



June 10, 2026

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: ARHOME Section 1115 Demonstration Application

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on the Arkansas Health and Opportunity for Me (ARHOME) Section 1115 Demonstration Application.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

The ARHOME Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population as outlined in Public Law 119-21 starting January 1, 2027. Given that work reporting requirements are federally mandated and that the standards in PL 119-21 cannot be waived, there is no need to include this policy in the state's waiver request. Furthermore, Arkansas should not implement these requirements any earlier than January 1, 2027. Work reporting requirements are administratively complex and burdensome, and an early or rushed implementation

would undoubtedly result in inappropriate coverage loss. Improper changes to coverage status are likely to lead to increased churn, the cost of which is estimated to be between \$400 and \$600 per person,¹ placing greater administrative and financial burden on the Arkansas Medicaid program.

Inappropriate loss of coverage also creates gaps in care for patients and disrupts access to critical and often lifesaving services. For a patient with a chronic condition, a gap in healthcare coverage can prevent them from receiving medications needed to control their condition and lead to an exacerbation that requires an emergency room visit costly to both the patient and the state. In 2018, Arkansas implemented a work reporting requirement and over 18,000 beneficiaries lost coverage in seven months.² CMS should work with state to avoid gaps in coverage through a thoughtful implementation of PL 119-21.

Our organizations further urge CMS to work with the state to streamline processes related to work reporting requirements for all medically frail individuals and individuals with serious mental illness enrolled in fee-for-service (FFS) or Provider-Led Arkansas Shared Savings Entity (PASSE). On June 1, CMS released an interim final rule implementing PL 119-21, and the preamble explicitly states that some 1115(a)(2) demonstrations create a population of individuals who would be subject to work reporting requirements except they are a specified excluded individual. The FFS and PASSE populations likely fall under the medically frail specified excluded category. Streamlining Arkansas' system to automatically evaluate these groups for specified exclusions can help to reduce administrative burden and the risk of inappropriate loss of coverage. For individuals in active treatment for cancer or other serious conditions, a disruption in coverage could impact access to lifesaving treatment.

Our organizations support Arkansas' adoption of the Optional Exceptions for Short-Term Hardship Events. We urge CMS to work with the state to adopt all options that reduce gaps in coverage and administrative burden for the state. For example, by opting to require demonstration of compliance for one month between renewals, rather than the currently indicated three months, the state can reduce additional administrative work and support Arkansans who have seasonal or fluctuating jobs. The state should also opt to implement broad definitions of exemption standards and minimize verification requirements for individuals. These policies would ensure that Arkansas mitigates administrative burden on its Medicaid program while protecting vulnerable individuals from dangerous gaps in coverage.

Finally, our organizations support the state's intention to improve maternal health through the Life360 HOME Program. Our organizations further urge CMS to work with Arkansas to adopt 12-month extended postpartum coverage in order to support the state's objectives. Arkansas is the only state in the country that has not adopted 12-month postpartum coverage. Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies. According to the Centers for Disease Control and Prevention (CDC), more than 80% of pregnancy-related deaths are preventable.³ And approximately 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.⁴ By implementing this coverage, the state would prevent gaps in healthcare coverage for low-income women during the postpartum period, helping patients to better manage serious conditions and reducing maternal mortality in Arkansas.

Our organizations appreciate the opportunity to provide comments on the ARHOME Demonstration. Our organizations urge CMS to work with the state to ensure that Arkansas prioritizes policies that will protect patient access to care during implementation of PL 119-21.⁵

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Autoimmune Association
Blood Cancer United
Cancer Support Community
CancerCare
Crohn's & Colitis Foundation
Epilepsy Foundation of America
Legal Action Center
Lupus Foundation of America
National Bleeding Disorders Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
The AIDS Institute
WomenHeart

¹ Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. *Health Affairs* July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

² Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, "A Look at November State Data for Medicaid Work Requirements in Arkansas," Kaiser Family Foundation, December 18, 2018. Available at: <https://www.kff.org/medicaid/issue-brief/a-look-at-november-state-data-for-medicaid-work-requirements-in-arkansas/>; Arkansas Department of Health and Human Services, Arkansas Works Program, December 2018. Available at: http://d31hzlhk6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fbd6c891d9bacb6/011519_AWReport.pdf

³ Preventing Pregnancy-Related Deaths. Centers for Disease Control and Prevention. September 25, 2024. Available at: <https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html>

⁴ Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage 'churn' in months before and after childbirth. *Health Aff (Millwood)*. 2017; 36(4): 598–606. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.

⁵ Protecting Patients' Access to Medicaid. Partnership to Protect Coverage, November 20, 2025. Available at: <https://www.protectcoverage.org/siteFiles/53115/PPC%20Medicaid%20Priorities%20UPDATED%202.6.2026.pdf>