

With operations across all federal agencies significantly scaled back, there are likely to be some impacts on programs affecting people living with diabetes and/or obesity. To help identify these for you, we have put together a summary of potential impacts.

The following agency activities and programs will continue:

- Medicare and Medicaid
- **Medicare and Medicaid Services and Medicare Fee-For-Service (FFS):** Any impact on providers may occur in stages based on how long the shutdown continues.
- **Medicare Advantage (MA):** A government shutdown, regardless of its length, will have no impact on MA payments to health plans.
- **The Children's Health Insurance Program (CHIP)**
- **Federal Exchange activities**
- **Healthcare Fraud and Abuse Control**
- **Center for Medicare & Medicaid Innovation (CMMI)**
- Research and clinical activities to protect human life or government property
- Monitoring for disease outbreaks
- Supporting food and medical product recalls
- Monitoring and responding to outbreaks related to foodborne illnesses
- Drug and medical device review support activities

Agency program that is impacted:

Telehealth provisions: Medicare FFS beneficiaries (not in MA plans) will lose access to telehealth visits with their providers. Unless Congress takes specific action on this provision, the telehealth flexibilities that were put in place during the COVID-19 pandemic will expire. It is unclear how Congress or the administration may address any lapse in these flexibilities, though additional guidance from the Centers for Medicare & Medicaid Services (CMS) is possible.

Please note: If you have a Medicare Advantage Plan and not Medicare FFS (traditional Medicare), you are still able to see your providers via telehealth. We recommend checking your Medicare card for which type of plan you may have.

Expired Health Care Programs

On March 14, 2025, Congress passed the Full-Year Continuing Appropriations and Extensions Act, 2025, which funded the government through the end of the fiscal year on September 30, 2025. This Continuing Resolution (CR) also included a small package of health care extenders that continued funding for expiring programs through FY 2025. The chart below details these programs, which expired on September 30, 2025.

Extenders	Summary	Associated costs	Expiration date	Legislation funding
The Community Health Center Program	The primary form of federal funding for community health centers comes via the Health Center Program using funds authorized through Section 330 of the Public Health Services Act.	\$2.4 billion (combined total with NHSC and THCGME)	September 30, 2025	FYCAEA, 2025
Special Diabetes Program for Type 1 Diabetes	This program provides funding for type 1 diabetes research at the National Institutes of Health.	\$160 million	September 30, 2025	FYCAEA, 2025
Special Diabetes Program for Indians	This grant program funds diabetes prevention and treatment in coordination with the Indian Health Service.	\$150 million annually	September 30, 2025	FYCAEA, 2025
Funding for outreach and assistance for low-income Medicare programs	This funding is generally provided through state health insurance assistance programs, area agencies on aging, aging and disability resource centers, and the National Center for Benefits and Outreach	\$24 million	September 30, 2025	FYCAEA, 2025

Extenders	Summary	Associated costs	Expiration date	Legislation funding
	and Enrollment. Congress has regularly supported these programs.			
Medicare telehealth flexibilities	Pandemic-related telehealth capabilities include waivers to the geographic and originating site restrictions, expansions to the list of eligible practitioners, and eligibility for federally qualified health centers and rural health clinics, allowing telehealth to be provided through audio-only telecommunications. Telehealth can be used for a required face-to-face encounter prior to the recertification of a patient's eligibility for hospice care, and delaying the in-person visit requirement before a patient receives tele-mental health services.	\$742 million	September 30, 2025	FYCAEA, 2025
Medicaid disproportionate share hospitals	These are statutorily required payments intended to offset hospitals' uncompensated care costs to improve access for Medicaid and uninsured patients and support the financial stability of safety-net hospitals.	\$1.327 billion	September 30, 2025	FYCAEA, 2025