



## August 2025

# Public Policy & Government Relations Update

## Volume 1: Issue 6

### Introduction

In this issue, we will provide a synopsis of the recently passed law “One Big Beautiful Act” (HR1). We will provide a high-level overview about what we understand to be the impact of the law. In addition, we will provide guidance for how we can act to minimize the harmful effects of the new law. Our Public Policy and Government Relations (PPGR) team and leadership at Amida Care are committed to protecting our health plan, our members and provider network. We will sustain efforts to ensure that SNPs are adequately funded; our members retain Medicaid coverage and access to care; and work with our provider network to ensure that they retain the ability to provide the best care to our members.

As PPGR and Amida Care leadership continues to act, we invite you to join us by continuing to build relationships with your Congressional and State level representatives.

### HR1, a “Big Ugly Bill” that will Impact New York

#### *Summary*

To recap, HR1 the ‘Big Beautiful Bill Act’ narrowly passed in the US House of Representatives and the Senate. It passed largely along party lines and was signed into law by President Trump on July 4, 2025. The primary purpose of the new law is to extend tax cuts for the wealthy and businesses. These tax cuts were originally passed in 2017 and would have expired at the end of 2025. The law pays for the tax cuts by increasing the national debt by over \$3.4 Trillion and by cutting over \$1.3T in health care and other social support programs.

As a result, the Congressional Budget Office estimates that over 15 million Americans will lose access to health care coverage when the law is fully implemented. People are expected to lose coverage because of additional red tape and paperwork, including more stringent work requirements, and for some Medicaid and health exchange recipients, increased frequency of recertification. As people lose coverage, the cost of insurance is expected to increase for everyone who requires health insurance.

A feature of the new law is that it is designed to go into effect incrementally over time with the most damaging provisions taking effect after the next Congressional mid-term election. The delayed implementation of the law gives us time to act to prevent these measures from taking effect.

### ***NYS Impacts***

New York State's Medicaid Director, Amir Bassiri recently overviewed the impact at the recent United Hospital Fund (UHF) conference. In New York State, the immediate impact of the new law is a \$750M budget deficit in the current fiscal year. In the coming years the impact will be felt more acutely by the state. State Medicaid costs are expected to grow to over \$3B annually along with an additional \$10B in other state health care costs. The State will be on the line to implement work requirements and other changes to Medicaid and eligibility for the health exchange. These new requirements will increase state overhead costs by up to 20%.

At the human level, 1.5M are expected to lose health insurance coverage when the bill is fully implemented. This includes 1.2M Medicaid recipients. Starting as soon as 2027, some people who apply for, or renew Medicaid and food assistance (SNAP), will be required to provide additional paperwork to show that they have worked or are engaged in education and or community service. While there will be exceptions to this requirement, the US Department for Health and Human Services and New York State will need to outline the criteria for these exemptions before 2027, when the requirement takes effect. PPGR is following these developments. In addition to the work requirements, people who earn more than 100% of the Federal Poverty Level (around \$15,000 for a one-person household) will need to recertify their health insurance twice a year, instead of once. This burden is likely to increase the likelihood that people will lose coverage.

Hospitals and health centers will also face increased financial burdens. Starting in 2028, financial mechanisms used by New York State Medicaid to help sustain hospitals and health centers will change. These mechanisms called 'provider taxes' and 'state directed payments', are currently used to access additional federal funding. The new law limits how states can use these mechanisms to support the health care system. It is estimated by New York State that the changes will result in over \$14B in losses to the hospital and health center economy in the state.

### ***Impact of People Living with HIV and AIDS***

The full impact on people living with HIV is still unclear. Changes in eligibility for health insurance and recertification requirements are likely to make retaining health care coverage more complicated. PPGR is monitoring the situation and will weigh in as Federal and State regulations related to work requirements and recertification are developed. Our goal is to ensure that PLWHA remain exempt from work requirements. In addition, Amida Care will ensure that our members know when to recertify and promote more through completion of application processes. This is because the new law will remove some of the flexibility which states have, in which they can give people more time to fill out applications, this also includes the removal of some flexibility to auto-enroll members.

## Opportunities for Action:

### Advocacy Efforts to Combat the Provisions

The Coalition for New York Public Health Plans (PHP), which Amida Care is a member of, signed a letter to New York's Congressional delegation calling to action to fix damage that HR1 will cause in New York.

This action is an example of the kind of actions that are necessary to protect Medicaid and other health care programs that were cut under the HR1 bill.

Our Amida Care CEO Doug Wirth sent a letter directly to Governor Kathy Hochul on July 30, 2025, advocating for the urgent passage of bills set forth by Senator Brad Hoylman-Sigal and Assemblymember Harry Bronson, which aim to strengthen the current New York State Shield law. The law protect individuals who provide or receive legally protected health activity within the state of New York, which includes reproductive healthcare and gender affirming care.



The Honorable Governor Kathy Hochul  
Governor of New York State  
NYS State Capitol Building  
Albany, NY 12224

July 30, 2025

Dear Governor Hochul,

As the CEO of Amida Care, a Medicaid HIV Special Needs Health Plan (SNP), I write urging you to sign S.4914 (Hoylman-Sigal) / A.5480 (Bronson). This legislation would strengthen New York State laws that protect individuals who provide or receive legally protected health activity within the state of New York, from criminal or civil liability, or professional sanctions imposed by jurisdictions outside the state. Legally protected health activities include reproductive health care and gender affirming care.

Access to gender-affirming care is crucial for the health and well-being of transgender and gender-expansive individuals. At Amida Care, over 4000 plan members identify as transgender or gender non-binary (TGNB). We have observed that TGNB members who have access to gender-affirming care have better health outcomes, including metrics related to both HIV treatment and prevention. Increased viral load suppression and uptake of sexual health services help protect this community, which continues to experience disproportionate harm from the HIV epidemic.

S.4914/A.5480 is needed urgently. President Trump's executive orders on gender-affirming care instruct the federal government to begin withdrawing federal funding for and significantly restrict access to this critical care. If these actions are implemented, New York must ensure that our state has a safety net in place, while also maintaining protection for individuals who are seeking essential medical care and treatment.

Amida Care is thankful for your public commitment to championing racial and health equity, and to position New York as a beacon of hope, leading the nation on LGBTQIA rights. Strengthening New York's shield law will ensure that New York State is at the forefront when it comes to protecting individuals from persecution when seeking vital and lifesaving medical treatment.

Therefore, Amida Care urges you to prioritize signing S.4914/A.5480 into law as soon as possible. New York State must continue to provide access to this essential care, regardless of federal support. Signing this legislation will keep New York's TGNB community safe and reinforce New York's position as a leader in standing up for human rights.

Sincerely,

Doug Wirth  
CEO, Amida Care

## Summer/Fall Opportunities to ACT

**Remember to continue to meet with your members of Congress and New York State legislators while they are at home in their districts.**

Building relationships with State officials (i.e., members of the State Senate and Assembly and the Governor's office) is also important because they will be responsible for finding solutions to the federal cuts either this year or next.

Sign up for their newsletters, stop by the district offices and ask about when they are holding town hall meetings. Meet and talk to your elected officials, both the ones who voted to make the Medicaid cuts and the ones who stood strong against them. The relationships are invaluable.

Strong relationships will benefit your advocacy later!

**Use this link to find your local, state and federal representatives, and how to contact them.**

<https://www.commoncause.org/find-your-representative/>

**The link below will take you to Families USA's Action Alert site which has a template letter and a form which you can utilize to send a message to your representative:**

<https://familiesusa.org/defending-medicaid/>

*(The photo on the following page is a screen capture of the Families USA Action Alert)*

## DEFENDING MEDICAID

*Last Updated on July 15, 2025*

Medicaid provides critical health care to millions of children, families, older adults and people with disabilities. Despite its importance, benefits, and [approval from people both sides of the political aisle](#), President Trump and Congressional Republicans just **cut more than \$1 trillion from our health care**, including more than \$900 billion in cuts to Medicaid. This will strip health care away from millions and impact communities and local economies across the country.

Call or send a message to Congress today and tell your Rep that you are **OUTRAGED** by these cuts to **YOUR** health care!



### Call To Action

Send a [message](#) to Congress to make your voice heard about cuts to health care.

### Check Out The Newsroom



Latest press releases on all Families USA activities.

**Join Us And Make Your Voice Heard!**

[CONTACT CONGRESS](#)

### PPGR Round Up

We provide additional reading below for those who would like more detail about the overview we provided above. As you enjoy the rest of your Summer and as we move into the fall, take time to recuperate, but please continue to act. We can still mitigate the most harmful effect of HR1.

**Sincerely,**  
**Joe Pressley, Lyndel Urbano & Casper Christiansen**

## Additional Reading

### More Detail about HR1 provisions, including NYS's Medicaid, including HIV SNP, and Public Coverage programs:

#### Non-citizen coverage

- Non-citizens are no longer eligible for Medicaid, premium tax credits or Medicare, aside from specific groups listed in the bill (Long term permanent residents are eligible for Medicaid after 5-years of residency)
- Prior to this bill, folks who were refugees, asylees, and other immigrant groups would have been eligible.

#### Adults in the expansion population (100-138% above Federal Poverty Level)

- The bill implements work requirements for this population, cost-sharing for certain services (this is new to NYS managed care), increased frequency of determinations (every 6 months instead of once per year).
- If you're a new applicant for emergency Medicaid, retroactive coverage used to be 3 months, now will be only one month.

#### Essential Plan enrollees (The Essential Plan is a health insurance program for low- to moderate-income adults in New York who are not eligible for Medicaid)

- Only the groups listed above (Long term permanent residents after 5-year bar, Cuban/Haitian entrants and Citizens of Freely Associated states (ie. Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau) will be eligible for premium tax credits.
- In NYS, the Essential Plan, particularly Tiers 3 & 4, has been used to cover immigrant populations and is largely funded through these tax credits. With the eligibility changes, NYS will lose about \$750M in tax credits but is still required to cover these populations (per Aliessa ruling) so this will have ripple effects on several programs.

#### Marketplace provisions that will only impact Quality Health Plans. (Note: Marketplace refers to plans available for purchase on an online platform, either at the federal level or through state-run exchanges)

- HR1 makes it more difficult for people to enroll and stay enrolled.
- NYS has said this will increase premiums in the individual marketplace because of this.
- The Final Marketplace Rule will largely impact plan year 2026 (next year), but the OBBA itself goes further and makes changes permanent.
- For example, HR1 ends automatic enrollment, which is a standard feature of commercial insurance. The bill would end automatic enrollment in 2028 for everyone.

#### Medicaid financing provisions that will impact the NYS budget and providers

- Restrictions on provider taxes
- Limits on state directed payments
- Generally, these will pull federal dollars out of the Medicaid program and, in the long term, will have significant impact on the state budget

#### Restricts Federal matching funds for emergency Medicaid

- Folks who receive emergency Medicaid are typically undocumented but would be eligible for Medicaid except for their immigration status.
- HR1 reduces the federal match the state receives for emergency Medicaid.

### Direct Impacts on Medicaid

Another immediate impact is the HR1's rollback of many of the procedures for determining eligibility for Medicaid that have been implemented after the pandemic to ease renewals and enrollment for Medicaid enrollees.

Changes include shrinking the period for open enrollment, additional verification of income and resources, and prohibition on automatic renewal of coverage. Additionally, retroactive coverage for Medicaid enrollees will be reduced from 90 days to 30 days under HR1.

Another impact to Medicaid is the community work requirement, which will take effect in 2027. This requirement will require recipients to prove at least 80 hours of community engagement (working, volunteering, education, job training). This will require the state to develop a system to track these community engagement requirements, to ensure enrollees meet the requirements.

### Impact to New York State's "Essential Plan" Coverage

A major impact to New York State's "Essential Plan", which provides coverage for over 1.5 million low-income New Yorkers who are not eligible for Medicaid or employer coverage, is the ineligibility of many immigrants, including those that are here under legal status. Ineligibility for the Essential Plan and limitations will be placed on lawfully present immigrants in the Medicaid and Child Health Plus program as well.

In addition, the lawfully present immigrants would be prohibited from purchasing insurance through the state-based exchanges as well.

New York State Department of Health (NYSDOH) estimates that upwards of 700,000 people will lose federal funding under the program, but because of a New York State court decision from decades ago (*Aliessa*), NYS is obligated to provide health insurance coverage for these populations (regardless of federal restrictions). These changes will take effect in 2026-27 and NYSDOH estimates that the cost to cover this population will be at least \$3 billion a year in additional State funding.

### What it Means for MCO Taxes

Beginning in 2025, the HR1 bill places an immediate freeze on any new or modified "Provider" taxes.

While New York State's recently approved "MCO tax" is currently still in effect, it is set to expire at the end of 2026, and CMS has issued a proposed rule that could nullify this tax sooner. The HR1 also includes a new cap of 6% on any provider taxes moving forward, with a reduction of 5% per year, beginning in 2029 until the maximum tax is 3.5%. This will not have a large impact on New York State until the reduction begins in 2029, as no current provider tax is above 5% in New York State.

In addition, the HR1 bill caps new state directed payments to providers at 100% of the Medicare rate and grandfathers existing state directed payments but requires these payments to eventually be reduced to the Medicare rate beginning in the Federal fiscal year 2028. Many of these payments are "Value Based Payments" to hospitals through managed care plans and many state directed payments are already at the Medicare rate, but many of the state directed payments that go to safety-net hospitals and rural hospitals are above the Medicare rate, so those hospitals will see the largest impact in New York State.

## Resources of Interest

An injectable medication Yestugo [lenacapavir (LEN)] received FDA approval for HIV prevention as a pre-exposure prophylactic (PrEP). We are sharing a great resource by EMA about the rollout of this groundbreaking medication. In order to alleviate challenges in getting LEN to those who need it, EMA is addressing an array of complex factors beyond regulatory approvals, including action, coordination and transparency on funding, price and volume agreements, supply chains, health worker training, demand creation, and community engagement in the below resource.



- [Gears of Lenacapavir for PrEP Rollout](#)

## Further Reading of Interest

### Senate votes to confirm Trump's CDC director

The Senate on Tuesday, July 29, 2025 confirmed Susan Monarez to lead the Centers for Disease Control and Prevention — marking an end to the agency's four-month stint without a director or acting head.

The Senate voted 51-47 along party lines to confirm Monarez.

Monarez is a government employee with two decades of experience working on health policy.

Unlike President Donald Trump's other picks to lead key federal health agencies, like the NIH and FDA, Monarez does not have a history of disagreeing with the medical establishment, and has won praise from some public health experts who have been critical of Health Secretary Robert F.

Kennedy Jr.

She will be the first non-physician director of the agency since the early 1950s. She has a doctorate degree from the University of Wisconsin-Madison in microbiology and immunology. Read the full article [here](#).

### Kennedy to halt \$500 million in vaccine projects

Health Secretary Robert F. Kennedy Jr. announced plans Tuesday to cancel \$500 million in vaccine development projects. In a statement from his office, the longtime vaccine critic said all projects to be halted use mRNA technology. "After reviewing the science and consulting top experts at NIH and FDA, HHS has determined that mRNA technology poses more risk than benefits for these respiratory viruses". Read the full article [here](#).

### USA to have 22,000 deaths annually in USA due to lack of health care? Research reveals shocking details

Delayed treatments, canceled doctor visits, skipped prescriptions. Losing insurance is bad for your health. The Congressional Budget Office forecasts that the U.S. uninsured population will grow by 10 million in 2034, due to the tax and spending bill signed into law by President Donald Trump. And, thanks to a natural experiment nearly two decades ago, researchers can forecast what that will mean for patient care. Among the problems they predict will develop as a direct result of these people losing coverage: About 2.5 million people may no longer have a personal doctor, about 1.6 million patients will take on medical debt, the lack of care may cause nearly 22,000 deaths annually, AP reported. Read the full article [here](#).

### A 'perfect storm' is brewing for health insurers

Nearly \$1 trillion in Medicaid cuts, rising medical costs and the expiration of federal Obamacare subsidies are forcing health insurers to reevaluate how much Americans pay out-of-pocket for coverage.

The companies, several of which were already on shaky financial footing before President Donald Trump signed the "Big Beautiful Bill" into law recently, fear the changes could lead to tens of millions of people losing coverage. The looming changes create more financial uncertainty that could lead to a downturn for the health insurance industry that could last for years. Read the full article [here](#).