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Leading Health Organizations Urge NC Lawmakers to Reconsider Implementation of Medicaid Cuts

As Gov. Stein signs Medicaid funding into law, 14 patient and consumer advocacy organizations urge policymakers to consider the real-life experiences of patients living with chronic diseases

RALEIGH NC – 14 nonpartisan organizations representing millions of patients living with serious and chronic health conditions are concerned that HB 696 CCS, signed by Josh Stein Thursday, puts in place new, overly burdensome requirements for people with Medicaid health insurance coverage in North Carolina. The patients we represent need access to timely treatment to maintain their health. This law jeopardizes that and we urge lawmakers to work with us to lessen the impact on patients in North Carolina.

HB 696 CCS sets copay amounts at the highest possible levels, which creates barriers to treatment that can disrupt the continuity of care for patients with chronic disease. Research has shown that even low levels of cost-sharing and copayments deter patients from seeking care. Consistent access to medications, primary care professionals, specialists, and ongoing treatment help slow disease progression and prevent avoidable complications and emergency room use. We urge policymakers to instead adopt the lowest permissible cost-sharing amounts to protect patients' access to care.

The legislation also requires individuals to prove compliance with the work reporting requirement for three months prior to application and for at least three of the six months prior to renewal. This additional lookback period is more restrictive than the one month period that is required by federal law. Requiring three months poses undue paperwork barriers on patients and increases the risk for delayed care. For many conditions, delayed care could result in disease progression and unnecessary medical costs due to loss of health care and coverage.

The legislation increases the frequency of the eligibility checks from quarterly to monthly. This is also more excessive than required by federal law. This increased administrative burden risks eligible individuals losing coverage due to data mismatches or errors. This will lead to patients

not getting the timely care they need and increase the likelihood of emergency care and associated costs.

Many of our organizations have released [Principles on Protecting Patients' Access to Medicaid](#). Our organizations encourage lawmakers to carefully consider the needs of patients and families in the implementation of Public Law 119-21 to align with these principles. HB 696 CCS currently does the opposite, which jeopardizes patients' access to care, and we stand ready to work with policymakers to lessen the impact on patients.

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American Cancer Society Cancer Action Network
American Diabetes Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Crohn's & Colitis Foundation
Diabetes Patient Advocacy Coalition
Epilepsy Foundation of America
Hypertrophic Cardiomyopathy Association
National Bleeding Disorders Foundation
National Kidney Foundation
National MS Society
Susan G. Komen
The EveryLife Foundation for Rare Diseases