Health Forward
FOUNDATION

Navigating the impact:

Responding to the One Big Beautiful Bill Act

As of February 2026

Key takeaways

The One Big Beautiful Bill Act (also known as the 2025 Budget Reconciliation Law or OBBBA) represents a harmful shift in federal health and food assistance policy that will negatively impact residents of Kansas and Missouri. Signed into law on July 4, 2025, OBBBA enacts dramatic reductions to longstanding safety net programs including the Supplemental Nutrition Assistance Program (SNAP) and Medicaid through the budget reconciliation process.[1]

Key impacts include:

- 10 million Americans are likely to lose health coverage by 2034[2]
- 26,000 Kansans[3] and 160,000 Missourians[4] are expected to lose health coverage
- 45,000 Kansans and 150,000 Missourians face losing food assistance[5]
- First-ever state cost-sharing requirements for SNAP program costs[6]
- Medicaid work requirements beginning January 1, 2027 (Missouri only due to expansion status)[7]
- Elimination of coverage for lawfully present refugees, asylees, and other immigrants[8]

Rural communities will be severely impacted with an estimated $155 billion loss in Medicaid spending - more than three times the $50 billion Rural Health Transformation Fund included in the law.[9]

Missouri faces unique challenges as a Medicaid expansion state, with work requirements affecting 352,000[10] expansion enrollees and provider tax caps expected to reduce state Medicaid funding by $1.9 billion annually.[11] Kansas, as a non-expansion state, avoids Medicaid work requirements but still faces significant SNAP cost shifts and technology implementation requirements.

Our communities deserve better

People across Kansas and Missouri work hard, contribute to their communities, and want healthy, stable lives for themselves and their families. They are dedicated parents balancing work and caregiving. They are neighbors who show up when crisis strikes. They are workers keeping essential services running. They aspire to financial security, strong families, and the opportunity to thrive.

But systemic barriers stand in their way.

For decades, programs like Medicaid and SNAP have helped people navigate these barriers—ensuring access to health care when chronic conditions require ongoing treatment, providing food assistance when wages don't stretch far enough, and offering stability during life transitions. These programs recognize a fundamental truth: when people have their basic needs met, they can focus on building better futures.

The One Big Beautiful Bill Act (OBBBA) dismantles this foundation. OBBBA is a policy choice that will make it harder for working families to access the resources they need. When someone loses Medicaid coverage because they couldn't navigate six-month renewal paperwork while working multiple jobs, that's a system failure. When a parent can't afford a $35 copayment for their child's asthma medication, that's a policy choice. When lawfully present refugees families who have built lives in our communities suddenly lose access to food assistance, that's structural exclusion.

The people most affected by OBBBA are not passive victims waiting to be saved. They are active participants in our communities who deserve policy solutions that recognize their contributions and remove barriers to their success. Understanding how OBBBA dismantles these supports requires examining its specific provisions.

Overview of OBBBA

Signed into law on July 4, 2025, the One Big Beautiful Bill Act (also referred to as the 2025 Budget Reconciliation Law) passed the U.S. House and Senate, using reconciliation to offset increased spending on border security, defense, and energy with dramatic reductions to longstanding safety net programs.[12]

Major food assistance provisions (SNAP)

- **Work requirements:** Prior to OBBBA, SNAP participants between the ages of 18 and 54 were required to work, unless they were parents of children under the age of 18. OBBBA expanded these work requirements to include participants between the ages of 18 and 64, unless they are parents of children under the age of 14.[13]
- **State cost sharing:** For the first time since the program's founding, states will be required to pay a portion of SNAP food assistance costs , dependent upon the state's payment error rate. SNAP payment error rates measure over- and under-payments that a state's program makes in a year, with most errors being unintentional mistakes by either state agencies or participating families. These error rates are highly volatile and can fluctuate significantly from year to year.[15]
- **Administrative cost shifts:** State share of administrative costs increases from 50% to 75% starting FY 2027[16]
- **Immigration restrictions:** Eliminates SNAP eligibility for lawfully present non-citizens (except lawful permanent residents or "LPRs," Cuban/Haitian entrants, Compact of Free Association residents)[17]
- **Food assistance reductions:** Limitations on increasing the Thrifty Food Plan will reduce the purchasing power of SNAP over time[18]

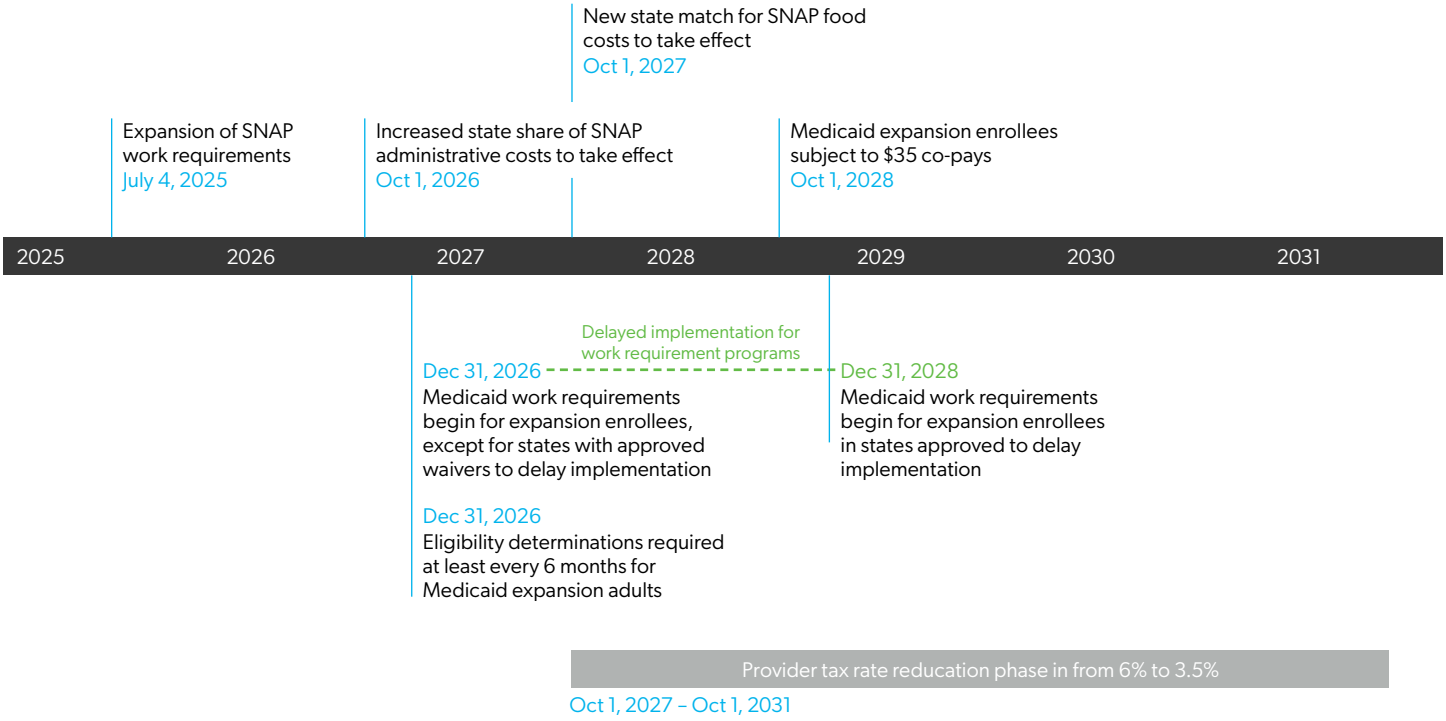
Major health provisions (Medicaid & Marketplace)

- **Work requirements:** Requires work, education, training, or community service for expansion population ages 19-64. (Medicaid expansion states only)[19]
- **Six-month renewals:** Requires eligibility redeterminations every 6 months, instead of annually, for expansion adults *(Medicaid expansion states only)*[21]
- **Copayments:** Requires $35 copayments for health care visits for expansion enrollees (Medicaid expansion states only)
- **Provider tax limitations:** Provider taxes are a key funding mechanism for Medicaid programs. OBBBA freezes all states' provider taxes at current levels, prohibiting new taxes or rate increases. Additionally, in Medicaid expansion states, OBBBA phases down the safe harbor threshold from 6% to 3.5% (by 0.5% annually starting FY 2028), forcing these states to either reduce existing provider tax rates or lose federal matching funds. Long-term care and intermediate care facilities are exempt from the phase-down.[22]
- **Immigration restrictions:** Restricts Medicaid and Affordable Care Act (ACA) Marketplace coverage for refugees, asylees, people with Temporary Protected Status, humanitarian parolees, and survivors of trafficking.[23]
- **Rural Health Transformation Fund:** $50 billion over 5 years for rural health care. In September 2025, CMS released allocation details showing half the funding split evenly among approved states regardless of the size of their rural population—meaning Connecticut with 3 rural hospitals could receive the same baseline amount as Kansas with 90. The remaining $25 billion will be allocated based on 23 factors including rural population, health facilities, uncompensated care, and adoption of "Make America Healthy Again" (MAHA) policies. The fund targets "system transformation," including telehealth expansion, workforce recruitment rather than general financial support.[24]

"It's a catch 22 because the more you work, the less SNAP benefit you get. That's just the way it's set up. And so people have to choose between working and putting food on the table. And with these new work requirements there will be even more people coming off of benefits."

Jessica Thompson, Thrive Allen County

OBBBA
Implementation Timeline for Medicaid & SNAP



Adapted from Missouri Budget Project "Final Reconciliation Bill Will Take Health Coverage, Food Assistance Away from Missourians."

Implementation timeline

Implementation spans 2025-2031, with Medicaid work requirements set to begin January 1, 2027 (states have the option to begin earlier or as late as December 31, 2028), more frequent eligibility reviews starting December 31, 2026, and SNAP cost shifts phasing in from fiscal year 2027 to 2028.[25]

> **I think it must be said that this bill is mean spirited and malicious. The goal seems to be to prioritize those who have the most and to harm those who have the least."**
>
> D. Rashaan Gilmore, BlaqOut


EXIT
"Do all the good that you can,
For all the people you can,
In all the ways that you can,
For just as long as you can."
-Mother Mary Bernard Sheridan, CSJ

OBBBA will disproportionately target certain populations

The Congressional Budget Office estimates 10 million people will lose health coverage by 2034 due to OBBBA provisions.[26]

State-specific coverage loss estimates

- **Kansas:** An estimated 26,000 people (19,000-32,000) are expected to lose coverage
  - 12,000 from changes to Medicaid
  - 12,000 from changes to the ACA
  - The remaining 1,600 is due to Medicare and other policy interactions.[27]
- **Missouri:** Expected coverage losses of 160,000 people
  - 130,000 from changes to Medicaid
  - 26,000 from changes to the ACA
  - The remaining 6,700 due to Medicare and other policy interactions (120,000-200,000)[28]

Impact on immigrants and refugees

OBBBA restricts immigrant eligibility for both Medicaid and Affordable Care Act (ACA) Marketplace coverage. Currently, many people who have immigrated and are lawfully residing in the U.S. are eligible for Medicaid coverage, including refugees, individuals granted parole, individuals granted asylum, certain survivors of partner violence and children, certain survivors of trafficking, Cuban and Haitian entrants, and citizens of the Freely Associated States.[29]

The law eliminates coverage for refugees, asylees, people with Temporary Protected Status, humanitarian parolees, and survivors of trafficking. This will impact both Kansas and Missouri, as both states currently provide Medicaid coverage to qualified immigrant populations under federal law.

These are individuals already contributing to state economies—the Perryman Group found that foreign-born workers generate $55.2 billion in annual economic activity in Missouri and $46.4 billion in Kansas, with significant portions in rural areas where labor shortages are acute.[31] Beyond the economic contributions, losing coverage creates immediate health crises for people who are immigrants and refugees. Losing health coverage means untreated chronic conditions worsen, preventable illnesses escalate to emergency room visits, and children miss vaccinations and developmental screenings. Losing SNAP means families making difficult choices between rent and food, or between medication and groceries. For someone managing diabetes or recovering from trauma, these barriers don't just delay care—they derail the stability these families worked so hard to achieve.

> **"The provision around access to care for immigrants and refugees will have a chilling effect. It erodes trust between the community and health centers. This fear could hurt children. Imagine someone whose child is 100% eligible for Medicaid, but parents are afraid to sign them up, because they are in fear that someone might find out that they're undocumented."**
>
> Kim Gasper, Vibrant Health

People with chronic conditions face new barriers

The Medicaid expansion population includes many people with disabilities or chronic conditions like diabetes, hypertension, HIV, asthma, and heart disease who do not participate in Supplemental Security Income (SSI), making them subject to work requirements despite health challenges that may interfere with maintaining steady employment. Research shows that work requirements take away food assistance from many people with disabilities because state eligibility workers often lack adequate medical training to screen for exemptions, and people face administrative challenges documenting health conditions.[32]

A 2020 JAMA study found associations between work requirements and reduced SNAP participation by race/ethnicity and disability status, with the policy cutting off more than half (53%) of people subject to it.[33]

> **"We have a patient who is on the kidney transplant waiting list. He's at dialysis all the time. And by the definition that they put in this bill, he's somebody that should be working, but how? He would love to work, but he's in dialysis three or four days a week."**
>
> D. Rashaan Gilmore, BlaqOut

Kansas and Missouri face different implementation challenges

OBBBA food assistance provisions and state impacts

For the first time since the SNAP program's founding nearly 50 years ago, states will be required to pay a portion of costs for the SNAP program.[34] This represents a fundamental shift in how SNAP is funded, with states now bearing responsibility for both food assistance and administration costs.

- **Kansas:** 43,000 Kansans are at risk of losing food assistance[35] and Kansans who participate in the SNAP program are expected to experience an average monthly food assistance reduction of $72.[36]
- **Missouri:** 150,000 Missourians are at risk of losing food assistance[37] and Missourians who continue to participate in SNAP are expected to experience an average monthly food assistance reduction of $89.[38]

Key SNAP provisions in OBBBA

Key SNAP Provisions[39]	Applies To	Kansas Impact	Missouri Impact
Work requirements - Expands age range from 18-54 to 18-64 and includes parents with children aged 14+ (previously under 14)	All States	43,000 Kansans are at risk of losing food assistance[40]	150,000 Missourians are at risk of losing food assistance[41]
State cost share for food assistance - States with payment error rates above 6% pay 5-15% of food assistance costs (based on error rate) starting FY 2028	All States	Kansas' error rate in 2024 was above 9.98%, if the SNAP payment error rate stays at or below 10%, Kansas will have to pay around $41 million, which is 10% of the total program cost. If the error rate is greater than 10%, the state's share will increase to $62 million.[42]	Missouri's error rate in 2024 was 9.42%, which would result in a 10% cost-shift to the state, amounting to $150 million of additional expense[43]
Administrative cost shift – State share of administrative costs will increase from 50% to 75% starting in FY 2027	All States	Kansas' most recent administrative costs were $44m, of which $11 million will be shifted to the state[44]	Missouri's most recent administrative costs were $94M, of which **$23.5 million** will be shifted to the state.[45] -- SNAP admin cost change will be a large issue but doesn't start until federal fiscal year 2027 which is different than Missouri's fiscal year. So the cost may only partly be included in the governor's recommendations.[45]
Immigration restrictions - Eliminates SNAP eligibility for lawfully present non-citizens (except LPRs, Cuban/Haitian entrants, Compact of Free Association residents)	All States	3,000 refugees, asylum seekers, and withholding participants lose eligibility[46]	5,000 refugees, asylum seekers, and withholding recipients lose eligibility[47]
SNAP food assistance reductions – Due to limitations in increasing the Thrifty Food Plan	All States	$72 average monthly food assistance reduction to families participating in SNAP[48]	$89 average monthly food assistance reduction to families participating in SNAP[49]

OBBBA health provisions and state impacts

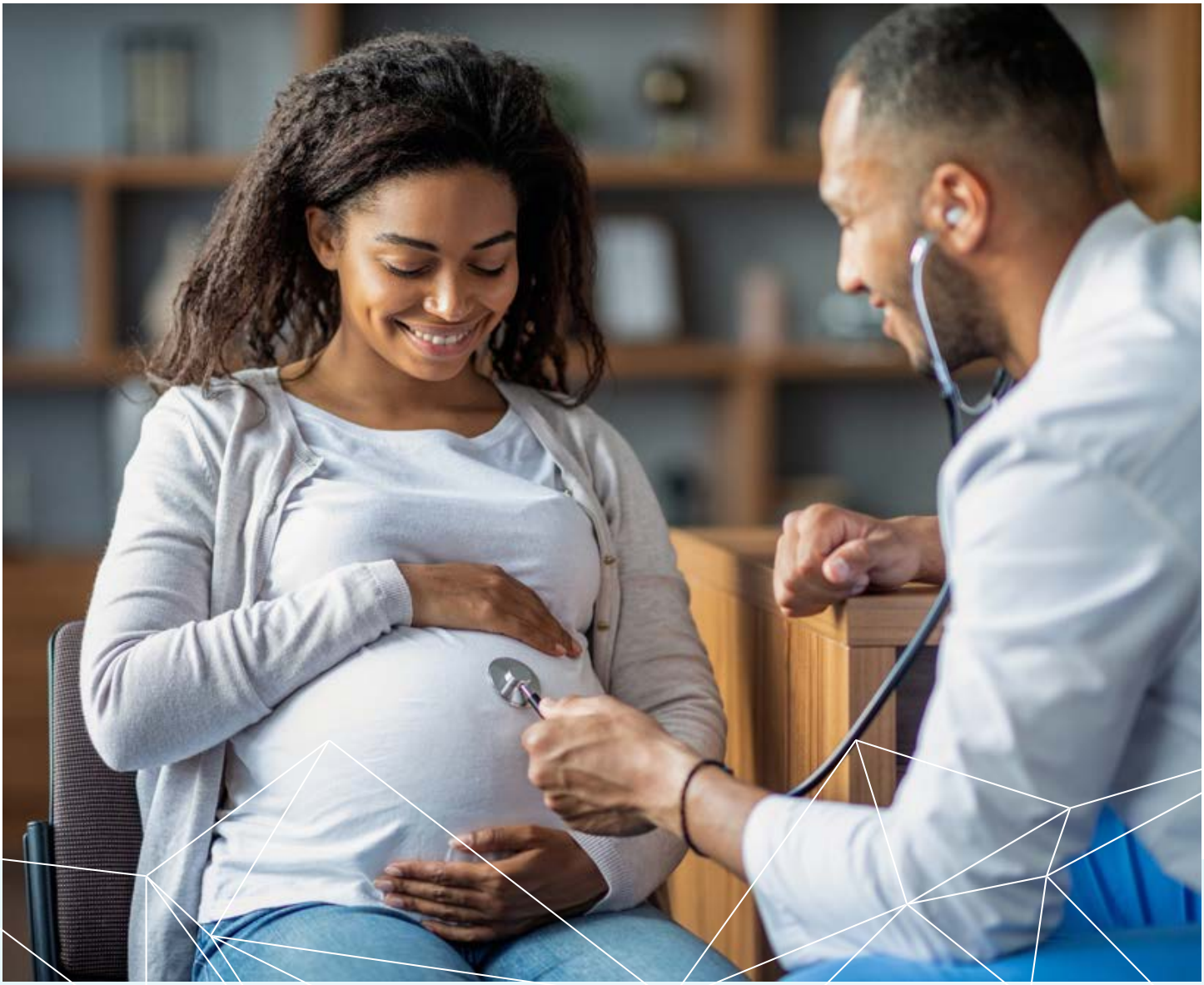
The differential impact between Kansas and Missouri stems largely from Missouri's Medicaid expansion status. Missouri expanded Medicaid via a constitutional amendment approved by voters in 2020, meaning the state cannot easily reverse expansion without another constitutional amendment.[50] This creates distinct pressures compared to Kansas's non-expansion approach.

Key health care provisions in OBBBA

Key Health Care Provisions[51]	Applies To	Kansas Impact	Missouri Impact
Work requirements - Requires work/community engagement for expansion population ages 19-64	Medicaid Expansion States Only	None	It's estimated that between 69,000 and 78,000 Missourians will lose Medicaid[52]
Six-month renewals - Requires eligibility redeterminations every 6 months for expansion adults (vs. annual)	Medicaid Expansion States Only	None	There are 341,906 Missourians enrolled in Medicaid who are in the expansion group and would be subject to more frequent renewals[53]
$35 copayments - Required copayments for health care visits for expansion enrollees	Medicaid Expansion States Only	None	Creates financial barrier to accessing care for 341,906 expansion enrollees[54]
Provider tax limitations - Freezes all states' provider taxes at current levels, prohibiting new taxes or rate increases. Additionally, in Medicaid expansion states, OBBBA phases down the safe harbor threshold from 6% to 3.5% (by 0.5% annually starting FY 2028).[55]	All States	Kansas increased its hospital provider tax rate to 6% in 2025, which was grandfathered under OBBBA provisions because the state acted before key federal deadlines. This allows Kansas to maintain existing provider tax rates for now.[56]	Missouri has provider taxes in place on nursing facilities, hospitals, intermediate care facilities, ambulance and pharmacies.[57] The provider tax cap is expected to reduce state Medicaid funding by $1.9 billion annually.[58]
Overall coverage loss – Congressional Budget Office estimate of people losing coverage	All States	It is estimated that 26,000 Kansans will lose coverage – 12,000 people due to Medicaid changes and 12,000 due to ACA Marketplace changes[59]	It is estimated that 160,000 Missourians will lose coverage – 130,000 due to changes in Medicaid and 26,000 due to ACA Marketplace changes[60]
Overall Medicaid cuts – Kaiser Family Foundation estimates of federal Medicaid Cuts by State	All States	Federal Medicaid funding is expected to decrease by 9% over the next 10 years, for a total federal spending decrease of $3 billion.[61]	Federal Medicaid funding is expected to decrease by 12% over the next 10 years, for a total federal spending decrease of $14 billion.[62]
Health Insurance Marketplace –	All States	12,000 people are expected to lose coverage due to OBBBA changes to the ACA's health insurance marketplace.[63]	26,000 people are estimated to lose coverage due to OBBBA changes to the ACA health insurance marketplace.[64]

Missouri and Kansas have done a very good job of extending services for pregnant women. We have extended coverage for a year postpartum and added reimbursement for doulas and community health workers. Those are discretionary items. If we're dealing with a smaller pot of money and the state is responsible for more of those Medicaid costs, are those some of the services that go first?"

Tracy Russell, Nurture KC



Financial implications

Both Kansas and Missouri face unprecedented financial pressures as OBBBA shifts costs from federal to state budgets while simultaneously reducing federal revenue streams. The scope of these cuts means states must find new revenue sources or make difficult cuts to existing programs.

Combined financial impact

- **Kansas:** SNAP cost-shifting will require the state of Kansas to dedicate an additional $52 million in fiscal year 2028 to comply with OBBBA.[65] At the same time, Medicaid cuts are expected to result in a $3 billion loss of federal funding over the next ten years.
- **Missouri:** SNAP cost-shifting will require the state of Missouri to dedicate an additional $174 million in fiscal year 2028 to comply with OBBBA.[66] At the same time, Medicaid cuts are expected to result in a $14 billion loss of federal funding over the next ten years.

These cuts arrive at the worst possible moment for state budgets. Joe Pierle from the Missouri Primary Care Association explains the budget reality: "We're all worried about the state budget and where it stands. The capital gains tax was just eliminated, which I think pulls another three to $400 million out of annual revenue. So that is certainly top of mind for most of us here in Jeff City, it is the challenges the state's going to face."

States face difficult budget choices between raising other revenue or cutting programs like health care, food assistance, or other state services including K-12 education. The Congressional Budget Office assumes states will replace half of reduced federal funds with their own resources for provisions like provider tax limits, though states' responses will vary based on their fiscal capacity and political priorities.[67]

With revenue declining and mandated costs increasing, states will likely target optional programs first. As Pierle notes: "Optional Medicaid services are easy to cut. Provider reimbursements are easy to cut. Higher ed…certain things are particularly at risk. The budget will be a disaster."

Tracy Russell from Nurture KC observes the cascading effects: "States face difficult budget choices between raising other revenue or cutting programs like health care, food assistance, or other state services including K-12 education."

> **"We filed a lawsuit in 2022 because the Missouri SNAP program was being wildly mismanaged. At one point, the average call center wait time was four hours. We won that lawsuit earlier this year. The judge wrote an absolutely scathing finding about how Missouri was unlawfully depriving people of the food that they are supposed to be getting."**
>
> Mallory Rusch, Empower Missouri

Budgetary Impacts

OBBBA is expected to have a significant impact on the Missouri and Kansas state budget, both in the short-term and over the next 10 years. In Missouri, Gov. Kehoe's FY27 budget recommendations include $294,606,318 and 222.86 staff to comply with federal policy changes enacted through OBBBA, including $34,982,737 general revenue. Gov. Kehoe also recommended a supplemental appropriation to the FY 26 budget of $32,016,111 to comply with the federal policy changes. These appropriations do not represent the total impact of OBBBA because some of the cost is distributed among existing programs, and the implementation dates vary. These significant costs come at a time when the state's budget surplus is expected decrease from $4.3 billion to around $ 4.7 million by the end of MO fiscal year 2027 based on the governor's proposed budget.

Administrative and infrastructure challenges

Both states face massive administrative overhauls that they are poorly equipped to handle. Current systems are already struggling with existing caseloads, and OBBBA's requirements will dramatically increase administrative burden.

Missouri's particular challenges stem from previous policy decisions, as Joe Pierle explains: "I don't think we're equipped for it, period. Missouri turned down hundreds of millions of dollars to improve the backend of our Medicaid system, and we didn't take advantage of it."

Staffing shortages compound the problem. States cannot hire and retain enough workers to manage current responsibilities, let alone expanded requirements. Pierle notes: "Missouri couldn't keep up before OBBBA, and there's no way we can keep up after. The state has to know they don't have the capacity, they don't have the bandwidth, they can't hire staff, and they can't retain staff."

Six-month redeterminations will overwhelm systems. This represents Pierle's biggest concern: "Redeterminations every six months - people are going to fall through those cracks and lose their coverage. There's no way the states prepare for this. There's just no way."

Both states must implement comprehensive technology system changes for eligibility verification by December 31, 2026, requiring significant investments in IT infrastructure, staff training, and new data-sharing partnerships across state agencies.[68] The OBBBA includes $200 million in grants to states for FY 2026 for community engagement requirements implementation, but this falls far short of actual implementation costs.[69]

> **"I'm concerned about the state's capacity to implement these regulations. The current infrastructure and technology simply aren't built for this scale of work. We need to ensure the state has the right tools in place so local organizations providing Medicaid services aren't carrying the burden."**
>
> Toniann Richard, HCC Network

Community systems will bear the burden

OBBBA's implementation will create cascading effects throughout community systems already operating at capacity. Health Forward's interviews with regional partners reveal how coverage losses will strain interconnected services across multiple sectors.

Health care system strain

The OBBBA will place devastating pressure on hospitals and health care providers, particularly in rural areas. Rural hospitals will face increased uncompensated care costs as people lose Medicaid coverage, with rural areas losing an estimated $155 billion in Medicaid spending - more than three times the $50 billion Rural Health Fund.[70] Kim Gapser from Vibrant Health notes, "if you lose Medicaid and are unable to access preventative medical care, you go to the emergency room instead. That care costs everybody and wait times go up. It creates a systemic problem for all of us."

By 2034, an estimated 101 rural hospitals will be at high risk of closure.[71] Federally Qualified Health Centers could lose five million Medicaid patients while gaining 1.9 million uninsured patients annually, resulting in a $3.3 billion revenue reduction (18.7% decrease).[72]

Toniann Richard from HCC emphasizes the fragility of rural hospitals: "Our rural hospitals are fragile already, and so from a service delivery standpoint, I worry about their ability to sustain services and meet the needs of their community."

Law enforcement and public safety burden

Nationally, an estimated 7.4 million Americans are at risk of losing Medicaid coverage, with significant implications for mental health care access.[73] The mental health crisis will disproportionately burden local law enforcement and emergency services. Jessica Thompson from Thrive Allen County warns of a potential "10% increase in people who are uninsured and therefore have untreated mental illness," while regional law enforcement department has only "one or two officers that are trained in crisis response."

Vanessa Kennedy, an active-duty police officer and founder of Code 1 Wellness, directly connects cuts to public safety: "You're going to start seeing the job duties of law enforcement increase. When people get cut off from nutrition and health, you're going to have an uptick in crime. You're going to have people stealing from the Dollar General. Your crime rate is going to go up."

People are going to be reaching out and asking for more resources, but you can't have resources like Code 1 Wellness to reach out if we don't have money. If we don't get funding, we can't help you with what you're dealing with in your community."

Vanessa Kennedy, Code 1 Wellness

Overwhelmed social service network

Recent federal funding cuts have already strained social service organizations. Jessica Thompson from Thrive Allen County reports that their health insurance outreach and enrollment program lost "about 85% of our funding. We were supposed to have an $11 million grant over the next five years" but received only $370,000. These cuts to social service organizations come at the worst time possible – just as more people will need help navigating health insurance due to the significant changes embedded in the OBBBA.

Mallory Rusch from Empower Missouri explains the broader impact: "there will be tens of thousands of folks that get pushed off of SNAP because of the increased work requirements," while "food banks are already operating at their maximum capacity… they cannot take on more folks."

Increasing homelessness

OBBBA creates new documentation requirements that people experiencing homelessness may struggle to meet, including proving residency through postmarked mail or USPS database inclusion.[74] The bill would allow exemptions to paperwork requirements to sunset in 2030 for homeless individuals, even though 3.2% of all SNAP participants (about 1 million people) experienced homelessness in fiscal year 2020.[75]

Research demonstrates that Medicaid and SNAP are effective tools for preventing homelessness. A California study found that for every 1,000 new Medicaid enrollees, there were 22 fewer evictions per year.[76] Stephanie Boyer from reStart Inc. notes that Kansas City is "number one per capita in the entire country of people experiencing chronic homelessness… living unsheltered," and these individuals "typically overuse emergency services…the ER, the ambulance, fire, police."

> **"We have so many people that housing has been an underlying issue for a long time. We see people who are working really hard, who just simply can't make ends meet. When we're working with them on their budget and what that looks like, they have those resources layered in there. Without those things, they will lose their homes."**
>
> Stephanie Boyer, reStart Inc.

Strategic implementation and harm reduction

Rather than viewing OBBBA implementation as inevitable harm, state and local leaders can adopt strategic approaches that minimize negative impacts while building more resilient systems. Community partners across Kansas and Missouri have identified concrete steps for adaptive implementation.

State-level strategic responses

Strengthen automatic renewal technology: Toniann Richard from HCC emphasizes the need for system upgrades: "we need to be supporting our state leaders...coming up with solutions" before new requirements take effect. When states resumed checking Medicaid eligibility after pandemic protections ended, states that used data matching to automatically renew eligible people's coverage (sometimes called ex parte renewals) reduced coverage losses from paperwork problems. Missouri has demonstrated effective use of these automated processes, showing that technology can keep eligible individuals covered without additional burden.

Maximize implementation flexibility: Implement work requirements with maximum flexibility and hardship exemptions, including the ability to adopt less restrictive interpretations of requirements and maximize exemptions for people facing barriers.[77]

Exercise waiver options: The law allows the Secretary of HHS to exempt states from compliance with work requirements until December 31, 2028, if the state demonstrates a "good faith" effort to comply. Joe Pierle[78] from Missouri Primary Care Association confirms: "there was a provision that we were able to get added to the bill that would allow a governor to ask for a two year waiver. We'll be working with the [Governor's] administration to see if they would consider that."

Explore funding solutions: Explore state funding options to replace lost federal revenue, though this faces challenges given state balanced budget requirements and the magnitude of potential cuts ($911 billion+ nationally).[79]

Leverage public-private partnerships: The Missouri Primary Care Association has developed an innovative approach to support implementation: "We've pitched an idea to privatize some of the state's enrollment functions, because they clearly can't keep up." This model would grant qualified organizations, such as hospitals and federally qualified health centers the ability to help process Medicaid applications while maintaining state oversight.

We're already seeing the stress on our systems. The key is getting ahead of these cuts and building partnerships now, to maximize the opportunities, before the negative impacts hit our communities."

Toniann Richard, HCC Network

Community-level adaptations

Expand navigator and outreach capacity: Despite federal navigator funding cuts, successful models exist. Jessica Thompson from Thrive Allen County describes developing "a broker model…where our community health workers…could get reimbursed for their work" through partnerships with health plans rather than federal grants.

Regional resource coordination: Cross-border collaboration between Kansas and Missouri can maximize limited resources.

Crisis prevention infrastructure: Vanessa Kennedy emphasizes the need for "long term, permanent facilities for people to go into for a period of time and to re-establish themselves" rather than "five-minute fixes" that cycle people through emergency services without addressing underlying needs.

Rural Health Transformation Fund: The $50 billion Rural Health Transformation Fund, while insufficient to offset all cuts, presents opportunities for strategic investments. Vanessa Kennedy has already begun pursuing these funds: "I've already emailed them…I want the who, what, when, where, why, how, because I'm trying to get ahead of this."

The community-level adaptations described above address immediate implementation challenges. However, building resilient systems that can withstand future policy shifts requires longer-term strategic investments in three key areas.

Long-term system building

Data-driven advocacy: Toniann Richard emphasizes the importance of documentation to build the case for services: "I tell lawmakers how many clients we're meeting, what we're doing, how we're doing it, and where that money is actually going" to demonstrate accountability and build cases for continued investment.

Strengthening democracy: The Health & Democracy Index shows that states with more inclusive voting policies and greater civic participation have better health outcomes across every measure.[80] When communities vote, they influence decisions affecting their health—from Medicaid expansion to community health center funding. The path forward requires integrating voter registration into health care settings and recognizing that healthy democracy and healthy communities are inseparable.

Moving beyond preservation: The challenges posed by the OBBBA require more than defensive strategies—they demand strengthening and expanding vital programs like KanCare and SNAP that support working families. Kansas remains one of only 10 states without Medicaid expansion[81], leaving 150,000 Kansans in a coverage gap.[82] A forward-looking approach recognizes that investing in health access today builds healthier, more economically stable communities tomorrow.

The path forward requires acknowledging OBBBA's harmful provisions while actively working to minimize damage through strategic implementation, innovative partnerships, and sustained community organizing for more equitable health policy approaches.


Structure
Planning
Designing
Project approval
Tasks
Meetings
Reaching goals
Final approval
Implementing
Milestone 4
Jan
Dec
Jan
Feb
13.2%
9.5%
32.9
51.1%

We have to continue to find different ways to do the work that keeps our communities healthy. When federal support disappears, we have to find new ways to engage and support people."

Jessica Thompson, Thrive Allen County

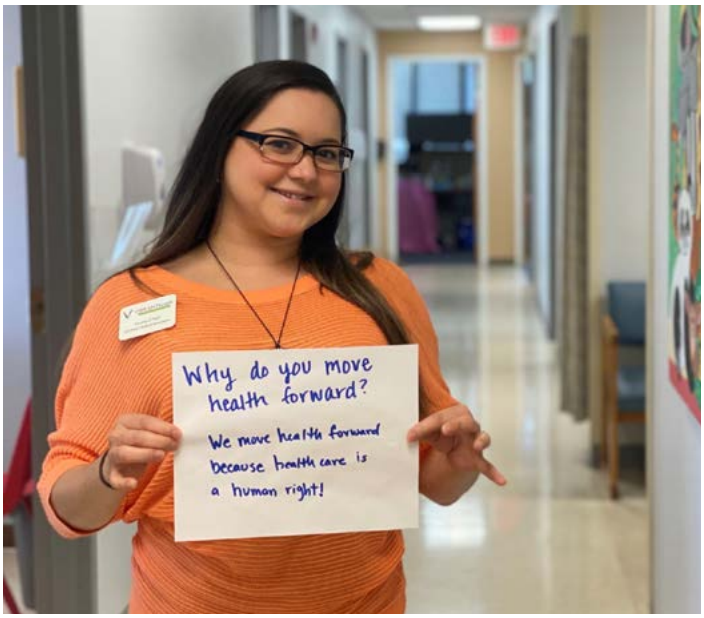
Conclusion

The One Big Beautiful Bill Act represents a harmful shift to the social safety net that will cause profound impact in Kansas and Missouri. The law's provisions will disproportionately impact people of color, rural residents, individuals with chronic conditions like diabetes, hypertension, HIV, asthma, and heart disease, and immigrants and refugees, creating new barriers to health care access and food security.

Missouri's status as a Medicaid expansion state - achieved through voter approval of a constitutional amendment - creates unique implementation challenges compared to Kansas. The constitutional nature of Missouri's expansion provides some protection but also means the state cannot easily avoid federal requirements, potentially forcing difficult budget decisions.

While the challenges are significant, strategic implementation choices, strong community partnerships, and sustained advocacy efforts can help minimize harm to those most at risk. The path forward requires coordinated action across all levels of government and the nonprofit sector to protect the health and wellbeing of our communities.

The stakes could not be higher. Kansas and Missouri communities must act swiftly and strategically to prepare for implementation while continuing to advocate for more equitable approaches to health and food policy. The wellbeing of millions depends on our collective response to this unprecedented challenge.



> **When people lose access to basic health care and nutrition support, we don't just see individual suffering — it impacts whole families and entire communities."**
>
> Kim Gasper, Vibrant Health

A footnote on federal injunctions[83, 84, 85, 86]

Several lawsuits have been filed that challenge the constitutionality of Section 71113, which prohibits certain essential community providers who perform abortions from receiving federal Medicaid funding. Clinics like Planned Parenthood and their affiliates, subsidiaries, and successors are not eligible to receive federal Medicaid funding for one year after enactment. In July 2025, a federal court granted a preliminary junction in Planned Parenthood Federation of America, Inc. v. Kennedy prohibiting enforcement of Section 71113 against several Planned Parenthood entities on the basis of equal protection and the First Amendment. However, a panel from the U.S. Court of Appeals for the First Circuit reversed this injunction upon appeal. Federal law prohibits federal Medicaid funds from being used to cover abortion services. Prior to enactment of Section 71113, Planned Parenthood and other reproductive health providers have been able to receive Medicaid funds to provide other comprehensive services for things like cancer screenings and prenatal care. In State of California et al. v. Department of Health and Human Services et al., the Attorney Generals from 21 states and the D.C argue that Section 71113 exceeds Congressional authority under the Spending Clause. As in the previous case, a federal court initially issued a preliminary injunction that was reversed upon appeal.

[1] Association of State and Territorial Health Officers. "One Big Beautiful Bill Law Summary." July 9, 2025.
[2] Kaiser Family Foundation. "How will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State?" August 20, 2025.
[3] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State?" Allocating CBO's Estimates of Coverage Loss?" August 20, 2025.
[4] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State?" Allocating CBO's Estimates of Coverage Loss?" August 20, 2025.
[5] Center on Budget and Policy Priorities. "Worsening SNAP's Harsh Work Requirement Would Take Food Assistance Away From Millions of Low-Income People." April 30, 2025.
[6] Center on Budget and Policy Priorities. "Research Note: Senate Republican Leaders' Proposal Risks Deep Cuts to Food Assistance, Some States Ending SNAP Entirely." June 30, 2025.
[7] Kaiser Family Foundation. "Implementation Dates for 2025 Budget Reconciliation Law."
[8] Association of State and Territorial Health Officers. "One Big Beautiful Bill Law Summary." July 9, 2025.
[9] Georgetown University McCourt School of Public Policy Center for Children and Families. "Budget Reconciliation Law Takes Aim at Medicaid and the Affordable Care Act." July 17, 2025.
[10] Washington University in St. Louis Institute for Public Health. "Missouri Medicaid Enrollment Dashboard." Accessed Oct 1, 2025.
[11] Missouri Budget Project. "Budget Reconciliation Bill Will Take Health Coverage, Food Assistance Away from Missourians." July 22, 2025.
[12] Association of State and Territorial Health Officers. "One Big Beautiful Bill Law Summary." July 9, 2025.
[13] Center on Budget and Policy Priorities. "Worsening SNAP's Harsh Work Requirement Would Take Food Assistance Away From Millions of Low-Income People." April 30, 2025.
Association of State and Territorial Health Officers. "One Big Beautiful Bill Law Summary." July 9, 2025.
[14] Center on Budget and Policy Priorities. "Research Note: Senate Republican Leaders' Proposal Risks Deep Cuts to Food Assistance, Some States Ending SNAP Entirely." June 30, 2025.
[15] Center on Budget and Policy Priorities. "Research Note: Senate Republican Leaders' Proposal Risks Deep Cuts to Food Assistance, Some States Ending SNAP Entirely." June 30, 2025.
[16] Newsweek. "Map Shows States Paying Most -- and Least -- for SNAP Under Trump Bill." July 29, 2025.
[17] Center on Budget and Policy Priorities. "House Republican Reconciliation Bill Takes Away Health Coverage, Food Assistance, Tax Credits From Millions of Immigrants and Their Families." June 6, 2025.
[18] Urban Institute "How the Senate Budget Reconciliation SNAP Proposals Will Affect Families in Every US State." July 2025. Laura Wheaton, Linda Giannarelli, Sarah Minton, Ilham Dehry.
[19] Kaiser Family Foundation. "A Closer Look at the Work Requirement Provisions in the 2025 Federal Budget Reconciliation Law." July 30, 2025.
[20] Kaiser Family Foundation. "5 Key Facts about Medicaid Expansion." April 25, 2025. Urban Institute "How the Senate Budget Reconciliation SNAP Proposals Will Affect Families in Every US State." July 2025. Laura Wheaton, Linda Giannarelli, Sarah Minton, Ilham Dehry.
[21] Kaiser Family Foundation. "5 Key Facts about Medicaid Expansion." April 25, 2025.
[22] Kaiser Family Foundation. "Which States Might Have to Reduce Provider Taxes Under the Senate Reconciliation Bill?" Published June 18, 2025. Accessed Oct 1, 2025.
[23] Kaiser Family Foundation. "Health Provisions in the 2025 Federal Budget Reconciliation Law." Aug 4, 2025.
[24] Kaiser Family Foundation. "Key Takeaways from CMS's Rural Health Funding Announcement." Published Sept 23, 2025. Accessed Oct 1, 2025.
[25] Kaiser Family Foundation. "Implementation Dates for 2025 Budget Reconciliation Law."
[26] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State?" Allocating CBO's Estimates of Coverage Loss?" August 20, 2025.
[27] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State?" Allocating CBO's Estimates of Coverage Loss?" August 20, 2025.
[28] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State?" Allocating CBO's Estimates of Coverage Loss?" August 20, 2025.

[29] Kaiser Family Foundation. "Health Provisions in the 2025 Federal Budget Reconciliation Law." Aug 4, 2025.
[30] Association of State and Territorial Health Officers. "One Big Beautiful Bill Law Summary." July 9, 2025.
[31] The Perryman Group. "The Economic Benefits to Missouri and Kansas of Immigration." March 2024. Accessed Oct 1, 2025.
[32] Center on Budget and Policy Priorities. "Worsening SNAP's Harsh Work Requirement Would Take Food Assistance Away From Millions of Low-Income People." April 30, 2025.
[33] Colin Gray et al., "Employed in a SNAP: The Impact of Work Requirements on Program Participation and Labor Supply," American Economic Association Journal, Vol. 15, No. 1, February 2023.
[34] Center on Budget and Policy Priorities. "House Reconciliation Bill Proposes Deepest SNAP Cut in History, Would Take Food Assistance Away from Millions of Low-Income Families." May 28, 2025. Accessed Sept 2025.
[35] Center on Budget and Policy Priorities "Worsening SNAP's Harsh Work Requirement Would Take Food Assistance Away from Millions of Low-Income People." April 30, 2025. Katie Bergh, Catlin Nchako and Luis Nuñez.
[36] Center on Budget and Policy Priorities. "House Republican Reconciliation Bill Takes Away Health Coverage, Food Assistance, Tax Credits from Millions of Immigrants and Their Families." June 6, 2025. Margot Dankner, Shelby Gonzales, Elizabeth Lower-Basch and Kiran Rachamallu.
[37] Center on Budget and Policy Priorities "Worsening SNAP's Harsh Work Requirement Would Take Food Assistance Away from Millions of Low-Income People." April 30, 2025. Katie Bergh, Catlin Nchako and Luis Nuñez.
[38] Urban Institute "How the Senate Budget Reconciliation SNAP Proposals Will Affect Families in Every US State." July 2025. Laura Wheaton, Linda Giannarelli, Sarah Minton, Ilham Dehry.
[39] Association of State and Territorial Health Officers. "One Big Beautiful Bill Law Summary." July 9, 2025.
[40] Center on Budget and Policy Priorities "Worsening SNAP's Harsh Work Requirement Would Take Food Assistance Away from Millions of Low-Income People." April 30, 2025. Katie Bergh, Catlin Nchako and Luis Nuñez.
[41] Center on Budget and Policy Priorities "Worsening SNAP's Harsh Work Requirement Would Take Food Assistance Away from Millions of Low-Income People." April 30, 2025. Katie Bergh, Catlin Nchako and Luis Nuñez.
[42] Center on Budget and Policy Priorities. "Research Note: Senate Republican Leaders' Proposal Risks Deep Cuts to Food Assistance, Some States Ending SNAP Entirely." June 30, 2025. Katie Bergh.
Kansas Action for Children. "State Estimates For Work Requirements Will Cost More Than Providing SNAP Benefits." Dec. 12, 2025. Accessed Jan 2026.
[43] Center on Budget and Policy Priorities. "Research Note: Senate Republican Leaders' Proposal Risks Deep Cuts to Food Assistance, Some States Ending SNAP Entirely." June 30, 2025. Katie Bergh.
[44] Newsweek. "Map Shows States Paying Most – and Least – for SNAP Under Trump Bill." July 29, 2025. Aliss Higham.
[45] Newsweek. "Map Shows States Paying Most – and Least – for SNAP Under Trump Bill." July 29, 2025. Aliss Higham.
Missouri Budget Project. "Missouri Analysis: SNAP Cuts approved by the U.S. House of representatives." May 2025. Accessed Jan 2026.
[46] Center on Budget and Policy Priorities. "House Republican Reconciliation Bill Takes Away Health Coverage, Food Assistance, Tax Credits from Millions of Immigrants and Their Families." June 6, 2025. Margot Dankner, Shelby Gonzales, Elizabeth Lower-Basch and Kiran Rachamallu.
[47] Center on Budget and Policy Priorities. "House Republican Reconciliation Bill Takes Away Health Coverage, Food Assistance, Tax Credits from Millions of Immigrants and Their Families." June 6, 2025. Margot Dankner, Shelby Gonzales, Elizabeth Lower-Basch and Kiran Rachamallu.
[48] Urban Institute "How the Senate Budget Reconciliation SNAP Proposals Will Affect Families in Every US State." July 2025. Laura Wheaton, Linda Giannarelli, Sarah Minton, Ilham Dehry.
[49] Urban Institute "How the Senate Budget Reconciliation SNAP Proposals Will Affect Families in Every US State." July 2025. Laura Wheaton, Linda Giannarelli, Sarah Minton, Ilham Dehry.
[50] Chatlani, Shalina. "States that enshrined Medicaid expansion in their constitutions could be in a bind." Stateline. April 17, 2025. Accessed Sept 2025.
[51] Association of State and Territorial Health Officers. "One Big Beautiful Bill Law Summary." July 9, 2025.
[52] Urban Institute. "State-by-State Estimates of Medicaid Expansion Coverage Losses under a Federal Work Requirement." April 14, 2025. Michael Karpman, Jennifer M. Haley, Genevieve M. Kenney.
[53] Kaiser Family Foundation "Medicaid Expansion Enrollment." Dec 2024. Accessed Sept 2025.
[54] Kaiser Family Foundation "Medicaid Expansion Enrollment." Dec 2024. Accessed Sept 2025.
[55] Kaiser Family Foundation. "Which States Might Have to Reduce Provider Taxes Under the Senate Reconciliation Bill?" Published June 18, 2025. Accessed Oct 1, 2025.
[56] Kansas Health Institute. "Impacts of the OBBBA on Medicaid and CHIP in Kansas." Published July 31, 2025. Accessed Oct 1, 2025.
[57] Kaiser Family Foundation. "5 Key Facts about Medicaid and Provider Taxes." March 26, 2025. Alice Burns, Elizabeth Hinton, Elizabeth Williams, and Robin Rudowitz.
[58] Missouri Budget Project. "Budget Reconciliation Bill Will Take Health Coverage, Food Assistance Away from Missourians." July 22, 2025.
[59] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State? Allocating CBO's Estimates of Coverage Loss?" August 20 2025. Alice Burns, Jared Ortaliza, Justin Lo, Matthew Rae, and Cynthia Cox.
[60] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State? Allocating CBO's Estimates of Coverage Loss?" August 20 2025. Alice Burns, Jared Ortaliza, Justin Lo, Matthew Rae, and Cynthia Cox.
[61] Kaiser Family Foundation. "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package." July 23,

2025. Rhiannon Euhus, Elizabeth Williams, Alice Burns, and Robin Rudowitz.
[62] Kaiser Family Foundation. "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package." July 23, 2025. Rhiannon Euhus, Elizabeth Williams, Alice Burns, and Robin Rudowitz.
[63] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State? Allocating CBO's Estimates of Coverage Loss?" August 20 2025. Alice Burns, Jared Ortaliza, Justin Lo, Matthew Rae, and Cynthia Cox.
[64] Kaiser Family Foundation. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State? Allocating CBO's Estimates of Coverage Loss?" August 20 2025. Alice Burns, Jared Ortaliza, Justin Lo, Matthew Rae, and Cynthia Cox.
[65] Center on Budget and Policy Priorities. "Research Note: Senate Republican Leaders' Proposal Risks Deep Cuts to Food Assistance, Some States Ending SNAP Entirely." June 30, 2025. Katie Bergh.
Newsweek. "Map Shows States Paying Most – and Least – for SNAP Under Trump Bill." July 29, 2025. Aliss Higham.
[66] Center on Budget and Policy Priorities. "Research Note: Senate Republican Leaders' Proposal Risks Deep Cuts to Food Assistance, Some States Ending SNAP Entirely." June 30, 2025. Katie Bergh.
Newsweek. "Map Shows States Paying Most – and Least – for SNAP Under Trump Bill." July 29, 2025. Aliss Higham.
[67] Kaiser Family Foundation. "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package." July 23, 2025. Rhiannon Euhus, Elizabeth Williams, Alice Burns, and Robin Rudowitz.
[68] National Academy for State Health Policy. "What Health Care Provisions of the One Big Beautiful Bill Act Mean for States." July 8, 2025.
[69] National Academy for State Health Policy. "What Health Care Provisions of the One Big Beautiful Bill Act Mean for States." July 8, 2025.
[70] Kaiser Family Foundation. "How Might Federal Medicaid Cuts in the Enacted Reconciliation Package Affect Rural Areas?" July 24, 2025. Accessed Sept 2025.
[71] Basu, SY; Patel, S; Berkowitz, SA. "Projected Health System and Economic Impacts of 2025 Medicaid Policy Proposals." JAMA Health Forum. 2025; 6(7): e253187. Doi:10.1001/jamahealthforum.2025.3187. July 16, 2025. Accessed August 2025.
[72] Basu, SY; Patel, S; Berkowitz, SA. "Projected Health System and Economic Impacts of 2025 Medicaid Policy Proposals." JAMA Health Forum. 2025; 6(7): e253187. Doi:10.1001/jamahealthforum.2025.3187. July 16, 2025. Accessed August 2025.
[73] Inseparable. "Medicaid is Mental Health: State-by State Impacts of Proposed Cuts." June 2025. Accessed August 2025.
[74] Center for American Progress. "House Republican Budget Bill Proposes Weakening Support for Homeless Individuals." May 21, 2025. Accessed Aug 2025.
[75] Center for American Progress. "House Republican Budget Bill Proposes Weakening Support for Homeless Individuals." May 21, 2025. Accessed Aug 2025.
[76] Center for American Progress. "House Republican Budget Bill Proposes Weakening Support for Homeless Individuals." May 21, 2025. Accessed Aug 2025.
[77] Kaiser Family Foundation. "A Closer Look at the Work Requirement Provisions in the 2025 Federal Budget Reconciliation Law." July 30, 2025.
[78] Kaiser Family Foundation. "A Closer Look at the Work Requirement Provisions in the 2025 Federal Budget Reconciliation Law." July 30, 2025.
[79] Kaiser Family Foundation. "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package." July 23, 2025. Rhiannon Euhus, Elizabeth Williams, Alice Burns, and Robin Rudowitz.
[80] Health & Democracy Index, "States with more inclusive voting policies and greater levels of civic participation are healthier," Healthy Democracy Healthy People, accessed October 2, 2025,
[81] Kaiser Family Foundation. "Status of State Medicaid Expansion Decisions: Interactive Map," accessed October 2, 2025.
[82] Kansas Health Institute, "Medicaid Expansion in Kansas: Impacts of Federal Policy Options Under Consideration and Updated Estimates," accessed October 2, 2025,
[83] JUSTIA U.S. Law. "Planned Parenthood Federation of America, Inc. v. Kennedy, No. 25-1698 (1st Cir. 2025)." Dec. 12, 2025. Accessed Jan 2026.
[84] O'Neill Institute Health Care Litigation Tracker. "State of California et al. v. Department of Health and Human Services et al." July 29, 2025. Accessed Jan 2026.
[85] Courthouse News Service. "First Circuit reverses block on Trump's Planned Parenthood funding cuts." Dec. 12, 2025. Accessed Jan 2026.
[86] Lynch-Afryl, S. "MEDICAID—D. Mass.: Court blocks OBBBA's Planned Parenthood Medicaid cuts." July 29, 2025). Accessed Jan 2026. VitalLaw.


Health Forward
FOUNDATION