August 11, 2026

The Honorable John Thune
Majority Leader
511 Dirksen Senate Office Building
United States Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker of the House
521 Cannon House Office Building
United States House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
322 Hart Senate Office Building
United States Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
2267 Rayburn House Office Building
United States House of Representatives
Washington, DC 20415

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries,

The Partnership to Protect Coverage (PPC), a coalition of patient and consumer organizations committed to protecting access to affordable, comprehensive health coverage, recently submitted comments to the Centers

for Medicare & Medicaid Services (CMS) regarding its Interim Final Rule (IFR) implementing Medicaid work and community engagement requirements enacted in Public Law 119-21.

Together, our organizations represent millions of patients and consumers facing serious, acute and chronic health conditions across the country – including individuals who rely on Medicaid coverage. Throughout the legislative process we worked and communicated constructively with Congress to help ensure that individuals with serious and chronic health conditions would be protected from unnecessary coverage loss. While it is impossible to fully protect patients from the cuts to Medicaid included in the final legislation, the law did ultimately include several important provisions intended to shield medically vulnerable individuals from work reporting requirements and minimize administrative barriers to maintaining coverage.

As CMS moves forward with implementation, we are increasingly concerned that the IFR undermines patient access to care in a way that is contradictory to Congressional intent. In particular, aspects of the rule create new administrative barriers for beneficiaries with serious medical conditions while imposing significant operational challenges on state Medicaid agencies working under already compressed implementation timelines. Rather than faithfully implementing the patient safeguards included in the statute, the IFR adopts interpretations that are more restrictive than the law itself and risk causing eligible individuals to lose coverage despite Congress's efforts to protect them.

We are deeply concerned that several provisions of the IFR depart from both the text and intent of the statute, creating unnecessary administrative barriers that will result in eligible individuals losing health coverage while simultaneously increasing burdens on states, providers, and beneficiaries.
In particular, our organizations are concerned that the IFR:

- **Narrows the statutory protections Congress established for medically frail individuals.** Congress exempted individuals with serious or complex medical conditions from work reporting requirements. The IFR adds new eligibility standards, most notably requiring that a condition also "significantly impair" an individual's ability to comply with community engagement requirements, that are not found in the statute. This more restrictive interpretation will cause many individuals whom Congress intended to protect, including people living serious or chronic illnesses, to lose coverage.

- **Creates unnecessary administrative barriers that will prevent eligible individuals from receiving statutory exemptions.** The IFR significantly limits states' ability to rely on diagnosis data and sworn attestations, despite Congress expressly providing states with flexibility to use these tools. Many patients, caregivers, and individuals with serious health conditions may struggle to produce documentation that does not exist or navigate complex verification requirements, leading to avoidable coverage losses despite remaining eligible under the law.

- **Makes implementation substantially more difficult for states.** States have spent months designing eligibility systems based on prior CMS guidance that emphasized automated, data-driven processes. The IFR introduces significant policy changes only months before implementation deadlines, making timely implementation increasingly difficult while creating uncertainty for state Medicaid agencies. These changes will increase administrative costs and deeply undermine the efficiencies Congress sought to promote. Rushed or incomplete implementation will also lead to inappropriate coverage losses, with serious and in some cases life threatening implications for the health of the individuals whom our organizations represent.

- **Undermines several important patient protections included in the statute.** The IFR narrows hardship exceptions, limits state flexibility, creates confusing notice and verification processes, and adopts implementation policies that may prevent eligible individuals—including hospitalized patients, and

those traveling for specialized medical treatment—from accessing the protections Congress intended them to receive. Past experience with Medicaid work requirements demonstrates that administrative complexity and paperwork—not ineligibility—are often the primary drivers of coverage loss.

Collectively, these provisions risk denying or delaying coverage for eligible individuals with serious and chronic health conditions while increasing uncompensated care, administrative costs, and implementation challenges for states. These outcomes are inconsistent with both the statutory framework enacted by Congress, the available evidence from previous Medicaid work reporting requirement demonstrations, and the assurances that were made by members of Congress during the legislative debate.

Our 40 organizations encourage members of Congress who share these concerns to communicate directly with CMS and urge the agency to revise these provisions as soon as possible. Congressional oversight will be essential to ensuring that eligible individuals do not lose coverage because of avoidable administrative barriers or regulatory interpretations that extend beyond the statute enacted by Congress.

Thank you for your attention to this important issue. If you have any questions, our organizations would welcome the opportunity to discuss our recommendations or provide any additional information that may be helpful. Please reach out to Katie Berge, Senior Director of Federal Affairs at Blood Cancer United at Katie.Berge@bloodcancerunited.org.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Autoimmune Association
Blood Cancer United
Cancer Nation
Cancer*Care*
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Diabetes Patient Advocacy Coalition
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
Muscular Dystrophy Association
National Alliance on Mental Illness
National Bleeding Disorders Foundation
National Health Council
National Kidney Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
National Psoriasis Foundation
Parkinson's Foundation
Pulmonary Hypertension Association
Sickle Cell Disease Association of America, Inc.
Susan G. Komen
The AIDS Institute
The Coalition for Hemophilia B
UsAgainstAlzheimer's
ZERO Prostate Cancer

Cc: All members of Congress