



May 22, 2026

Charlie Brereton
Director
Department of Public Health and Human Services
PO Box 4210
Helena, MT 59604-4210

RE: Proposed Rule 2026-514.1 Health and Economic Livelihood Partnership (HELP) Program – Medicaid Expansion

Dear Director Brereton,

Our organizations represent thousands of patients and their families facing serious and chronic health conditions in the state of Montana and are committed to ensuring that the Medicaid program provides adequate, affordable and accessible health care coverage. **We write to express our deep concerns with the early implementation of work reporting requirements and the proposed rule 2026-514.1 Health and Economic Livelihood Partnership (HELP) Program – Medicaid Expansion.**

The implementation of Public Law 119-21 (HR 1), including burdensome work reporting requirements, is estimated to result in approximately 34,000 Montanans losing Medicaid coverage.¹ The effort to expedite implementation of work reporting requirements could adversely affect Montanans undergoing treatment for serious illnesses and increases the chances of administrative errors that lead people to inappropriately lose coverage.

For people with chronic health conditions, continuous coverage is essential. **Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases.** People who are in the middle of treatment for a life-threatening

disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

Administering these requirements will be expensive for the state of Montana. In Georgia, the state spent over \$86 million within a year of implementing its work requirement, and it is estimated that three-quarters of this was for administrative and consulting costs.² Moreover, the federal government has not yet issued guidelines for many key aspects of work reporting requirement implementation, meaning that the state may need to change regulations and other key implementation decisions if it moves too quickly, adding to the state's implementation costs.

Montana state systems are unprepared to properly implement work reporting requirements, which will lead eligible Montanans to lose coverage. A recent analysis by the Georgetown Center for Children and Families found that Montana was one of the states most at risk of inappropriate coverage losses when implementing the work reporting requirements and renewal policies under Public Law 119-21.³ The analysis highlighted long call center wait times and a high call abandonment rate, suggesting that the state is already struggling to adequately assist enrollees and applicants who need help navigating the system. The analysis also found that Montana had lengthy application processing times and one of the highest rates of pending renewals (33.9%), pointing to significant system issues or backlogs. Finally, Montana had a high rate of procedural disenrollment (79.5%), meaning many people are losing coverage because of missing paperwork and the state lacking sufficient information to complete eligibility determinations, not because individuals were actually ineligible for coverage. High rates of procedural disenrollments lead to churn and gaps in coverage, disrupting patients' access to care while also increasing administrative costs for the state. Expediting implementation of work reporting requirements will only exacerbate these issues.

Thirty-nine patient advocacy organizations have released [principles](#) urging states to carefully consider the needs of patients and families throughout the implementation of Public Law 119-21, including minimizing red tape and broadly defining health-related exemptions for patients and caregivers. However, the proposed regulation leaves many key terms undefined and does not include details on documentation requirements that will have a critical impact on the people we represent and their ability to maintain coverage. Additionally, notices have been sent to enrollees indicating DPHHS will require individuals to prove compliance with work reporting requirements for at least three of the six months prior to renewal. This additional lookback period is more restrictive than the one-month period required by federal law. Requiring three months poses undue paperwork barriers on patients and increases the risk for delayed care.

Most people enrolled in Medicaid expansion coverage are already engaged in the kinds of activities required under the proposed rule. More than 90 percent of Medicaid expansion enrollees are currently working, studying, providing supportive care, or are ill or disabled.⁴ When it comes to preventing the unintended loss of coverage, there is little to be gained and much to be lost by rushing this proposed rule through.

The undersigned organizations, in the interest of the health of Montanans receiving Medicaid coverage for serious health conditions, urge you not to finalize any regulations that will add to the administrative burden and risk of inappropriate coverage loss for the people we represent. We remain committed to working with the Department of Public Health and Human Services 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.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Kidney Fund
American Lung Association
Blood Cancer United
Cancer Support Community
Cancer Support Community Montana
CancerCare
Chronic Disease Coalition
Diabetes Patient Advocacy Coalition
Epilepsy Foundation of America
Immune Deficiency Foundation
Legal Action Center
Lupus Foundation of America
National Bleeding Disorders Foundation
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
The AIDS Institute
The Coalition for Hemophilia B

¹ Burns, Alice et al. "How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State?" KFF. August 20, 2025. Available at: <https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/>

² Coker, Margaret. "Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story." ProPublica. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>

³ Brooks, Tricia et al. "Are States Ready to Implement HR 1 and Medicaid Work Reporting Requirements?" Georgetown University McCourt School of Public Policy Center for Children and Families. September 2025. <https://ccf.georgetown.edu/2025/09/04/are-states-ready-to-implement-hr-1-and-medicaid-work-reporting-requirements/>

⁴ Tolbert, Jennifer et al. "Understanding the Intersection of Medicaid and Work: An Update." KFF. May 30, 2025. Available at: <https://www.kff.org/medicaid/understanding-the-intersection-of-medicaid-and-work-an-update/>