



Protecting Patients' Access to Medicaid

Our organizations represent hundreds of millions of patients and consumers facing serious and chronic health conditions across this country. Public Law 119-21 included nearly \$1 trillion in cuts to Medicaid that will result in an [estimated 10 million people losing coverage](#). Implementation will be complex, and it will be important for states to carefully consider the needs of patients and families throughout this process. While it is impossible to entirely shield patients from the impact of these devastating cuts, our organizations urge policymakers to adopt the following priorities for Public Law 119-21 implementation to protect patients' access to Medicaid.

Protect Medicaid expansion and close the coverage gap in the ten remaining states that have not adopted expansion. Our organizations reiterate our strong commitment to Medicaid expansion, which has improved the health and financial well-being of millions of patients and families. The 1.4 million Americans in the coverage gap cannot afford to wait any longer for access to quality, affordable coverage.

Strengthen the eligibility and enrollment process. To maximize automated processes that streamline enrollment for patients, states should implement system updates that maximize sources of information in state files, SNAP and TANF, state claims data, managed care and other contractor claims data, and other data sources. States should voluntarily implement policies in the [2024 eligibility and enrollment rules](#) that improve the Medicaid application and redetermination process.

Broadly define health-related exemptions for patients and caregivers. States should broadly interpret all health-related exemptions and adopt all optional exemptions for work reporting requirements included in Public Law 119-21. States should also set the duration of exemptions to the maximum available length of time so that patients are not asked to repeatedly demonstrate that they qualify for exemptions based on conditions or circumstances that are long-term or permanent. State should proactively screen individuals for all exemptions and apply the exemption that will be in effect the longest when an individual qualifies for more than one exemption. It is important for states to have processes to address episodic health conditions.

Minimize red tape. This includes limiting compliance checks for work reporting requirements to application and renewal, maximizing the use of self-attestation for exemptions, and putting simple processes in place if documentation is required to demonstrate compliance and exemptions. States should accept the widest

possible range of documentation through multiple modes of submission, including mobile (apps, texts, screenshots), online (portals and email), mail, and in-person. States should ensure that these modes of submission are easy to use, as well as accessible for people with disabilities.

Limit out-of-pocket costs. States should adopt the lowest permissible cost-sharing amounts for qualified services, carve out additional service and provider-type exemptions, and prevent providers from refusing services due to non-payment. States should also implement a system of tracking an enrollee's spending that does not involve the enrollee keeping track or having to assert their right to stop paying when their cost-sharing reaches five percent of their income, the maximum allowable amount.

Educate patients about new requirements and provide robust consumer assistance. States should conduct proactive outreach and education to patients about policy changes, set up robust, accessible consumer assistance support to help people navigate new requirements, and provide ample opportunities for patients to provide feedback on these efforts

Promote continuity of care: States should implement a smooth transition plan, including adequate notice, for individuals who will lose Medicaid coverage or transition into new coverage status (including because of immigration status, work reporting requirements, and other policies). States should maximize options and resources to connect newly uninsured individuals with other options for care.

Respect due process requirements. State processes to terminate people for noncompliance with work reporting requirements should provide sufficient time and opportunities for correction and comply with Medicaid due process requirements.

Protect patient privacy. Applications should balance the critical need to collect information necessary to secure exemptions with sensitivity to patient privacy. The privacy of application materials (including materials mailed to home addresses) and online portals must be ensured.

Prioritize transparency. States should make publicly available (including online) timely and detailed monthly reports of outcomes related to work reporting requirement applications, renewals, and terminations, as well as metrics related to consumer assistance like application processing and call center wait times.

AiArthritis	Legal Action Center
American Cancer Society Cancer Action Network	Lupus Foundation of America
American Diabetes Association	Lutheran Services in America
American Lung Association	March of Dimes
American Heart Association	Muscular Dystrophy Association
American Kidney Fund	National Alliance on Mental Illness (NAMI)
Arthritis Foundation	National Bleeding Disorders Foundation
Asthma and Allergy Foundation of America	National Health Council
Blood Cancer United, formerly The Leukemia & Lymphoma Society	National Kidney Foundation
Cancer Nation	National Multiple Sclerosis Society
CancerCare	National Patient Advocate Foundation
Coalition for Hemophilia B	National Psoriasis Foundation
Crohn's & Colitis Foundation	Pulmonary Hypertension Association
Cystic Fibrosis Foundation	Sickle Cell Disease Association of America, Inc.
Diabetes Patient Advocacy Coalition	Susan G. Komen
Epilepsy Foundation of America	The AIDS Institute
EveryLife Foundation for Rare Diseases	UsAgainstAlzheimer's
Foundation for Sarcoidosis Research	WomenHeart: The National Coalition for Women with Heart Disease
Hemophilia Federation of America	ZERO Prostate Cancer
Immune Deficiency Foundation	