American Lung Association
Blood Cancer United
Arthritis Foundation
EPILEPSY FOUNDATION
MS National Multiple Sclerosis Society
NATIONAL PSORIASIS FOUNDATION
CYSTIC FIBROSIS FOUNDATION
American Diabetes Association
NPAF National Patient Advocate Foundation
NAMI National Alliance on Mental Illness
American Kidney Fund
DIABETES PATIENT ADVOCACY COALITION
CANCER SUPPORT COMMUNITY
COMMUNITY IS STRONGER THAN CANCER
AiARTHRITIS INTERNATIONAL FOUNDATION FOR AUTOIMMUNE & AUTOINFLAMMATORY ARTHRITIS
MDA Muscular Dystrophy Association
THE AIDS INSTITUTE
FSR FOUNDATION FOR SARCOIDOSIS RESEARCH
HFA Hemophilia Federation of America
HCMA Hypertrophic Cardiomyopathy Association Home for the Bighearted Since
NATIONAL BLEEDING DISORDERS FOUNDATION
Help Us Solve The Cruel Mystery LUPUS FOUNDATION OF AMERICA
Lutheran Services in America
IDF Immune Deficiency Foundation
EVERYLIFE FOUNDATION FOR RARE DISEASES
HEALTHY MOMS. STRONG BABIES. MARCH OF DIMES
PUTTING PATIENTS FIRST NATIONAL HEALTH COUNCIL
NATIONAL KIDNEY FOUNDATION 75 YEARS
LAC LEGAL ACTION CENTER Breaking Barriers. Defending Dignity.
PHA Pulmonary Hypertension Association Empowered by hope
ZERO PROSTATE CANCER
UsAgainst Alzheimer's
FAMILY VOICES
THE COALITION FOR HEMOPHILIA B
autoimmune association

February 9, 2026

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244

Dear Administrator Oz:

On behalf of hundreds of millions of patients and consumers facing serious and chronic health conditions across this country, our organizations urge you to share additional information about the implementation of Public Law 119-21 and not to finalize any policies that will add to the administrative burden and risk of inappropriate coverage loss for the people we represent.

In March of 2017, our organizations came together to form the Partnership to Protect Coverage (PPC). Together, we agreed upon three overarching principles[1] to guide any work to reform and

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[1] [Partnership to Protect Coverage | Patient Advocacy | Consensus Healthcare Reform Principles]()

improve the nation's healthcare system. These principles state that: (1) health care should be accessible, meaning that coverage should be easy to understand and not pose a barrier to care; (2) health care should be affordable, enabling patients to access the treatments they need to live healthy and productive lives; and (3) health care must be adequate, meaning healthcare coverage should cover treatments patients need.

Public Law 119-21 included nearly one trillion dollars in cuts to Medicaid that will result in an estimated ten million people losing coverage by 2034. Implementation of the new statutory requirements, particularly work reporting requirements, will be a complicated process involving many important decisions for CMS and states. It is vital that CMS proceed with transparency as to the policies being considered and adopted. This allows our organizations and other stakeholders to provide valuable feedback to make the policies work for individuals with serious and chronic health conditions to the greatest extent possible. We respectfully request that CMS take more steps to inform us and the public about policy changes being considered and made.

More specifically, we urge CMS to publicly share any policy regarding implementation of work reporting requirements. It is our understanding that on November 19-21, 2025, at the national conference of the National Association of Medicaid Directors (NAMD), CMS shared new policies regarding work reporting requirements with the participants. To the best of our knowledge, these policy decisions have never been made public. On December 8, 2025, CMS publicly released an Informational Bulletin about work reporting requirement implementation. However, this guidance not only left many critical questions unanswered, but also did not include several critical policies that were shared at the NAMD meeting. It has now been more than two months since the information was shared with states at the NAMD meeting, and still the public does not know what states were told last November and whether CMS still plans to move forward with these decisions. This makes it impossible for us and other stakeholders with critical information to provide meaningful advice to CMS and states as states rush forward to develop systems to implement changes related to Public Law 119-21. It also makes it difficult for states to begin their implementation process, with decisions and details unconfirmed and only communicated to certain stakeholders.

For example, based on reports of the NAMD meeting, it appears that CMS raised two policies of great consequence to individuals with serious and chronic illnesses. First, it is our understanding that CMS informed states that while responding to a validated medical screener would be initially permitted for medical frailty exemptions, states would need to have some kind of documented evidence confirming the exemption at the 6-month renewal to continue the exemption after renewal. Such a policy would be very harmful to individuals with serious and chronic illnesses, because claims and encounter data lags, delays in getting appointments to appropriately diagnose health conditions, and other issues will make it impossible for many individuals to be confirmed in such a short window of time. It would also directly contradict Public Law 119-21, which allows states to accept self-attestation from patients about health conditions that qualify them for an exemption.

Second, it is our understanding that CMS also informed states that while it might permit states to extend the duration of exemptions for “permanent” conditions, such extended duration would last only one year. Among the people we represent are millions of individuals with confirmed diagnoses of health conditions that are certain to be chronic, lifelong conditions. It would be inefficient for the states and burdensome for enrollees to have such individuals re-verify their conditions annually, and such a policy will lead to countless unnecessary terminations of coverage as well as administrative burden for individuals, states, and medical providers.

We urge CMS to reconsider both of the above policies in order to protect individuals with serious and chronic health conditions, as Congress intended under Public Law 119-21 and elsewhere. We also recommend that CMS develop requirements for states to track and publicly report data, and that CMS compile and report such data itself, to ensure that the public is able to understand the impact of new policies and policymakers can make adjustments to account for problems that emerge.

We remain committed to working with CMS and states to protect access to Medicaid for individuals with serious and chronic illnesses in the implementation of work reporting requirements and other elements of Public Law 119-21. In addition to the issues outlined above, we have outlined robust principles for implementation (attached). We look forward to the opportunity to discuss these and additional recommendations we have for Public Law 119-21 implementation with CMS.

Sincerely,

AiArthritis
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American Kidney Fund
American Lung Association
Arthritis Foundation
Autoimmune Association
Blood Cancer United (formerly The Leukemia & Lymphoma Society)
Cancer Support Community
Cystic Fibrosis Foundation
Diabetes Patient Advocacy Organization
Epilepsy Foundation of America
EveryLife Foundation for Rare Diseases
Family Voices National
Foundation for Sarcoidosis Research
Hemophilia Federation of America
Hypertrophic Cardiomyopathy Association
Immune Deficiency Foundation
Legal Action Center
Lupus Foundation of America
Lutheran Services in America
March of Dimes
Muscular Dystrophy Association
National Alliance on Mental Illness
National Bleeding Disorders Foundation
National Health Council
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National Multiple Sclerosis Society
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
The AIDS Institute
The Coalition for Hemophilia B
UsAgainstAlzheimer's
ZERO Prostate Cancer

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EVERYLIFE FOUNDATION FOR RARE DISEASES
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PHA
CANCER NATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC est. 1972
THE AIDS INSTITUTE
NATIONAL PSORIASIS FOUNDATION
Arthritis Foundation
UsAgainst Alzheimer's
WOMENHEART THE NATIONAL COALITION FOR WOMEN WITH HEART DISEASE
aafa Asthma and Allergy Foundation of America
NATIONAL KIDNEY FOUNDATION 75 YEARS
IDF Immune Deficiency Foundation
THE COALITION FOR HEMOPHILIA B
CROHN'S & COLITIS FOUNDATION
CANCERcare
LUPUS FOUNDATION OF AMERICA
DIABETES PATIENT ADVOCACY COALITION
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NATIONAL BLEEDING DISORDERS FOUNDATION
HEALTHY MOMS. STRONG BABIES. MARCH OF DIMES

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.

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Epilepsy Foundation of America
EveryLife Foundation for Rare Diseases
Foundation for Sarcoidosis Research
Hemophilia Federation of America
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