H.R. 1: One Big Beautiful Bill Act:

Big Changes Have Big Consequences for Babies and Families

ZERO TO THREE
Early connections last a lifetime

On July 4, 2025, President Donald J. Trump signed H.R. 1, a sweeping bill referred to as the "One Big Beautiful Bill Act", into law (P.L. 119-21), extending tax cuts, expanding immigrant enforcement and radically cutting health and nutrition benefits for American families. This far-reaching legislation, which used the budget reconciliation process to pass without bipartisan support, has implications for every aspect of American society, from families to businesses and from hospitals to food pantries.

The impact on babies will be long-lasting: many families will lose ground as a result of the bill's passage and the $4.1 trillion[i] added to the deficit will make funding the health, education, and nutrition supports babies need to ensure a strong future more difficult. Most babies born this year will lose thousands of dollars over their lifetimes due to these combined factors and the impact will grow for future generations.[ii]

Did You Know?

- 36% of infants and toddlers live in families with low income[iii]
- Medicaid finances 41% of births[iv] and covers 42% of young children[v]
- Nearly 4.5 million young children benefit from SNAP[vi]
- Nearly 2 million young children lives in a household with an undocumented resident[vii]

The Impact of H.R. 1 on Babies and Families:

Families with babies see few gains; those at lowest income levels lose ground. Because families with infants and toddlers disproportionately have low income, many will see a net loss in resources from the Act's tax and benefit changes, with only modest gains for families at higher income levels.[viii] Families with low income benefit less from the Act's tax credits to boost income or address family needs such as child care and paid family and medical leave. Overall, the resource gap will widen between babies in families with low income and those in more affluent families.

Medicaid and SNAP benefit changes will reduce families' household budgets and impact care for babies: Provisions impacting basic needs programs will lead to loss of or lower benefits, including for families with babies and expectant parents. Babies whose parents are enrolled in Medicaid expansion and babies of immigrant parents will particularly feel the impact, as parents lose access to food or health care support and many immigrant families are newly excluded from the programs. These losses will impact overall household finances, the health of caregivers and babies and parents' ability to provide the best possible care.

Shift of funding responsibilities to states, along with other economic fall-out from the bill, could mean cuts in a range of services for babies and families. Provisions requiring increased state cost-sharing for SNAP combined with restricted financing measures for Medicaid by themselves will leave a state budget gap of over $440 billion over 10 years.[ix] Additional costs to states will come from administering new or increased work requirements and changes in eligibility determinations or redeterminations. Hundreds of billions in increased uncompensated care costs,[x] billions of dollars in lost tax revenue as health providers close and unemployment increases from the Act's total spending reductions[xi] will add to this drain. The pressure to balance state budgets could mean dropping optional Medicaid services, reducing or eliminating state participation in SNAP and/or cutting other early childhood services such as early care and learning.

Many immigrant families will lose access to health care and adequate nutrition even as enforcement provisions create an environment of fear and potentially subject young children to harmful family detention or separation. Millions of lawfully present immigrant families will lose access to health coverage, nutrition and the Child Tax Credit.[xii] Unprecedented levels of immigration enforcement, detention and deportation funding will add to the climate of fear for immigrant families and threaten undermining legal protections for immigrant children in immigration custody, which is associated with both short- and long-term negative effects on healthy growth and development.[xiii] This climate may have a chilling effect on families with young children accessing services such as health care and child care, even for eligible children and families. Given that approximately 1 in 5 early educators and health care workers are immigrants,[xiv] these changes will also negatively impact the workforces that support child development, well-being and education, creating increased stress among caregivers and potentially higher turnover.

Cross-cutting mental health impacts on expectant parents, babies, and families

The combination of confusing changes to eligibility requirements, possible benefits losses, and immigration benefit exclusions and enforcement, along with the inevitable trickle-down of major budget changes to other early childhood programs, will put intense pressure on families' mental well-being. Increases in stress will shape growth and development during pregnancy and throughout early childhood, even among families who remain eligible for all benefits.

- Negative economic impacts from tax and benefit cuts will increase economic hardship and family stress in already difficult times, in turn increasing emotional distress for young children, with impacts on overall development.[xv]
- Pressure on states and families could reduce Medicaid Expansion benefits or participation, diminishing parents' access to mental health and Substance Use Disorder treatment and their ability to support their children's emotional wellbeing.
- State budget decisions precipitated by drastic federal cuts could reduce developmental supports, such as infant and early childhood mental health services and early childhood education.
- Babies in immigrant families will be particularly vulnerable to emotional distress as families lose benefits, a climate of fear increases stress and deters use of vital health and education services, and babies potentially endure traumatic family detention and separation that can have lifelong effects.
- Effective dates and transition times vary across the provisions below, ranging from tax provisions effective for the current year (2025) to waivers in place through 2030. While some effects may not be felt for several years, the cumulative effect will snowball as cuts and financing changes increase spending demands on states.[xvi]

Changes to Tax Provisions in H.R. 1

Overall tax benefits contained in H.R. 1 are geared more toward higher income families, especially those with generous employers, while families at the lowest income levels may see a net loss in income because of benefit cuts to Medicaid and SNAP. Improvements to family-friendly tax credits will help some families, but, because the credits are not fully refundable beyond what an individual would owe in taxes, those with lower incomes are less likely to fully benefit from credits such as the Child Tax Credit or work for employers who use credits to provide family benefits. Families with low income also are less able to contribute to accounts such as those for child care expenses or the Trump Accounts created in the legislation. Using the tax code to address widespread family needs such as child care and paid leave does not support the systems that ensure broad-based access to these benefits, especially for families who would benefit most from increased financial resources.

- **Income Tax Cuts:** Households with income below $50,000 a year, which includes about one in four infants and toddlers,[xvii] will receive an average of $250 from their tax cut,[xviii] or less than $5 a week. Cuts in benefits will more than offset this small increase for many, resulting in a net loss of resources for households in the lowest 20 percent of income in the initial years and the lowest 40 percent after 2030.[xix]
- **Child Tax Credit (CTC):** Boosts the per-child credit from $2,000 to $2,200, fully indexed to inflation, but continues to exclude families with the lowest incomes, including 30 percent of children under age six, from accessing or fully benefitting from the credit.[xx] The refundable portion remains at $1,400 (adjusted for inflation to $1700 in 2025), so families with low income will not see an increase and some moderate-income families will be newly ineligible for the full credit.[xxi] The law also restricts immigrant access by requiring a Social Security number for at least one parent (if filing jointly) and children, excluding millions of citizen children in mixed-status families who were eligible before the law's passage.
- **Child Care and Paid Leave:** Provides enhanced tax credits to families as well as to employers that support employees' child care and paid family and medical leave costs.
  - **Child & Dependent Care Tax Credit (CDCTC):** Increases the maximum credit of child care expenses that working parents can claim from 35% to 50%. The bill adjusts the credit rate at different income levels, allowing more low-to-middle income parents with a tax liability to claim a larger percentage of the credit.
  - **Dependent Care Assistance Program (DCAP) Expanded:** Expands employer-offered dependent care spending accounts from $5,000 to $7,500 annually beginning 2026.
  - **Employer-provided Child Care Credits:** Enhances existing credit, covering 50% of qualifying expenses for small businesses, with maximum credit amount of $600,000, and 40% for other businesses, with maximum credit amount of $500,000.
  - **Paid Family and Medical Leave Employer Credit:** Makes permanent the tax credit for employers who voluntarily offer paid family and medical leave to certain employees. At most, this credit covers 25% of the cost of providing paid leave and employers must pick up the other 75% (or more).

- **"Trump Accounts":** Establishes a pilot program for retirement investment accounts for U.S. citizen children born between 2025 and 2028. Accounts will begin with automatic enrollment and a one-time $1,000 payment, with parents and employers eligible to contribute up to $5,000 in total annually. The funds will grow tax deferred until account beneficiaries begin making withdrawals, no sooner than when the child turns 18, for qualifying uses like higher education, a first home, or retirement. Like individual retirement accounts (IRAs), non-exempt withdrawals before the age of 59 ½ will incur a 10% penalty. While these extra funds will be helpful for families with enough income to set aside in accounts, this vehicle has complicated rules, fewer benefits than other savings plans especially for education, and will likely widen, not narrow, wealth gaps between families with more and fewer financial resources.[xxii]

Timeline

January 2025

- New tax deductions go into effect, including increased standard deductions and temporary overtime and tip deductions
- CTC maximum increases permanently to $2200 per child
- CTC ends for children who do not have at least one parent with a Social Security Number
- Trump accounts go into effect for births between 2025 and 2028

January 2026

- Enhanced CDCTC, DCAP, Employer-provided Child Care Credit, and PFML Employer Credit go into effect
- CTC indexing to inflation goes into effect

Changes to SNAP and Nutrition Supports in H.R. 1

H.R. 1 slashes SNAP by over $186 billion, about 20 percent, over 10 years.[xxiii] About 4 million people could lose all or a significant amount of their SNAP benefits and the cuts will affect every person receiving SNAP to some extent.[xxiv] As part of households receiving SNAP, babies, especially those in certain immigrant households, will directly feel the pinch of lower benefits over time, as well as the ripple effect of shifting more costs to states. A group of governors have warned that states that cannot replace the federal funds being cut could have to cut enrollment, which is difficult to do under SNAP rules, or withdraw from the program, increasing child and family poverty and removing the elastic safety net SNAP provides during economic downturns.[xxv]

- **Increases state cost-sharing:** Requires states to pay a portion of SNAP benefits for the first time in program history, from 0% to 15%, based on their payment error rates, beginning in October 2027. Increases the state's share of administrative costs from 50% to 75%, beginning in October 2026. Total cut: $65 billion.
- **Lowers future benefits:** Restricts future adjustments to the Thrifty Food Plan, which determines the baseline benefit for families, beginning in October 2026, restricting growth of SNAP benefits as the cost of food shifts over time. It also affects benefit levels for The Emergency Food Assistance Program (TEFAP), which funds food banks that themselves will likely see increased demand as SNAP benefits contract, SUN Bucks/Summer EBT benefits, and the Nutrition Assistance Program block-grant to Puerto Rico. Restricts or eliminates simplified utility allowances and internet cost deductions when calculating income, which have helped boost benefit totals for families. Total cut: $54 billion.
- **Expands work reporting requirements:** Creates greater administrative burdens, requiring parents with dependents 14 and over (current law exempts parents with any dependent children) to report work and related activities to maintain eligibility for nutrition assistance. The law also eliminates the exemption from work requirement and time limit on benefits for veterans, currently homeless individuals, and former foster care youth. Total cut: $69 billion.
- **Limits immigrant eligibility:** Newly excludes several lawfully present groups of immigrants from receiving benefits, including refugees and survivors of trafficking. Total cut: $2 billion.

Timeline

July 2025

- Expanded SNAP work requirements go into effect, with additional waivers for Alaska and Hawaii
- SNAP eligibility ends for people granted refugee, asylum, or certain other immigration statuses
- Ends the Standard Utility Allowance simplification for many households receiving energy assistance

October 2026

- Restricted updates to the Thrifty Food Plan result in cuts to future SNAP benefits
- Increased SNAP cost share begins, with states paying 75% of administrative costs instead of 50%

October 2027

- State cost share for SNAP food benefits begins (5-15% based on 2025 or 2026 error rates; all states implementing by October 2029)

Changes to Healthcare Access in H.R. 1

H.R. 1 drains almost $1 trillion from Medicaid and will increase the number of uninsured people by 10 million.[xxvi] While not addressed in H.R. 1, additional people will likely become uninsured when ACA enhanced premium support expires, adding to the impacts of Medicaid cuts.[xxvii] The Act's pressure on states to constrict Medicaid Expansion will affect babies as parents and other caregivers enrolled under expansion face an increased likelihood of losing benefits or additional co-payments at the end of 2025. The overall financial pressure on state budgets from financing limitations in the Act could lead to reduced optional benefits or cuts to other services for young children and families.

- **Babies could be hurt when more red tape and other barriers in Medicaid expansion cause parents and caregivers to lose benefits or incur more costs.**
    - Parents and other caregivers enrolled in Medicaid Expansion will be subject to **more frequent eligibility renewals**, every 6 months instead of annually. The estimated cut of $63 billion will mostly come from people being disenrolled because of administrative barriers to redetermining eligibility. Losing coverage would affect parents' health and mental health and undermine the "welcome mat" effect that connects children to coverage when parents are covered.
    - **Work reporting requirements** (80 hours/month) with limited exemptions, including for parents and guardians of children under 14, caretaker relatives, and family caregivers. Although parents of babies are exempt, this requirement adds to erosion of coverage for adults and implementation remains uncertain. For example, it is unclear how states will interpret "caretaker relative" and who would be exempted from this work requirement.
    - **Adds co-pays.** States will be required to impose co-pays for some services up to $35 per service on Expansion adults, whose income is so low that even small amounts could inhibit their use of services, strain family budgets and discourage care-seeking for themselves and their children.
    - Delays the implementation of family-friendly regulations that would have made Medicaid/CHIP more easily accessible for eligible individuals and families.[xxviii]
- **Restricts states' ability to finance Medicaid and retain providers, creating immense holes in state and health care system budgets that could lead to cutting other programs for children and families.**
    - Caps provider taxes, a critical mechanism to finance state Medicaid shares, only for states. Total cut: $191 billion.
    - Caps over time states' ability to use State Directed Payments to keep providers afloat, especially impacting rural areas and providers who are often underfunded, such as primary care and mental health providers. Total cut: $149 billion.
    - Lack of adequate financing and reimbursement will likely lead to a loss of providers, which affects all people seeking medical care, not just those covered by Medicaid.

- **Impacts on rural health care providers will affect all families with babies, as they seek prenatal and primary pediatric care and even places to be born.**
  - Medicaid spending in rural areas, where providers see a population with higher risks and a larger proportion of revenues come from Medicaid,[xxix] could decrease by an estimated $137 billion,[xxx,xxxi] while uncompensated care costs increase. These changes will exacerbate the trend of rural hospital closures and closures of services such as primary care and maternity wards, thus limiting all families' access to health care.
  - Creates a Rural Provider Fund to partially offset the impact of these changes, providing $50 billion in grants to states between fiscal years 2026 and 2030, only a little more than a third of the estimated $137 billion lost to rural areas under the Act.
- **Limits Immigrant eligibility:** Excludes several lawfully present groups of immigrants, including refugees and survivors of trafficking, from Medicaid, CHIP, and ACA premium tax credits eligibility and decreases federal match for Medicaid emergency services for people who would qualify for Medicaid expansion if not for their immigration status, effective October 2026. Total cut: $56 billion

Timeline

July 2025

- No state can start new or increase existing provider taxes
- New limits on state directed payment rates

October 2025

- Rural Health Fund allotments available to states

January 2026

- Changes to ACA premium tax credits (PTCs), including eliminating eligibility lawfully present but not eligible for Medicaid; expiration of enhanced PTCs not extended by the bill

October 2026

- Medicaid and CHIP coverage ends for most categories of immigrants
- Federal matching funds cut for emergency Medicaid services provided to individuals who would be eligible for Medicaid if not for their immigration status

January 2027

- Additional eligibility requirements and renewals begin for expansion enrollees, including work requirements (states may choose to implement earlier) and renewals every six months
- PTC eligibility ends for most categories of lawfully present immigrants

October 2027

- Provider tax limits begin phase down for expansion states

January 2028

- Phase down of state-directed payment limits begins
- Provisional PTC eligibility, including annual re-enrollment, ends

October 2028

- Mandatory state cost-sharing begins for expansion enrollees with incomes over 100% FPL

Changes to Immigration Provisions in H.R. 1

The Act's provisions regarding immigrants place young children and families at risk of benefit losses and harmful family detention. In conjunction with other regulatory and enforcement policies, these provisions promote an environment of fear among immigrant families and undermine the economic and emotional well-being of infants and toddlers. As discussed above, H.R. 1 cuts off several lawfully present groups of immigrants from SNAP and Medicaid benefits and restricts access to the CTC. Immigration enforcement provisions detailed below raise the specter of family detention harmful to young children. They also reflect the Administration's goal of overriding legal protections for minors in detention under the Flores Settlement Agreement (FSA), which sets basic care rights and limits the amount of time children may be detained. A Trump Administration motion to terminate FSA, a move that would have allowed indefinite detention of minors, was recently denied.[xxxii]

- **Unprecedented expansion of immigration enforcement, including detaining families with children together:** H.R. 1 provides supplemental funding over four years, including $30 billion for Immigration and Customs Enforcement (ICE) to expand interior enforcement operations, specifying promoting "family unity" through joint detention of parents and children charged with misdemeanor entry violations. At the same time, children whose parents or caregivers are detained or deported could face the trauma of forced separation, and still others will experience the fear of possible separation, possibly leading to children and families not seeking necessary health and educational services that they need to thrive. In any of these cases, children in immigrant communities will likely experience adverse mental health outcomes.[xxxiii]
- **Family detention, including young children, is likely to increase:** Provides $45 billion for detention capacity including family detention facilities over four years, with language that contemplates extended detentions, although Flores Settlement restrictions still apply. The science is clear that detaining a child for any length of time is unsafe and harmful for their development.[xxxiv]
- **Additional hurdles for unaccompanied children, an already vulnerable population:** Creates new fees and information sharing requirements that could delay reunification of a child with their parents or family members, keep children in government custody longer, and threaten child safety.[xxxv] Reduced screenings and supports could allow more unaccompanied children to be removed from the United States without adequately establishing that children will be returned to a safe environment. This could include babies; historically, 7% of unaccompanied children in removal proceedings are under age 5, and this population has the lowest rates of legal representation during proceedings.[xxxvi]

Timeline

January 2025

- Children of ITIN users excluded from CTC, at least one parent must have SSN (effective for tax year 2025)
- Some lawfully present immigrants no longer eligible for SNAP

July 2025

- Funding for enforcement and family detention facilities immediately available; must be spent by September 30, 2029
- Special immigration fees, including a Special Immigrant Juvenile Fee, go into effect

January 2026

- Lawfully present immigrants ineligible for Medicaid with incomes below 100% FPL no longer eligible for ACA coverage

October 2026

- Some lawfully present immigrants no longer eligible for Medicaid / CHIP
- Medicaid expansion states get a lower federal matching rate for emergency services for adult immigrants ineligible for Medicaid

January 2027

- Some lawfully present immigrants no longer eligible for ACA/ Marketplace Premium Tax Credits

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