced, but the Secretary will play an important role in defining "medically frail," "special medical needs," and "serious or complex medical condition," which will materially impact which individuals can be excluded from community engagement requirements. Criteria for qualifying activities established through regulation.

Reconciliation Implementation Requirements & Deadlines

Medicaid | Enrollment & Eligibility

Provision	Effective Date	Brief Description	Details
FMAP for Emergency Medicaid	October 1, 2026	Limits FMAP for Emergency Medicaid.	<ul style="list-style-type: none"> Procedures. The Secretary must establish procedures for compliance verification and enrollment eligibility relative to community engagement. Criteria. The Secretary must set criteria for assessing qualifying activities enrollees can engage in that will meet community engagement requirements. Funding. The Secretary has significant discretion in how the agency chooses to allocate funds and for what purpose. <p>Limits FMAP for Emergency Medicaid provided to individuals who would otherwise be eligible for Medicaid coverage except for their immigration status to the state’s regular FMAP, rather than expansion FMAP percentage. Provides \$1 million to CMS for implementation funding.</p> <p>No additional regulatory requirements, but likely to trigger additional guidance/rulemaking.</p>
Limit definition of “qualified immigrants” who are eligible for Medicaid coverage	October 1, 2026	Amends the definition of “qualified immigrants” in Medicaid.	<p>For purposes of Medicaid and CHIP eligibility, limits the definition of “qualified immigrants” to lawful permanent residents (LPRs), certain Cuban immigrants, and citizens of the Freely Associated States (COFA migrants) lawfully residing in a state or territory. Removes Medicaid and CHIP eligibility for several groups defined in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), including: refugees; aliens granted parole for at least one year; aliens granted asylum or related relief; certain abused spouses and children; certain victims of trafficking; Haitian and some Cuban entrants. Appropriates \$15 million for FY 2026 for implementation.</p> <p>No additional regulatory requirements, but may trigger additional guidance/rulemaking.</p>

Reconciliation Implementation Requirements & Deadlines

Medicaid | Enrollment & Eligibility

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Increasing frequency of eligibility redeterminations for certain individuals	December 31, 2026	Increases frequency of eligibility redeterminations for Medicaid expansion population.	<p>Requires states to make a redetermination every six months for the Medicaid expansion population (or individuals in waiver programs with coverage equivalent to minimum essential coverage) beginning after December 31, 2026, and requires CMS to issue implementation guidance no later than December 31, 2025 (180 days after the date of enactment of the law).</p> <p>This section excludes certain Native American populations in Medicaid.</p> <p>Includes \$75 million for FY 2026 for implementation.</p>
Retroactive coverage under the Medicaid and CHIP programs	December 31, 2026	Shortens retroactive coverage periods for Medicaid and CHIP.	<p>Modifies the retroactive coverage period for healthcare expenses incurred by the Medicaid expansion population from the three months to the one month prior to application. Modifies retroactive coverage for non-expansion populations, including those eligible for child assistance and pregnancy-related assistance from the three months to two months prior to application.</p> <p>Provides \$10 million in FY 2026 to CMS for implementation funding Effective on or after the first day of the first quarter that begins after December 31, 2026.</p> <p>No additional regulatory requirements, but may trigger additional guidance/rulemaking.</p>
Requiring budget neutrality for Medicaid demonstration projects under section 1115	January 1, 2027	Requires budget neutrality for Medicaid section 1115 waivers.	<p>Establishes budget neutrality requirements for Section 1115 demonstrations. Specifies that CMS’s Chief Actuary, rather than HHS Secretary, would be required to certify the total federal expenditures do not exceed what would otherwise have been spent under Medicaid absent from the demonstration.</p> <p>Requires the Secretary to establish a methodology for calculating spending differences if a demonstration project result in savings.</p> <p>Appropriates \$5 million in each of fiscal years 2026 and 2027 for implementation.</p>

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Medicaid | Enrollment & Eligibility

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<p>Ensuring Appropriate Address Verification Under the Medicaid and CHIP Programs</p>	<p>January 1, 2027</p>	<p>Requires states to establish a process to regularly obtain address information for Medicaid and CHIP enrollees.</p>	<p>The following go into effect January 1, 2027:</p> <ul style="list-style-type: none"> Requires states establish processes to regularly obtain beneficiary address information from reliable data sources and requires that states collect address information from reliable sources, including managed care entities, at least monthly. Requires state contracts with managed care entities to have terms requiring the entity to provide the state address information for enrollees. The Secretary will determine what "other information", apart from social security numbers, to use to verify identification. The Secretary must also establish standards to limit and protect the privacy of information submitted under the new system. Requires obtaining address information from "reliable data sources". The definition of reliable data sources includes data sources identified by the State and approved by the Secretary. If there's any change to a person's address based on the data source, the state must follow specific actions laid out by the Secretary of Health and Human Services. <p>The following go into effect October 1, 2029:</p> <ul style="list-style-type: none"> Allows for the Secretary to determine that a State does not need to use a specific type of system to perform data matching beginning on October 1, 2029. Requires HHS to establish a system to prevent concurrent enrollment in multiple State Medicaid programs, effective no later than October 1, 2029, and appropriates \$10 million to HHS for FY 2026 to establish eligibility verification system and standards to operate the system and \$20 million for FY 2029 for system maintenance. <p>States are required to begin submitting address verifications to the system established by the Secretary no later than October 1, 2029.</p>

Reconciliation Implementation Requirements & Deadlines

Medicaid | Enrollment & Eligibility

Provision	Effective Date	Brief Description	Details
Modifying certain state requirements for ensuring deceased individuals do not remain enrolled	January 1, 2027	Requires quarterly reviews for deceased enrollees.	Requires states to conduct quarterly reviews of the Social Security Administration's Death Master File or a successor system to determine whether any enrollees are deceased and disenroll any enrollees found to be deceased. No additional regulatory requirements.
Ramp down of the hold harmless threshold for provider taxes in expansion states	October 1, 2027 and further changes each subsequent FY until 2032	Phased reductions in Medicaid provider taxes for expansion-state thresholds.	Beginning in 2028, the hold harmless threshold in expansion states for provider classes other than nursing or intermediate care facilities would be reduced by 0.5 percent annually until the maximum hold harmless threshold reaches 3.5 percent in 2032 (also applies to local government taxes). <ul style="list-style-type: none"> • For fiscal year 2028, 5.5 percent; • For fiscal year 2029, 5 percent • For fiscal year 2030, 4.5 percent • For fiscal year 2031, 4 percent; and • For fiscal year 2032 and each subsequent fiscal year, 3.5 percent. Provide \$20 million for FY 2026 for implementation. No additional regulatory requirements, but likely to trigger additional guidance/rulemaking.
Eligibility for long-term services and supports (LTSS) under the Medicaid program (home equity limit)	January 1, 2028	Caps the home equity limit for determining eligibility for LTSS at \$1 million.	Limits at \$1 million the home equity values for asset counting for LTSS eligibility determination and eliminates state authority to use asset disregards to waive home equity limit. Allows state flexibility for determinations made about homes located on land zoned for agricultural use. No additional regulatory requirements.

Reconciliation Implementation Requirements & Deadlines

Medicaid | Enrollment & Eligibility

Provision	Effective Date	Brief Description	Details
Medicaid provider screening requirements – death	January 1, 2028	Requires quarterly reviews for deceased providers.	Requires states to conduct quarterly screenings of provider enrollments or reenrollments against the Death Master File to determine if any provider or supplier is deceased. No additional regulatory requirements.
Revising the payment limit for certain state directed payments	January 1, 2028 and further changes annually to reduce payments	Caps state-directed Medicaid payments to Medicare benchmarks with phased reductions for grandfathered exceptions.	Requires HHS to limit state directed payments for services furnished on or after enactment of this legislation. For states that provide coverage to the expansion population that is equivalent to minimum essential coverage, the payments are limited to 100 percent of the specified total published Medicare payment rate. For other states, payments are limited to 110 percent of the specified total published Medicare payment rate. Grandfathered state-directed payment limits will be reduced by 10 percentage points annually at the beginning of the calendar year, beginning on January 1, 2028, until the allowable Medicare-related payment limit is achieved. Grandfathers state directed payment policies approved before May 1, 2025, certain payment policies for rural hospitals approved by date of enactment, for a rating period within 180 days of enactment, or a payment for which a state submitted preprint prior to enactment payment is reduced 10 percentage points each year until it reaches 100 percent of Medicare. For services without Medicare published rates, payment limit is Medicaid FFS rate. Grandfathered payments refer to those that either received “written prior approval” from the Secretary, or that were submitted with a good faith effort to obtain such approval, as determined by the Secretary. Incorporates any future regulatory changes to the definition of “written prior approval”. Appropriate \$7 million for fiscal years 2026 through 2033 for implementation.

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Provision	Effective Date	Brief Description	Details
Section 1915(c) HCBS waivers and waiting lists	July 1, 2028	Creates new 1915(c) waiver, provided that state can demonstrate waivers will not increase waiting times.	<p>Establishes a new type of Medicaid 1915(c) waiver, effective July 1, 2028. Authorizes approval of standalone 1915(c) waivers to cover the cost of home or community based services (other than room and board) without requiring individual to meet institutional level of care criteria.</p> <p>The initial waiver length is three years, with the option for an additional five years. State must demonstrate that the waiver will not increase the waiting time for individuals already eligible under traditional criteria to receive 1915(c) HCBS services. The Secretary will have discretion over establishing waiver application requirements and in choosing to approve applications from states. Provides \$50 million in FY 2026 and \$100 million in FY 2027 for CMS implementation.</p> <p>No additional regulatory requirements, but likely to trigger additional guidance/rulemaking prior to effective date.</p>
Modifying cost sharing requirements for certain expansion individuals under the Medicaid program	October 1, 2028	Imposes cost sharing for some services for expansion adults with incomes above 100 percent FPL.	<p>Requires states impose cost sharing on Medicaid expansion adults with incomes more than 100 percent FPL, which cannot exceed \$35 per service or exceed five percent of the individual's income. This excludes cost-sharing on primary care, mental health care services/substance use disorder services, prenatal care, pediatric care, or emergency room care (except for non-emergency care provided in the ER).</p> <p>States may allow a provider to require payment of any deductions, cost sharing or similar charges as a condition of providing care, items or services; providers may waive the payment requirement. Adds exemption for services provided by FQHCs, behavioral health clinics, and rural health clinics, and provides \$15 million to CMS for implementation.</p> <p>No additional regulatory requirements, but likely to trigger additional guidance/rulemaking.</p>

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Medicaid | Enrollment & Eligibility

Provision	Effective Date	Brief Description	Details
Removing HHS' waiver flexibility related to erroneous excess payments	October 1, 2029 (Fiscal Year 2030)	Caps maximum amount of erroneous excess payments HHS can waive.	<p>Reduces the maximum amount of erroneous excess payments that HHS may waive and expands the definition of erroneous excess payments to include payments where insufficient information is available to confirm eligibility and payments for items and services are furnished to an individual not eligible for medical assistance under a state plan with respect to such items or services.</p> <p>Allows for additional Secretarial and State auditing to ensure enforcement.</p>

Reconciliation Implementation Requirements & Deadlines

ACA | ACA Marketplace

Provision	Effective Date	Brief Description	Details
Disallowing Premium Tax Credit During Periods of Medicaid Ineligibility Due to Alien Status	December 31, 2025	Makes lawfully-present aliens ineligible for premium tax credits.	Repeals the special rule for lawfully-present aliens, so that lawfully-present aliens with household incomes less than 100 percent FPL who are ineligible for Medicaid by reason of alien status are no longer eligible for premium tax credits and confirms that Basic Health programs are not required to cover such individuals.
Limits Advance Premium Tax Credit During Special Enrollment Periods (SEP)	December 31, 2025	Limits APTCs for individuals enrolled during an SEP.	Disallows the APTC for individuals who enrolled in an exchange plan during an SEP on the basis of expected household income that does not meet a percentage of the poverty line (as determined by the HHS Secretary) and is not connected to a change in other circumstances.
Elimination of Limitation on Recapture of Advance Premium Tax Credit	December 31, 2025	Requires repayment of excess premium tax credits for individuals with income between 100 and 400 percent FPL.	Provides that, for individuals with incomes below 400 percent FPL, liability for excess payments is no longer limited, so that all excess advance premium tax credits are subject to recapture. Adds special rule applicable to individuals that an Exchange determines to have projected annual household income equal to or above 100 percent FPL and receives a premium credit, that individual will still be treated as an applicable taxpayer

Reconciliation Implementation Requirements & Deadlines

ACA | ACA Marketplace

Provision	Effective Date	Brief Description	Details
<p>Premium Tax Credits for Undocumented Immigrants; Revised Definition of Lawfully Present</p>	<p>December 31, 2026 Verification of alien status is in effect in the plan year beginning on or after January 1, 2027.</p>	<p>Places limits on immigrant eligibility for premium tax credits.</p>	<p>Provides that a lawfully present alien is eligible for the premium assistance credit only if the individual is:</p> <ul style="list-style-type: none"> • A lawful permanent resident • Certain Cuban and Haitian entrants, or • An individual who lawfully resides in the United States in accordance with a Compact of Free Association <p>Requires verification of alien status..</p>
<p>Requiring Exchange Verification of Eligibility for Health Plans</p>	<p>December 31, 2027</p>	<p>Requires annual income verification of individuals claiming APTCs.</p>	<p>Requires annual verification of income and enrollment information for individuals claiming advance premium tax credits, which would prohibit passive reenrollment.</p> <p>No additional regulatory requirements, but additional detail may come in the Notice of Benefit and Payment Parameters rule for the 2028 plan year.</p>

Reconciliation Implementation Requirements & Deadlines

ACA | HSAs/HRAs

Provision	Effective Date	Brief Description	Details
<p>Treatment of direct primary care (DPC) service arrangements</p>	<p>January 1, 2026</p>	<p>Allows individuals in DPC arrangements to contribute to HSAs, sets fee limits, and directs</p>	<p>Makes individuals in a DPC service arrangement eligible to contribute to an HSA. Fees for the DPC arrangement may not exceed \$150 for an individual or \$300 for an arrangement covering more than one individual.</p> <p>DPC arrangements may provide medical care consisting solely of primary care services, and excluding:</p> <ul style="list-style-type: none"> • Procedures that require the use of general anesthesia, • Prescription drugs (other than vaccines), and • Lab services not typically administered in an ambulatory primary care setting. <p>The Treasury Secretary, after consultation with the HHS Secretary, shall issue regulations or other guidance regarding the application of this clause. No deadline specified.</p>
<p>Allowance of bronze and catastrophic plans in connection with health savings accounts</p>	<p>January 1, 2026</p>	<p></p>	<p>Treats any bronze or catastrophic plan offered in the individual market on an Exchange as a HDHP.</p>

Reconciliation Implementation Requirements & Deadlines

Medicare

Provision	Effective Date	Brief Description	Details
Permanent Extension of Telehealth Safe Harbor	January 1, 2025 (retroactive)	Provides a permanent safe harbor for high-deductible health plans that offer telehealth services.	Makes permanent a COVID-era provision that allows high-deductible health plans to provide first dollar coverage of telehealth and other remote care services.
One-year, 2.5-percent increase in the PFS conversion factor, effective for 2026	January 1, 2026	Provides a one-year increase to Medicare physician payment.	Provides for a one-year, 2.5-percent increase in the physician fee schedule conversion factor, effective for 2026. Rulemaking for CY 2026 PFS includes mention and additional requirements.

Reconciliation Implementation Requirements & Deadlines

Supplemental Nutrition Assistance Program (SNAP)

Provision	Effective Date	Brief Description	Details
Modifications to SNAP work requirements for able-bodied adults	Not specified	Expands the population to which SNAP work requirements apply and limits state waivers from work requirements.	<p>Expands work requirements, which currently apply to non-disabled adults without dependents up to age 54, to include individuals 18 to 65. Limits the work requirements exemption for people with dependents age 18 and below to dependents under 14 years of age.</p> <p>Limits state waiver requests from the work requirements and increases states' share of administrative costs. State waivers are to expire not later than December 31, 2028 and may not be renewed beyond that date. States granted an exemption are required to submit quarterly progress reports to the Secretary on the state's progress in achieving milestones toward full compliance and information on specific risks or newly identified barriers or challenges to full compliance.</p> <p>No additional regulatory requirements, but may trigger additional guidance/rulemaking.</p>
Alien SNAP eligibility	Not specified	Limits SNAP eligibility for migrants.	<p>Requires that to be eligible for SNAP, an individual must reside in the U.S. and be a U.S. citizen, a lawful permanent resident (excluding alien visitors, tourists, diplomats, and students who enter the U.S. temporarily), a Cuban or Haitian entrant as defined in the Refugee Education Assistance Act of 1980, or an individual lawfully residing in the U.S. under a Compact of Free Association.</p> <p>No additional regulatory requirements, but may trigger additional guidance/rulemaking.</p>

Reconciliation Implementation Requirements & Deadlines

Student Loans

Provision	Effective Date	Brief Description	Details
Termination of graduate and professional Federal Direct PLUS loans	July 1, 2026	Eliminates the Graduate PLUS loan program.	Eliminates the Graduate PLUS loan program. Participants in the program with loans made before the effective date can continue to borrow from the program for the lesser of: (1) three academic years or (2) the remainder of their expected time to complete their credential.
Establishment of loan limits for graduate and professional students and parent borrowers	July 1, 2026	Sets caps for annual, aggregate, and lifetime loans for graduate and professional students and their parent borrowers.	<p>Caps annual borrowing for non-professional graduate students at \$20,500 and for professional students at \$50,000. A borrower with a Direct Unsubsidized Loan made before the effective date can continue to borrow from the program for the lesser of: (1) three academic years or (2) the remainder of their expected time to complete their credential.</p> <p>Caps aggregate borrowing of federal loans at \$100,000 for non-professional graduate students and \$200,000 for professional students, not including amounts borrowed as an undergraduate.</p> <p>Caps annual parent borrowing on behalf of a dependent student at \$20,000, with an aggregate limit of \$65,000. Parents with a Parent PLUS loan made before the effective date can continue to borrow from the program for the lesser of: (1) three academic years or (2) the remainder of their expected time to complete their credential.</p> <p>Caps all lifetime federal borrowing at \$257,000. This cap excludes Federal Direct PLUS loans and loans made to the student as a parent borrower on behalf of a dependent student. A borrower with a Federal Direct Loan made before the effective date can continue to borrow from the program for the lesser of: (1) three academic years or (2) the remainder of their expected time to complete their credential.</p> <p>No additional regulatory requirements.</p>

Reconciliation Implementation Requirements & Deadlines

Student Loans

Provision	Effective Date	Brief Description	Details
Institutionally determined limits	July 1, 2026	Allows institutions to impose loan limits.	<p>Allows institutions of higher education to impose loan limits based on the program. Limits must be applied to all students in the program.</p> <p>No additional regulatory requirements, but may trigger additional guidance/rulemaking.</p>
Transition to income-based repayment plans	July 1, 2026	Initiates transition of current and new borrowers towards two repayment options – the new standard repayment plan and the Repayment Assistance Plan (RAP).	<p>Borrowers with new loans made on or after July 1, 2026: New loans made on or after July 1, 2026 can only be repaid under the new standard repayment plan or the new RAP. Borrowers who do not made a selection will be defaulted to the standard repayment plan. All loans must be paid under the same plan, so current borrowers who take out additional loans after July 1, 2026 will be required to choose between the new standard repayment plan and the RAP.</p> <p>Current borrowers with no new loans made on or after July 1, 2026:</p> <p>Each current borrower with no new loans on or after July 1, 2026 are eligible to enroll in the current Standard, Graduated, Extended, or current Income Based Repayment (IBR) plans, or the new RAP.</p> <p>Current borrowers in an income contingent repayment (ICR) plan, PAYE, or SAVE must transition to the current Standard, Graduated, Extended, or IBR plans, or the new RAP, by July 1, 2028. Borrowers who do not make a selection will be defaulted to the RAP.</p> <p>No additional regulatory requirements, but may trigger additional guidance/rulemaking.</p>

Reconciliation Implementation Requirements & Deadlines

Student Loans

Provision	Effective Date	Brief Description	Details
Repayment Assistance Plan	July 1, 2026	Creates a new IBR plan.	<p>Creates a new IBR plan to be known as the Repayment Assistance Plan (RAP). The plan has the following terms:</p> <ul style="list-style-type: none"> • The total monthly repayment amount owed by a borrower shall be equal to the applicable base payment, divided by 12, minus \$50 for each dependent (in the case of a married borrower filing separately, to include only each dependent the borrower claims). The minimum monthly payment is \$10, and the base payment ranges from 1-10 percent of adjusted gross income based on income level. • 360-month (30-year) repayment schedule. • For months when a borrower makes an on-time applicable monthly payment and the payment is insufficient to pay the total amount of interest accrued for the month on all loans, the amount of interest accrued and not paid for the month will not be charged to the borrower. • For months when a borrower makes an on-time applicable monthly payment that reduces the total balance of all loans by less than \$50, the Education Secretary will reduce the total outstanding balance of the borrower by an amount equal to: <ul style="list-style-type: none"> ○ The amount that is the lesser of: \$50 OR the total amount paid by the borrower. <p>No additional regulatory requirements.</p>
Standard Repayment Plan	July 1, 2026	Makes changes to the standard repayment plan.	<p>Creates a new standard repayment plan with a fixed monthly repayment amount paid over a fixed period of time as follows:</p> <ul style="list-style-type: none"> • 10 years for a loan less than \$25,000 • 15 years for a loan between \$25,000 and \$50,000 • 20 years for a loan between \$50,000 and 100,000 • 25 years for a loan of \$100,000 or more

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Student Loans

Provision	Effective Date	Brief Description	Details
Elimination of authority to provide ICR Plan	July 1, 2026	Eliminates Department of Education's authority to create ICR plans.	Repeals subsection (e) of section 455 of the Higher Education Act of 1965, eliminating the Department of Education's authority to create ICR plans.
Federal consolidation loans	July 1, 2026	Sets terms for repayment of consolidation loans under the new RAP and standard repayment plans.	<p>Consolidation loans made on or after July 1, 2026 may only be repaid under the new RAP or standard repayment plans. Consolidation loans repaid using an ICR or IBR plan between July 1, 2026 and June 30, 2028 are not eligible for RAP and must be repaid under the new standard plan. The same applies to a consolidation loan used to pay off a ParentPLUS loan.</p> <p>All ParentPLUS loans made after July 1, 2026, or for borrowers who borrowed before July 1, 2026 and subsequently borrowed from the program on or after July 1, 2026, all repayments must be made under the standard plan.</p> <p>No additional regulatory requirements, but may trigger additional guidance/rulemaking.</p>
Sunset of economic hardship and unemployment deferments	July 1, 2027	Eliminates loan deferments and places limits on forbearance.	Eliminates loan deferment for borrowers receiving a loan on or after July 1, 2027. These borrowers may also only be eligible for a forbearance on such loan that does not exceed 9 months during any 24-month period.
Loan rehabilitation	July 1, 2027	Increases number of times a borrower can rehabilitate their loans.	Increases the number of times a borrower can rehabilitate their loans from one to two.
Loan proration	Not specified	Caps loans to part time students based on their level of enrollment.	For students not enrolled in their programs full-time, caps the amount of loan a student can borrow for the academic year in direct proportion to the degree to which the student is not enrolled on a full-time basis.