



Impact of Federal Action on Older Adults' Access to MassHealth

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Agenda

- **Overview of Reconciliation Act of 2025**
- **Impact on Access to Medicaid / MassHealth**
- **Impact on Access to ACA Marketplace**
- **Cuts to Immigrants' Access to Coverage and Care**
- **Impact on State Funding and State-Funded Programs and Services**
- **What You Can Do**



Reconciliation Act of 2025

- Also known as:
 - The One Big Beautiful Bill Act (OBBBA)
 - **OB3**
 - H.R. 1
- Signed into law on July 4, 2025
- Headline Impacts
 - New administrative requirements -- red-tape tangles to trip people up
 - Cuts immigrants' access to Medicaid, Medicare, and ACA Marketplace
 - Limits funding mechanisms States can use to pay for programs and services

Impact on Access to Medicaid / MassHealth

Red-Tape Tangles

- 6-month Redeterminations
 - Change from once a year to twice a year
- Work Requirements
 - Condition for eligibility
 - Verify status at least every 6 mo.

Who Does This Apply to? **

- Some Medicaid Expansion Population**
- Not applicable to people 65 or older

** It's complicated; we're working on it.

Red-Tape Tangles – Work Requirements



Work Requirements

- 80 hrs per month of work, work program or community service, or in school at least ½ time
- Exemptions include:
 - Parents and caretakers with children ages 13 and under
 - Parents or caretakers of dependents with disabilities of any age
 - “Medically frail”
 - Meeting TANF or SNAP work requirements
 - Participating in drug addiction or alcohol treatment program
 - Optional: “short-term hardship” – inpatient care or area with high unemployment rate
 - Individual monthly income of \$580 per month or more*

Red-Tape Tangles – Impact

- Between 141,000 and 203,000 MassHealth members would lose coverage
- Increase the number of uninsured in MA by more than 50%

Note – this is an underestimate because the analysis looks at red-tape in isolation (does not account for other changes to health care access in OB3)

BlueCross Blue Shield Foundation, *Six-Month Redeterminations and Work Requirements: Impact on Health Coverage in Massachusetts* (Sept. 2025)

Wait...There's More

- Limits on Retroactive Coverage
- Requires states to charge cost sharing (co-pays) to Medicaid expansion population with incomes above 100% FPL for many services**
- Reduces and freezes the maximum allowable home equity limit at \$1 million, which is lower than the 2025 maximum limit, with no adjustments for inflation
- Gets rid of Nursing Home Minimum Staffing rule finalized in 2024
- Expiration of Marketplace enhanced premium tax credits*

Impact on Access to ACA Marketplace Coverage

- Shortens annual Open Enrollment period
- Limits on Special Enrollment Periods
- Prohibits automatic re-enrollment year to year
- Requires pre-enrollment verification to receive tax credits

Cuts to Immigrants' Access to Care



Lots of different types of status:

- Lawfully permanent residents (LPR) or Green Card Holders
- Compacts of Free Association (COFA) migrants (people from the Marshall Islands, Micronesia, or Palau)
- Refugees
- Asylees
- Humanitarian parolees
- Victims of human trafficking
- Deferred Action for Childhood Arrivals (DACA)
- Temporary Protected Status (TPS)

Cuts to Immigrants' Access to Care - Medicaid

Restricts eligibility to

- Lawful Permanent Residents (LPR or Green Card holders);
- Cuban/Haitian entrants;
- Compacts of Free Association (COFA) migrants;
- Lawfully residing children and pregnant individuals under CHIPRA 214

Cuts to Immigrants' Access to Care - Medicare

Effective July 2025, restricts eligibility for new applicants to

- LPR after 5-year period;
- Cuban/Haitian entrants;
- Compacts of Free Association (COFA) migrants;


Other immigrants already enrolled in Medicare lose coverage in January 2027 including:

- People granted Temporary Protected Status
- Refugees and people granted asylum
- People granted withholding of removal
- Trafficking and domestic violence survivors
- Persons granted humanitarian parole.

Cuts to Immigrants' Access to Care – Marketplace Coverage

- Jan 2027: Restricts Premium Tax Credit subsidized insurance eligibility for people with income from 100-400% FPL & no Medicare to:
 - LPR;
 - Cuban/Haitian entrants;
 - Compacts of Free Association (COFA) migrants;
- Jan 2026: Eliminates Premium Tax Credits for lawfully present immigrants with income under 100% FPL who do not qualify for Medicaid due to immigration status.
- Lawfully present immigrants who do not qualify for PTCs would still be able to enroll in unsubsidized Marketplace plans

Cuts to Immigrants' Access to Care – State-Funded Programs



Massachusetts Health Connector:
ConnectorCare Plan Type 1

- Currently covers 34,000 lawfully present immigrants with income under the FPL
- Most are aged 18-65, but 1300 are aged 65 and older

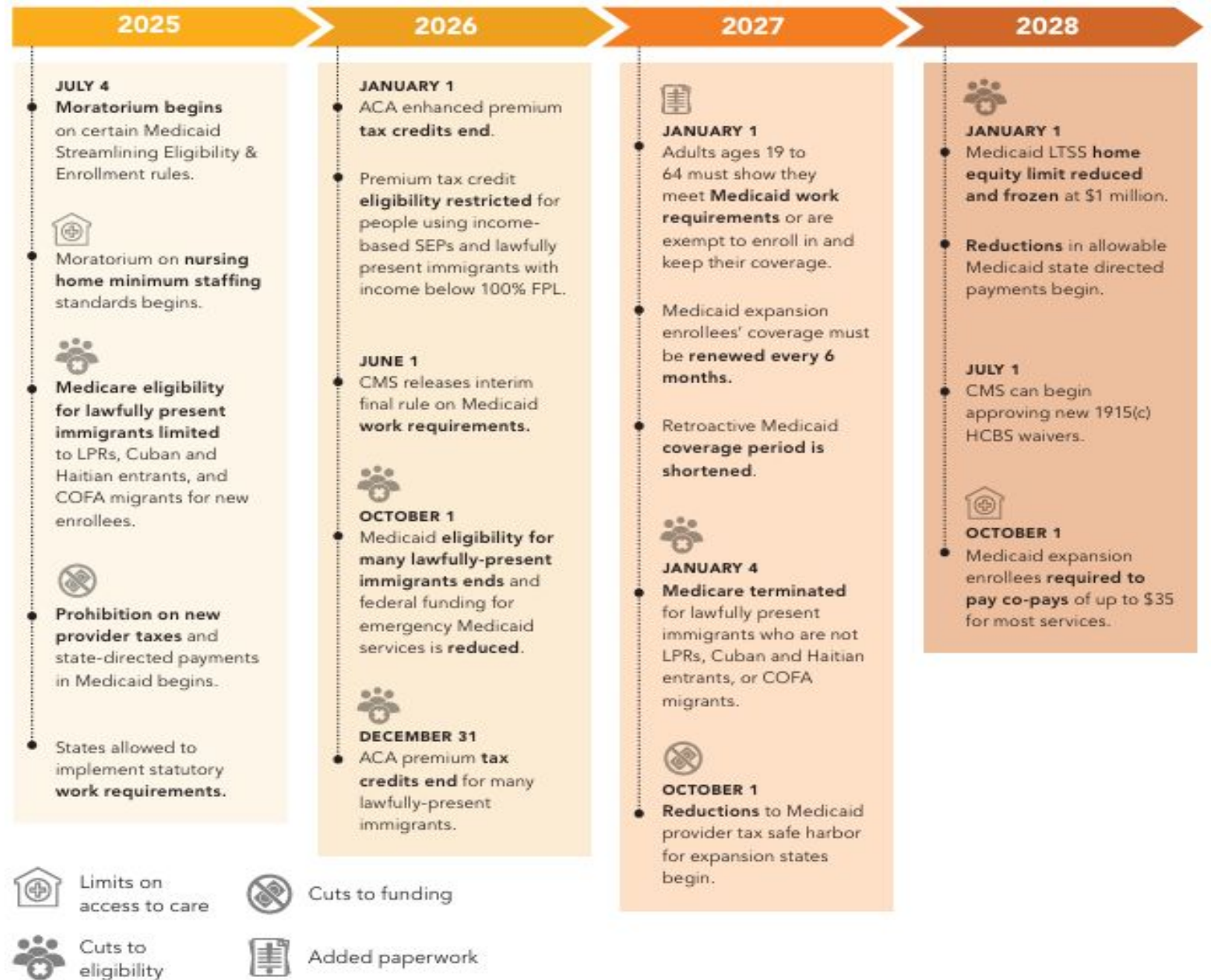
Eliminated effective January 1, 2026

Coverage options for immigrants losing federally funded health benefits

- State funded MassHealth Family Assistance
 - Elderly under 100% FPL & limited assets
 - Disabled under 100% FPL
 - Lawfully present or PRUCOL
- Health Safety Net & MassHealth Limited
- Other state-funded programs: Prescription Advantage, Home Care

OB3 Timeline

Justice in Aging
*Explainer: What's in
the Budget
Reconciliation Act of
2025 & What Does It
Mean for
Low-Income Older
Adults' Access to
Health and
Long-Term Care?*
H.R. 1
Implementation
Timeline



Impact on State Funding & State-Funded Programs & Services

- OB3 takes away mechanisms States have used to raise revenue (\$\$) to pay for Medicaid
- OB3 imposes new administrative requirements on States that will cost millions to implement
- Massachusetts already facing funding issues in state-funded programs, like Home Care Program and the Health Safety Net

Squeeze on Raising Revenue

- Reduces allowable provider taxes and limits new ones
- Limits states' use of Medicaid directed payments
- Reduces federal match for emergency Medicaid services (MassHealth Limited) for certain immigrants adults from 90% FMAP to 50% FMAP

Competition for \$\$

- More \$\$ going to administration costs instead of programs and services – not just for MassHealth but also OB3 provisions for SNAP
- Fewer federal \$\$ coming in
- State programs like Home Care Program already underfunded
 - Caps on admission to Enhanced Community Options Program (geared to moderate-income older adults)
 - Health Safety Net Trust Fund, facing significant shortfalls and just infused with more money via a supplemental appropriations bill

What You Can Do.

- Stay informed on developments and opportunities for advocacy
- Collect and share stories
- Talk to your elected officials -- state and federal representatives and senators
- Join Coverage and Care Coalition
- Identify resources and prepare for your organization to help patients and clients avoid losing coverage
- Connect to partners in the community to help members with immigration issues, disability determinations, MassHealth eligibility navigation

Helping Community Members

- Have members update status where applicable – i.e., immigration status, pregnancy, disability
- Refer people to an enrollment counselor -- MassHealth eligibility is complicated with multiple programs and many factors contributing to eligibility
 - HCFA Help Line – 1-800-272-4232
 - Local enrollment assisters
- For people who become uninsured, there are some options:
 - MassHealth Limited
 - Health Safety Net

Resources

- Health Care for All (HCFA), hcfama.org
 - [Immigrant Health Toolkit](#)
- Justice in Aging - justiceinaging.org
- BlueCross BlueShield of Massachusetts Foundation, bluecrossmafoundation.org
- KFF -summary of Medicaid provisions in HR1
<https://www.kff.org/medicaid/tracking-the-medicaid-provisions-in-the-2025-budget-bill/>



Thank you

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