Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Eligibility Changes in the CY 2027 Medicare Physician Fee Schedule (CMS-1848-P)

Dear Administrator Oz,

The undersigned organizations, representing a broad cross section of stakeholders including national, state and local advocates for immigrants, older adults, and people with disabilities urge the Center for Medicare and Medicaid Services (CMS) to adopt a person-centered and equitable approach to the implementation of Medicare eligibility changes presented in the CY 2027 Medicare Physician Fee Schedule. We urge CMS to prioritize early and clear communication, expand enrollment protections, and robust outreach as these strategies are imperative to mitigate the harm on impacted immigrants losing Medicare coverage, including those who are low-income older adults and people with disabilities.

Our recommendations reflect our deep concern about the consequences of immigration status related Medicare terminations for people currently enrolled and those who will be affected in the years ahead. The immigrant eligibility changes enacted by the Budget Reconciliation Act of 2025 (H.R. 1) threaten people's ability to live safely in their communities, their health, and economic security. Those impacted range from people who gained Medicare only recently to people in their nineties who have relied on Medicare for decades. They have lived and worked in the U.S. and paid Medicare taxes themselves or through a spouse, often for 10 years or more. Many older immigrants are low-income workers employed in critical sectors as direct care workers caring for children, older adults and people with disabilities.[i] According to recent data, 48% of these low-income immigrant workers are enrolled in Medicaid, Medicare or other public coverage.[ii] Many of these lawfully present immigrants will be uninsured due to the elimination of all affordable coverage pathways under H.R.1: Medicare, Medicaid, and tax credits through the Affordable Care Act. Private insurance can be prohibitively expensive, especially for low-income older adults and people with disabilities who are dually eligible and losing both Medicare and Medicaid.[iii]

People impacted by these changes as well as immigrants whose Medicare coverage is not changing are likely to experience confusion. These Medicare changes are complex to implement and understand, including the separation of Medicare eligibility from Social Security benefit eligibility. Other changes to health care eligibility and public benefits access that directly and indirectly impact lawfully present immigrants, like the public charge rule, add to the complexity and potential for misinformation and misunderstanding. For these reasons, CMS procedures for terminations, noticing, and special enrollment periods for Medicare must be designed to place minimal burden on enrollees and maximize education and coverage.

Noticing Framework for Medicare Terminations

Advance notice of the Medicare changes is critical for older adults and individuals with disabilities, including those who are dually eligible, because of their higher health and long-term care needs. Dually eligible individuals are among the most medically vulnerable and use more health care, are more likely to report poor health, and have higher rates of chronic conditions.[iv] This group will need ample time to address their medical and prescription medication needs before Medicare changes are effective. Delayed notification about loss of Medicare coverage without the ability to plan ahead could result in life-threatening consequences for these individuals.

We recommend that all individuals whose Medicare coverage is being terminated receive at least two notices. For individuals enrolled in Medicare as of July 4, 2025, who are part of the "grace period" population, we urge CMS to work with the Social Security Administration (SSA) to mail the preliminary notice about the loss of Medicare coverage no later than mid-September 2026 to give impacted individuals time to prepare. For all other individuals outside of this grace period population and losing Medicare, we urge CMS to also require preliminary notice to ensure these individuals understand the impending changes. Without repeated, clear communication, individuals may not realize coverage is ending until after termination, an outcome that is dangerous and potentially life-threatening for people with complex medical needs.

Preliminary notices are also necessary to ensure people erroneously identified as ineligible for Medicare can correct their eligibility with SSA prior to coverage being terminated. SSA's current capacity constraints pose significant barriers for individuals contacting the Agency for questions or attempting to correct immigration or citizenship records. Advocates working with Medicare enrollees report service delays at SSA offices with longer wait times for in-person visits. Some SSA offices currently only offer telephone appointments.[v] These delays are especially harmful for people erroneously identified as ineligible for Medicare.

We urge CMS to require Medicare Advantage (MA), Prescription Drug Plans (PDP), and Programs of All-Inclusive Care for the Elderly (PACE) organizations to send multiple notices (ideally three) to ensure enrollees fully understand that termination of Medicare coverage also terminates their MA/PDP plan and impacts coverage of PACE benefits. People may not connect the SSA termination notice with their MA, PACE or prescription drug coverage, making additional notice directly from the plan necessary.

Overall, to ensure impacted individuals understand the complexity of the Medicare changes, we urge CMS to ensure that all notices are clear and written at a sixth grade reading level that follow Medicare and Section 1557 language access guidelines.

Special Enrollment Period for Individuals Who Gain Medicare Eligibility

We support the establishment of a new special enrollment period (SEP) pathway[vi] for individuals who gain, or regain, Medicare eligibility based on a qualifying immigration status. We urge CMS to clarify the SEP procedures, establish protective filing dates based on in-person appointments with SSA, and extend the proposed six-month SEP to an indefinite duration.

People who qualify for Medicare after a change in their immigration or citizenship status may need longer than six months to schedule in-person appointments with SSA and gather documentation. Longer SEPs are not new to Medicare and are warranted here as individuals are required to make in-person appointments at SSA to establish a change in citizenship or immigration status. We recommend CMS allow these individuals to use the SEP to enroll at any time after their qualifying change in status, given the complexities and onus on the individual to enroll as opposed to SSA reaching out to them. In the alternative, we recommend a 12-month SEP, similar to the 12-month SEP for formerly incarcerated individuals.[vii]

To prioritize coverage, CMS should allow individuals to choose retroactive or prospective enrollment into premium Part A and Part B under the SEP, including selecting the months of retroactive coverage up to, but not before, their verified Medicare eligibility date. Retroactive coverage is especially critical for individuals erroneously identified as ineligible, as it can remedy medical debt and maximize coverage.

Outreach and Education

A multipronged outreach strategy is necessary to ensure enrollees understand the Medicare changes. CMS should work with MA plans, PDP plans, and PACE organizations to conduct proactive outreach, including outbound calls using standardized scripts coordinated with SSA. CMS should also train Medicare providers on the Medicare changes through the MLN Matters articles so they can inform patients and direct them to appropriate resources. Additionally, CMS should support trusted community-based organizations that have a critical role in providing in-person counseling to Medicare enrollees, including State Health Insurance Assistance Programs (SHIPs), Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), and others, with training and resources. Enrollees will reach out to these organizations, and support from CMS is necessary to prepare them to effectively counsel impacted individuals.

Conclusion

Lastly, we also ask CMS to explicitly hold harmless individuals erroneously enrolled in Medicare after July 4, 2025, due to SSA's delayed implementation of immigrant screening procedures. These individuals must not be required to repay Medicare covered services as they were enrolled through no fault of their own.

We appreciate the opportunity to comment on these critical processes. We urge CMS to ensure these Medicare changes are implemented in ways that minimize harm and center the needs of older adults and people with disabilities.

Sincerely,

Access Living

Access Ready Inc.

AFT: Education, Healthcare, Public Services

AgeOptions

Aging Service Collaborative of Santa Clara County

Alliance for Aging Research

American Association of People with Disabilities

American Lung Association

Asian & Pacific Islander American Health Forum (APIAHF)

Asian Americans Advancing Justice Southern California

Asian Resources, Inc.

Autistic Self Advocacy Network

Autistic Women & Nonbinary Network

Bet Tzedek Legal Services

Blood Cancer United

California Advocates for Nursing Home Reform

California Alliance for Retired Americans

California Behavioral Health Association

California Coalition for Women Prisoners

California Health Advocates

California LGBTQ Health and Human Services Network

California Pan-Ethnic Health Network

Californians for Disability Inc.

CalPACE

Camden Coalition

Care in Action

Caring Across Generations

Center for Civil Justice

Center for Elder Law & Justice

Center for Elders' Independence (CEI)

Center for Health Care Rights

Center for Independence of the Disabled, New York (CIDNY)

Center for Law and Social Policy (CLASP)

Center for Medicare Advocacy

Central West Justice Center

Charlotte Center for Legal Advocacy

Church Women United in New York State

Church World Service

Coalition on Human Needs

Colorado Center on Law and Policy

CommunicationFIRST

Community Health Partnership

Community Legal Services in East Palo Alto

Community Resource Initiative

Congregation of Our Lady of Charity of the Good Shepherd, U.S. Region

Disability Community for Democracy, Inc.

Disability Rights California

Disability Rights Education and Defense Fund (DREDF)

Disability Rights New Jersey

Diverse Elders Coalition (DEC)

Equality California

Essential Caregivers Coalition

Families USA

Family Values @ Work

Gerontological Society of America

Greater Hartford Legal Aid

Homeless Action Center

ICMRS

Indiana Legal Services

Indivisible Fairfield County

Justice in Aging

LeadingAge California

Legal Action Center

Legal Council for Health Justice

LifeSTEPS

Los Angeles LGBT Center

Maine Council on Aging

Maine Equal Justice

Maine Immigrants' Rights Coalition

Massachusetts Law Reform Institute

Medicare Rights Center

Muscular Dystrophy Association

National Academy of Elder Law Attorneys (NAELA)

National Advocacy Center of the Sisters of the Good Shepherd

National Alliance for Caregiving

National Asian Pacific American Women's Forum

National Association for Family Child Care (NAFCC)

National Association of Social Workers (NASW)

National Consumer Voice for Quality Long-Term Care

National Disability Rights Network (NDRN)

National Domestic Workers Alliance

National Health Law Program

National Immigration Law Center

National Network for Arab American Communities (NNAAC)

New Disabled South

New Jersey Citizen Action

New Light Wellness

NHCOA

Northwest Health Law Advocates

On Lok

Organization for Latino Health Advocacy

Pennsylvania Health Law Project

PHI

PrognosUs LLC

Public Interest Law Project

Public Justice Center

Refugee Congress

Refugee Council USA

SAGE

San Francisco Senior and Disability Action

SeniorLAW Center

Silicon Valley Independent Living Center

Silver State Equality

Southeast Asia Resource Action Center (SEARAC)

Southern Maine Agency on Aging

Triage Cancer

Tsuru for Solidarity

UDW/AFSCME Local 3930

United Way for Southeastern Michigan

Village to Village Network

Vision y Compromiso

Western Center on Law and Poverty

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[i] PHI, "Direct Care Workers in the United States: Key Facts 2025," p. 10 (Sep. 15, 2025) (accessed Aug. 28, 2026); see also Vanessa G. Sanchez, "Immigrant Seniors Lose Medicare Coverage Despite Paying for It," KFF Health News (Apr. 6, 2026) (accessed Aug. 28, 2026).

[ii] Id.

[iii] Matt McGough, et al, "How much and why ACA Marketplace premiums are going up in 2027," Peterson Center on Healthcare KFF (July 8, 2026) (accessed Aug. 28. 2027).

[iv] MACPAC, "Dual Eligible Beneficiaries: An Overview," p. 72 (Sept. 2025)(accessed Aug. 28, 2026).

[v] Social Security Administration, Office Closings and Emergencies, (accessed Aug. 10, 2026).

[vi] Medicare Physician Fee Schedule 2027 proposed rule at 91 FR 44002.

[vii] 42 CFR 406.27(d); 42 CFR 407.23(d).