



June 18, 2025

Summary of Select Health Care and Related Provisions in House-passed Reconciliation Bill (HR 1) and Proposed Senate Version

On Monday (June 16), the Senate Finance Committee unveiled draft language for its portion of the Senate's reconciliation bill, which includes policies impacting Medicaid and the Affordable Care Act to help pay for the Tax Cuts & Jobs Act (TCJA) extensions. Unlike the House, which passed its version of the bill in May, Senate committees of jurisdiction are not holding markups, and instead, are releasing language, updating the House-passed bill within their jurisdiction. For health, key committees of jurisdiction are the Senate Finance Committee and the Senate Health, Education, Labor, and Pensions (HELP) Committee. The table below provides a list of health-related provisions in the House-passed version and the language released by the Senate Finance and HELP Committees.

Senate Majority Leader Thune (R-SD) said he aims to have a modified bill on the floor the week of June 23, 2025, with the goal of getting a final bill to President Trump for his signature by July 4, 2025. However, the final Senate bill may evolve as lawmakers continue to ensure policies meet stringent reconciliation rules, known as Byrd rules, and ensure they have support from Senate Republicans to pass, as they can only afford to lose three votes. The House will also have to pass the same bill as the Senate before it reaches the President's desk.

Table: Comparison of House and Senate reconciliation bills' health provisions

House-passed version (H.R. 1)			Senate version (as of June 17, 2025)	
Medicaid				
House Section Name	Details	2025-2034 Cost/Savings (-), in millions	Senate Section ¹	Details / Differences
Moratorium on Implementation of Rule Relating to Eligibility and Enrollment in Medicare Savings Programs (MSPs). Sec. 44101	Delays implementation of Biden-era rule aimed at reducing barriers to enrollment in MSPs, which provides Medicaid coverage of Medicare premiums and cost sharing for low-income Medicare beneficiaries until January 1, 2035.	-85,281	Sec. 71101	Substantially same as House version.
Moratorium on Implementation of Rule Relating to Eligibility and Enrollment for Medicaid, CHIP and the Basic Health Program. Sec. 44102	Delays implementation of Biden-era rule aimed at streamlining application and enrollment processes in Medicaid, aligning renewal policies for Medicaid enrollees, facilitating transitions between Medicaid, CHIP, and subsidized Marketplace coverage, and eliminating certain barriers in CHIP until January 1, 2035.	-81,819	Sec. 71102	Substantially same as House version.

¹ Unless otherwise specified, section is referring to Finance language text as of 6/16/2025. There are no CBO scores yet for Senate language.

Ensuring Appropriate Address Verification Under the Medicaid and CHIP Programs. Sec. 44103	Requires states to obtain enrollee address information by January 1, 2027; Requires the Secretary to establish a system to share information with states to prevent individuals from being simultaneously enrolled in two states and requires states to submit monthly enrollee social security numbers and other information by October 1, 2029.	-17,419	Sec. 71103	Same as House version.
Modifying Certain State Requirements for Ensuring Deceased Individuals Do Not Remain Enrolled. Sec. 44104	Requires states to review the Master Death File at least quarterly to determine if enrollees are deceased by January 1, 2028.	*2	Sec. 71104	Same as House version.
Medicaid Provider Screening Requirements. Sec. 44105	Requires states to conduct checks at enrollment, reenrollment, and monthly to determine whether HHS or another state has terminated a provider or supplier from Medicare from participating in Medicaid or CHIP beginning January 1, 2028.	0	Not included	Not included
Additional Medicaid Provider Screening Requirements. Sec. 44106	Requires states to conduct quarterly checks of the Social Security Administration's Death Master File to determine whether providers enrolled in Medicaid are deceased beginning January 1, 2028.	*	Sec. 71105	Same as House version.

² * = between -\$500,000 and \$500,000.

Removing Good Faith Waiver for Payment Reduction Related to Certain Erroneous Excess Payments Under Medicaid. Sec. 44107	Requires HHS to reduce federal financial participation to states for improper payment errors related to payments made for ineligible individuals and overpayments made for eligible individuals beginning FY 2030.	-7,353	Sec. 71106	Reduces the amount of erroneous excess payments that the Secretary may waive and expands the definition of erroneous excess payments to include items and services furnished to individuals who are not eligible for federal reimbursement in Medicaid.
Increasing Frequency of Eligibility Redeterminations for Certain Individuals. Sec. 44108	Requires states to conduct eligibility redeterminations at least every 6 months for Medicaid expansion adults beginning October 1, 2027.	-53,202	Sec. 71107	Same as House version except does not apply to individuals eligible for the Indian Health Services and mandates HHS release guidance within 180 days.
Revising Home Equity Limit for Determining Eligibility for Long-Term Care Services Under the Medicaid Program. Sec. 44109	Reduces the maximum home equity limits for Medicaid enrollees who qualify due to their need for long-term care to \$1,000,000 regardless of inflation and allows states to apply different requirements for homes that are located on farms beginning January 1, 2028.	-195	Sec. 71108	Same as House version
Prohibiting Federal Financial Participation Under Medicaid and CHIP for Individuals Without Verified Citizenship, Nationality, or Satisfactory Immigration Status.	Eliminates the requirement for states to provide Medicaid coverage during a "reasonable opportunity period" - currently 90 days in which states are required to provide Medicaid benefits to applicants while their immigration status is being verified - but allows states to do so as a state option and prohibits	-844	Sec. 71109	Same as House version.

Sec. 44110	states from claiming federal matching funds during a reasonable opportunity period beginning October 1, 2026.			
New Senate provision: Alien Medicaid Eligibility	N/A	N/A	Sec. 71110	Amends the definition of qualified alien for Medicaid eligibility to include: 1) lawful permanent residents; 2) certain Cuban immigrants; and 3) individuals living in the US through a Compact of Free Association.
Reducing Expansion FMAP for Certain States Providing Payments for Health Care Furnished to Certain Individuals. Sec. 44111	Reduces the expansion match rate from 90% to 80% for states that use their own funds or a federal option to provide health coverage or financial assistance to purchase health coverage for individuals who are not lawfully residing in the United States beginning October 1, 2027.	-11,018	Sec. 71111	Mostly same as House version; changes to the definition of qualified alien.
Expansion FMAP for Emergency Medicaid	N/A	N/A	Sec. 71112	Equalizes the FMAP for otherwise ineligible aliens receiving emergency Medicaid.
Moratorium on Implementation of Rule on Staffing Standards for Long-Term Care (LTC) Facilities Sec. 44121	Prohibits the Secretary of HHS from implementing, administering, or enforcing the final Biden-era rule that requires LTC to meet minimum staffing levels along with other requirements, upon enactment.	-23,123	Sec. 71113	Substantially same as House version
Modifying Retroactive Coverage Under the Medicaid and CHIP Programs. Sec. 44122	Limits retroactive coverage to one month prior to application for Medicaid coverage as opposed to 90 days, effective October 1, 2026.	-6,394	Sec. 71114	Limits retroactive coverage to the month preceding enrollment for ACA Medicaid expansion beneficiaries, and two months preceding enrollment for traditional Medicaid beneficiaries.

Ensuring Accurate Payments to Pharmacies Under Medicaid. Sec. 44123	Requires all retail pharmacies and certain non-retail pharmacies to complete the National Average Drug Acquisition Cost survey and imposes penalties for non-completion effective six months after enactment; information obtained by the Secretary to be made publicly available.	-2,608	Sec. 71115	Substantially same as House version.
Preventing the Use of Abusive Spread Pricing in Medicaid. Sec. 44124	Prohibits spread pricing in Medicaid and requires payments to PBMs and similar entities reflect the pharmacies' costs and an administrative fee that is fair market value beginning 18 months after enactment.	-261	Sec. 71116	Adds definition of "state," removes non-application of Paperwork Reduction Act.
Prohibiting Federal Medicaid and CHIP Funding for Gender Transition. Sec. 44125	Prohibits federal matching funds for "gender transition procedures" upon enactment.	-830 ³	Sec. 71117	Same as House version.
Federal Payments to Prohibited Entities. Sec. 44126	Prohibits Medicaid funds from being paid to Planned Parenthood upon enactment for 10 years (based on definition of services provision and Medicaid expenditures).	261	Sec. 71118	Pegs total amount of Federal and State expenditures under Medicaid to those exceeding \$800,000 in 2023 as opposed to \$1,000,000 in 2024.
Sunsetting Eligibility for Increased FMAP for New Expansion States. Sec. 44131	Eliminates the American Rescue Plan's temporary financial incentive for states that newly adopt expansion. Effective January 1, 2026.	-12,728	Sec. 7119	Same as House version.

³ The manager's amendment changed this from minors to all Medicaid recipients, which could affect the score.

<p>Moratorium on New or Increased Provider Taxes.</p> <p>Sec. 44132</p>	<p>Prohibits states from establishing any new provider taxes or from increasing the rates of existing taxes, which are capped at 6%.</p>	<p>-89,308</p>	<p>Sec. 71120</p>	<p>Changes threshold for the hold harmless provision. For non-expansion states, the existing cap of 6% remains; for expansion states, the threshold for provider classes other than nursing or intermediate care facilities would be reduced by 0.5% annually until it reaches 3.5% in 2031. For fiscal years on or after October 1, 2026.</p>
<p>Revising the Payment Limit for Certain State Directed Payments.</p> <p>Sec. 71121</p>	<p>Directs HHS to revise state directed payment (SDP) regulations to cap the total payment rate for inpatient hospital and nursing facility services at 100% of the total published Medicare payment rate, or 110% for non-expansion states; grandfathers state directed payments approved prior to the legislation's enactment.</p>	<p>-72,541⁴</p>	<p>Sec. 71121</p>	<p>Changes grandfathering provision; reduces state-directed payment limits by 10% annually until the allowable Medicare-related payment limit is achieved (100% or 110% for non-expansion states). Adds implementation funding for HHS.</p>
<p>Requirements Regarding Waiver of Uniform Tax Requirement for Medicaid Provider Tax.</p> <p>Sec. 44134</p>	<p>Revises the conditions under which states may receive a waiver of the requirement that taxes be broad-based and uniform such that some currently permissible taxes, such as those on managed care plans, will not be permissible in future years. States have 3 fiscal years to transition disallowed arrangements.</p>	<p>-34,642</p>	<p>Sec. 71122</p>	<p>Same as House; adds language to conform with other sections of the bill.</p>

⁴ The manager's amendment increased the caps on SDPs for non-Medicaid expansion states to 110% of the Medicare rate for a given health care service, grandfathering in any existing SDPs above that rate in such states, with likely impacts on the score.

Requiring Budget Neutrality for Medicaid Demonstration Projects Under Section 1115. Sec. 44125	Requires the HHS Secretary to certify 1115 demonstration waivers are not expected to result in an increase in federal expenditures compared to federal expenditures without the waiver and to specify a methodology for applying any budget neutrality savings in a waiver extension period.	0	Sec. 71123	Same as House; adds implementation funding for HHS.
Requirements for States to Establish Medicaid Community Engagement Requirements for Certain Individuals. Sec. 44141	Requires states to condition Medicaid eligibility for individuals ages 19-64 on working or participating in qualifying activities for at least 80 hours per month; requires states to verify those applying for coverage meet requirements a month prior to application and during redeterminations effective December 31, 2026.	-279,860 ⁵	Sec. 71124	Changes work requirement exception for a parent or guardian to those with dependent(s) 14 and under; adds exemption from state compliance for good faith effort; makes other non-substantive changes.
Modifying Cost-Sharing Requirements for Certain Expansion Individuals Under the Medicaid Program. Sec. 44142	Eliminates enrollment fees or premiums for expansion adults; requires states impose cost sharing up to \$35 per service on expansion adults with incomes 100-138% FPL; maintains existing exemptions of certain services from cost sharing and limits cost sharing for prescriptions; maintains 5% of family income cap on out-of-pocket costs. Effective October 1, 2028.	-13,020	Sec. 71125	Adds cost-sharing exemptions for emergency room, pediatric and pre-natal care.

⁵ This score was CBO's assessment of the previous version of the provision, which applied these requirements beginning Jan. 1, 2029.

Affordable Care Act (ACA)				
House Section Name	Details	2025-2034 Cost/Savings (-) estimate, in millions	Senate Section	Details / Differences
Addressing Fraud, Waste and Abuse in the ACA Exchanges. Sec. 44201	Codifies ACA Marketplace Integrity and Affordability Proposed Rule that would: institute eligibility and income verification processes for ACA enrollees; roll back income-based special enrollment periods; institute ACA reenrollment guardrails for enrollees in zero-dollar premium plans; prohibit gender transition procedures from being included as an essential health benefit (EHB); amend the definition of “lawfully present” for the purposes of qualified health plan enrollment to not include Deferred Action for Childhood Arrivals (DACA) recipients; and permit issuers to require enrollees to satisfy debt for past-due premiums as a prerequisite for new coverage. Effective plan years beginning on or after January 1, 2026.	-101,031	Not included	Not included

<p>Funding Cost Sharing Reduction (CSR) Payments.⁶</p> <p>Sec. 44202</p>	<p>Reinstitutes beginning in plan years starting after January 1, 2026, funding for federal subsidies for health insurers that help pay out-of-pocket costs for low-income people who get coverage through the ACA marketplaces; bars insurers that cover abortions from receiving CSRs unless necessary to save the life of the mother or if the pregnancy is the result of rape or incest.</p>	<p>TBD</p>	<p>Sec. 87001 (in HELP language)</p>	<p>Same as House</p>
<p>Permitting Premium Tax Credit Only for Certain Individuals.</p> <p>Sec. 112101</p>	<p>Limits eligibility for subsidized ACA Marketplace coverage to lawfully present immigrants who are lawful permanent residents (LPRs or “green card” holders), Compact of Free Association (COFA) migrants residing in the U.S., or certain immigrants from Cuba, eliminating eligibility for many lawfully present immigrants including refugees, asylees, and people with Temporary Protected Status beginning January 1, 2027. Eliminates Marketplace eligibility for all lawfully present immigrants with incomes under 100% of the FPL. January 1, 2026.</p>	<p>-4,247</p>	<p>Sec. 71301</p>	<p>Substantially same as House version</p>

⁶ New provision added in manager’s amendment.

Disallowing Premium Tax Credit During Periods of Medicaid Ineligibility Due to Alien Status. Sec. 112102	Restricts ability of individuals lawfully present in the US with incomes less than 100% of the FPL to access premium tax credits if they are ineligible for the Medicaid program due to alien status. Effective December 31, 2025.	- 176	Sec. 71302	Same as House version
Requiring Exchange Verification of Eligibility for Health Plans. Sec. 112201	Requires that income, immigration status, health coverage status, place of residence, family size, and any other information that the HHS Secretary deems necessary is verified before coverage. Consumers can enroll in a plan but cannot receive premium tax credits or CSRs until after they verify their eligibility. Effective for taxable years beginning after December 31, 2027.	-4,386	Sec. 71303	Removes language around reduced cost sharing, adds waiver for special enrollment periods on basis of a change in family size, and other small language tweaks.
Disallowing Premium Tax Credits in Case of Certain Coverage Enrolled in During Special Enrollment Period. Sec. 112202	Bars any consumer who enrolls in a plan via a non-qualifying life events (QLE) SEP from receiving either premium tax credits or CSRs. Effective with respect to plans enrolled in during calendar months beginning after the third calendar month ending after the date of enactment.	-1,309	Sec. 71304	Changes effective date to December 31, 2025.
Eliminating Limitation on Recapture of Advance Payment of Premium Tax Credit. Sec. 112203	Requires premium tax credit recipients to repay the full amount of any excess, no matter their income. Effective for taxable years beginning after December 31, 2025.	-2,283	Sec. 71305	Adds special rule for individuals treated as applicable taxpayers with 100% of FPL or greater.

Prescription drugs and PBMs				
House Section Name	Details	2025-2034 Cost/Savings (-) estimate, in millions	Senate Section	Details / Differences
Expanding and clarifying the exclusion for orphan drugs under the drug price negotiation program. Sec. 44301	Permits product sponsors to have one or more orphan drug indication to be exempt from the Drug Price Negotiation Program in statute as opposed to one; revises the start of the timeline in which a manufacturer would be eligible for negotiation until an orphan drug receives its first non-orphan indication.	4,871	Not included	Not included
Modernizing and ensuring PBM accountability. Sec. 44305	Requires PBMs in Medicare Part D to share information relating to business practices with Prescription Drug Plan Sponsors, including information relating to formulary decisions and prescription drug coverage that benefits affiliated pharmacies; prohibits PBM compensation based on a drug's list price, limiting compensation to fair market bona-fide service fees; requires the Centers for Medicare and Medicaid Services to define "reasonable and relevant" contracting terms for the purposes of enforcing Medicare Part D's "any willing pharmacy" requirements.	-403	Not included	Not included

Provider Payment and Enrollment				
House Section Name	Details	2025-2034 Cost/Savings (-) estimate, in millions	Senate Section	Details / Differences
Streamlined enrollment process for eligible out-of-state providers under Medicaid and CHIP. Section 44302	Requires states to establish a process for qualifying pediatric out-of-state providers to enroll as participating providers under Medicaid and CHIP without undergoing additional screening requirements.	219	Not included	Not included
Delaying Disproportionate Share Hospital (DSH) reductions. Sec. 44303	Delays the Medicaid DSH reductions, currently \$8 billion reductions per year that are set to take effect for fiscal years (FY) 2026 through 2028, to instead take effect for FY 2029 through 2031; extends funding for Tennessee's DSH program, which expires at the end of this FY, through FY 2028.	625	Not included	Not included
Modifying update to the conversion factor under the physician fee schedule under the Medicare program. Sec. 44304	Amends current law by replacing the split physician fee schedule conversion factor set to take effect on January 1, 2026, with a new single conversion factor based on a percentage of medical inflation, or the Medicare Economic Index (MEI); for 2026 percentage is 75% and 2027 and after is 10%.	8,879	Not included	Not included

Expanding the Definition of Rural Emergency Hospital (REH) Under the Medicare Program. Section 111201	Allows qualifying hospitals that were open from January 1, 2014, to December 26, 2020, but have since closed to reopen as REHs. Newly eligible hospitals must be at least 10 miles from the nearest hospital to receive the fixed monthly facility payments and at least 35 miles to receive the increase in reimbursement. Effective January 1, 2027.	806	Not included	Not included
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HSAs/HRAs/ICHRAs				
House Section Name	Details	2025-2034 Cost/Savings (-) estimate, in millions	Senate Section	Details / Differences
Treatment of Health Reimbursement Arrangements Integrated with Individual Market Coverage. Sec. 110201	Codifies much of the 2019 Trump Administration rule that created Individual Coverage Health Reimbursement Arrangements (ICHRAs); renames them Custom Health Option and Individual Care Expense or "CHOICE" arrangements; effective December 31, 2025.	492	Not included	Not included

Participants in CHOICE Arrangement Eligible for Purchase of Exchange Insurance under Cafeteria Plan Sec. 110202	Allows employees with an ICHRA to use pre-tax dollars through a cafeteria plan to pay for on-Exchange ACA Marketplace premiums effective December 31, 2025.		Not included	Not included
Employer Credit for CHOICE Arrangement. Sec. 110203	New tax credit for small employers offering CHOICE arrangements, of a \$100 per month credit for the first year and half that amount for the second year of employee enrollment; effective December 31, 2025.		Not included	Not included
Individuals Entitled to Part A of Medicare by Reason of Age Allowed to Contribute to Health Savings Accounts. Sec. 110204	People who are 65 or older and enrolled in Medicare Part A only may continue to contribute to an individual HSA but cannot use to pay for health insurance. Distributions from the HSA that are not used for qualified medical expenses are subject to an additional 20% tax. Effective January 1, 2026.	7,397	Not included	Not included
Treatment of Direct Primary Care Service Arrangements. Sec. 110205	Certain Direct Primary Care (DPC) arrangements will not be considered health plans, allowing individuals to be eligible for an HSA. Applies if the fixed periodic fees for DPC do not exceed \$150 monthly, or \$300 monthly where more than one individual is covered. Limited to DPCs offering	2,811	Not included	Not included

	primary care services and not including services such as general anesthesia, prescription drugs other than vaccines, and laboratory services not typically administered in an ambulatory primary care setting. Effective January 1, 2026.			
Allowance of bronze and catastrophic plans in connection with health savings accounts. Sec. 110206	Allows bronze plans and catastrophic plans offered in the individual market to be considered HDHPs that can be paired with an HSA.	3,563	Not included	Not included
On-site employee clinics Sec. 110207	Free or discounted on-site employee clinics offering qualified items and services will not be considered health plan coverage, allowing employees to be eligible for an HSA. The health facility must be owned or leased by the employer or operated mainly to service employees. Qualified items and services include physical, immunizations, over-the-counter drugs, injury treatment, preventive care, drug testing, hearing or vision screening. Effective January 1, 2026.	2,349	Not included	Not included

<p>Certain amounts paid for physical activity, fitness, and exercise treated as amounts paid for medical care.</p> <p>Sec. 110208</p>	<p>Gym memberships and certain other sport and fitness expenses will be considered medical expenses for HSAs; capped at \$500 for single taxpayers, \$1000 for joint filers. Effective January 1, 2026.</p>	10,539	Not included	Not included
<p>Allow both spouses to make catch-up contributions to the same health savings account.</p> <p>Sec. 110209</p>	<p>Allows an individual to contribute to an HSA even if spouse has a health flexible spending account (FSA). Effective January 1, 2026.</p>	1,880	Not included	Not included
<p>FSA and HRA terminations or conversions to fund HSAs.</p> <p>Sec. 110210</p>	<p>Allows individuals newly enrolled in an HDHP with existing health FSAs and HRAs to roll over funds into an HSA if not covered by an HDHP in four years prior. The amount that can be rolled over annually is limited to the total annual limit on FSA contributions for employees (\$3,300 for 2025) and twice that amount for family coverage. Effective January 1, 2026.</p>	363	Not included	Not included
<p>Special rule for certain medical expenses incurred before establishment of health savings account.</p> <p>Sec. 110211</p>	<p>Allows an individual to use a distribution from their HSA as payment for medical expenses incurred before the HSA was established, if the account is established within 60 days of when their HDHP coverage began. Effective January 1, 2026.</p>	190	Not included	Not included

Contributions permitted if spouse has health flexible spending arrangement. Sec. 110212	Allows an individual to contribute to an HSA even if spouse has a health FSA. Effective January 1, 2026.	6,819	Not included	Not included
Increase in health savings account contribution limitation for certain individuals. Sec. 110213	Increases annual contribution limits for HSAs by \$4,300 for individuals with self-only coverage, and by \$8,550 for family coverage (effectively doubling annual limits for 2025). Increased contribution phases out for adjusted gross incomes between \$75,000 and \$100,000 (individual), and \$150,000 to \$200,000 (joint filers with family coverage). Effective January 1, 2026.	8,394	Not included	Not included
Medicare				
House Section Name	Details	2025-2034 Cost/Savings (-) estimate, in millions	Senate Section⁷	Details / Differences
Limiting Medicare Coverage of Certain Individuals. Sec. 112103	Restricts Medicare eligibility to U.S. citizens, green card holders, certain immigrants from Cuba, and people residing under the Compacts of Free Association. Eliminates Medicare eligibility for others, such as those with temporary protected status and refugees and asylees. Terminates	132	Not included	Not included

⁷ Unless otherwise specified, section is referring to Finance language. Text as of 6/17/2025/

	Medicare benefits no later than one year from enactment.			
Implementing Artificial Intelligence Tools for Purposes of Reducing and Recouping Improper Payments Under Medicare Sec. 112204	Provides funding for HHS to contract with AI contractors and data scientists to identify and reduce Medicare improper payments and recoup overpayments. Effective January 1, 2027.	TBD	Not included	Not included
Other provisions of note (AI, SNAP, Charitable Contributions, PFML)				
House Section Name	Details	2025-2034 Cost/Savings (-) estimate, in millions	Senate Section	Details / Differences
Artificial Intelligence (AI) and Information Technology Modernization Initiative Sec. 43201	Appropriates \$500 million to the Department of Commerce for FY 2025 to modernize and secure federal IT systems through the deployment of commercial AI, automation technologies, and the replacement of antiquated business systems. No state or political subdivision may enforce any law or rule regulating AI during 10-year period beginning on enactment.	500	Sec. _0012 (Commerce)	Amends BEAD, to expand high-speed internet access for Americans by adding \$500 million in new funding and establishes a 10-year federal moratorium on state and local regulation of AI like House language.
Able Bodied Adults Without Dependents Work Requirements Sec. 10002	Amends exceptions listed for able bodied adults without dependents as it pertains to SNAP work requirements, including increasing the age to 64 (from 54) and changes dependent child from under 18 years of age to under 7.	-92,460	Sec. 10102 (Agriculture)	Changes age of a dependent child to 10 years from the House proposal of 7 years.

Matching Funds Requirements Sec. 10006	Beginning in 2028, states would be required to contribute toward the cost of SNAP food benefits, not just administrative costs. The required match would be tied to each state's SNAP payment error rate.	-128,300	Sec. 10105 (Agriculture)	Same as House.
1-percent Floor on Deduction of Charitable Contributions Made by Corporations	Imposes a 1-percent floor on deduction of charitable contributions made by corporations.	-16,603	Sec. 70426 (Finance)	Same as House.
Reinstatement of Partial Deduction for Charitable Contributions of Individuals Who Do Not Elect to Itemize Sec. 110113	Creates a temporary tax deduction through 2028 for charitable cash contributions up to \$150 (\$300 for couples) for non-itemizers.	6,947	Sec. 70424 (Finance)	Makes policy permanent beginning in 2026 for charitable cash contributions up to \$1,000 (\$2,000 for couples) for non-itemizers.
Extension and enhancement of paid family and medical leave (PFML) credit Sec. 110106	Makes permanent PFML tax credit with three changes: 1) expands the credit allowing employers to claim for a portion of PFL insurance premiums. 2) makes available in all states. 3) lowers the minimum employee work requirement from 1-year to 6-months.	5,454	Extension and enhancement of PFML credit Sec. 70304 (Finance)	Substantially same as House version.

Student Loan Provisions (non-comprehensive)				
House Section Name	Details	2025-2034 Cost/Savings (-) estimate, in millions	Senate Section	Details / Differences
Student eligibility Sec. 30001	Ends aid eligibility for certain non-U.S. nationals. Effective July 1, 2025	-15	Sec. 80001	Same as House except for a one-year delay on effectiveness, July 1, 2026
Loan limits Sec. 30011	Eliminates the Grad PLUS Loan program for new borrowers beginning 2026-2027 academic year and, for all borrowers beginning 2029-2030 academic year and establishes annual and aggregate borrowing limits for Unsubsidized Direct Loans to graduate and professional students	-34,670	Sec. 81001	Eliminates the Grad PLUS Loan program for graduate and professional student borrowers and establishes annual and aggregate borrowing limits for Unsubsidized Direct Loans to graduate and professional students. Aggregate borrowing limits in the Senate proposal are higher than in the House proposal, but both are less than current law
Loan Repayment Sec. 30021	Consolidates loan repayment into two income-driven plans. Effective for new loans beginning July 1, 2026	-295,640	Sec. 82001	Substantially same as House version.
Public Service Loan Forgiveness Sec. 30024	Restricts Public Service Loan Forgiveness eligibility during residency for doctors and dentists	-430	Sec. 82004	Substantially same as House version.
Eligibility Sec. 30031	Excludes families with a Student Aid Index more than twice the maximum Pell grant from receiving	-66	Sec. 83002	Substantially same as House version.

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