



H.R. 1 and the Aging Network

Funding Shifts, Program Impacts, and What Advocates Need to Know

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Ohio Association of Area Agencies on Aging



Statewide Network of Agencies



Provides Training



Coordinates Advocacy



Creates Collective Voice



Area Agencies on Aging



Ohio's 12 Area Agencies on Aging are mission-driven, primarily not-for-profit, organizations that operate a complex service delivery system with federal, state, local and private funding that successfully develops, coordinates and administers aging services.



o4a Advocates For:



the preservation and expansion of home and community -based services for older adults and people with disabilities to ensure equal access to options for care



the continuing and future capacity of Ohio's Area Agencies on Aging to meet the needs of older adults and people with disabilities in their communities



Budget Reconciliation Act (HR 1, OBBBA)

- Signed into law on July 4
- Significant policy changes
- Cuts over a trillion dollars from Medicaid, Medicare and the ACA
- States will lose \$186 billion in federal SNAP funding through 2034



HR 1- Medicaid

Now:

- **Moratorium on Medicaid Streamlining Rules**
- **Moratorium on nursing home staffing standards**
- **States may implement statutory work requirements**
- **Medicare eligibility for lawfully present immigrants limited to LPRs, Cuban and Haitian entrants, and COFA migrants for new enrollees.**



HR 1- SNAP

Now: SNAP Work Requirement Expansion: January 2026

- ABAWD work requirements now apply to individuals 18-64 (Previously 18-54)
- Individuals 60-64 are not subject to general work requirements due to their age.
- Exemptions Removed: Veterans, People Experiencing Homelessness, Former Foster Youth
- Limits eligibility for SNAP to only U.S. Citizens and Lawful Permanent Residents/Green Card holders who have completed a 5-year waiting period. Some Haitian and Cuban nationals with special status and COFA migrants may still qualify for SNAP under the more restrictive eligibility criteria: November 1, 2025



HR 1- Medicaid

October 2026: Restricts Medicaid Eligibility for Lawfully Present Immigrants

- Eliminates Medicaid eligibility for lawfully present immigrants who are not Lawful Permanent Residents (LPR) (after a five -year or longer waiting period); certain Cuban and Haitian immigrants; individuals living in the U.S. under a Compact of Free Association; or lawfully residing children and pregnant people.
- Removes Medicaid eligibility for most humanitarian immigrants, including refugees and asylees.



HR 1- Medicaid

January 2027: Medicaid Work & Community Engagement Requirements

- Requires applicants and enrollees (both Medicaid and expansion population) ages 19 to 64 to show that they are working, doing community service or enrolling in an educational program (or some combination of these activities) for at least 80 hours each month.
- Exemptions: Individuals under 19 or over 65, Pregnant or postpartum individuals, People who are eligible for Medicare, Caregivers of young children (13 or under) or disabled dependents, Individuals meeting SNAP or TANF work requirements, Those with disabilities or serious medical conditions, People participating in a Substance Use Disorder (SUD) treatment program, Former inmates of a public institution during the last 3 months, and Native Americans and certain other groups



HR 1- Medicaid

January 2027:

- Work Requirements – (19-64) – Exp.
- Reduced retroactive coverage – Exp.
- Six month redeterminations – Exp.

January 2028

- Reduces and freeze home equity limit for LTSS to \$1 million

October 2028

- Required cost sharing, \$35 co services – Exp. -pays for most



HR 1- SNAP

- **Reduced federal funding: States lose \$186B through 2034, a 20% cut**
- **Elimination of the standard utility allowance and other measures to simplify eligibility determinations**
- **Expands work requirements**
- **8 million older adults will be impacted**



HR 1- Medicaid

Provider Taxes:

- No new or higher provider taxes - now
- Allowable provider taxes capped from 6% to 3.5% by 2032
- July 2027: Ohio cuts implemented
 - \$2.5 billion net loss for the state

How will states fund Medicaid?

- Could cut optional programs such as HCBS
- Could cut provider rates



HR 1- Impact

Waived: Statutory Pay-As-You-Go (S-PAYGO) Effects, Sequestration

- In accordance with S-PAYGO, OMB would record the average increases in deficits over the period, in this case \$230 billion each year
- Without enactment of subsequent legislation that would offset or waive the deficit increase, OMB would be required to issue a sequestration order not more than 14 days after the end of the current session of Congress to reduce spending by \$230 billion in fiscal year 2026
- 4 percent maximum reduction in Medicare spending would apply to sequestration orders for years after 2026



HR 1- Other

- **ACA tax credits sunset Dec. 31, 2025**
- **Limits eligibility for SNAP, Medicare, Medicaid, and Marketplace tax credits to three specific categories of non citizens** -
- **Temporary Tax Deduction 65+ (2025 -28)**



Ohio: Other Issues

- **Constitutional Amendment to Abolish Property Taxes**
- **FY26-27 State Budget Changes**
 - Overall cuts Medicaid each year



Why Advocacy Matters



Engaging Your Elected Officials

Approaches for members vs. staff

When to reach out (appropriations, reauthorization, reconciliation windows, state budget)

District -level engagement strategies

Follow up!



Storytelling as Advocacy

Values vs data

Localizing the impact
(connecting stories to federal
funding)

Protecting dignity & avoiding
stereotypes



Advocacy Framing Strategies

- Strategies to stay fact -based and mission -focused
- Reframing negative narratives (e.g., “fraud, waste, abuse”)
 - Reframe: efficiency, accountability, and outcomes
- Building unlikely alliances
- Pitfalls to avoid (us vs them, partisan framing, jargon, abstract stats)





Thank you!



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