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# Medicaid Work Reporting Requirements Interim Final Rule Comment Guide

*Prepared by Families USA, July 7, 2026*

On June 1, the Centers for Medicare & Medicaid Services (CMS) released an Interim Final Rule (IFR) that gives states the most specific instructions to date about implementing HR1's new mandatory Medicaid work reporting requirements. Due to last minute changes pushed by the White House, the IFR includes policies that will likely lead to even greater Medicaid coverage losses than were anticipated and that will make it even more difficult for states to implement by the January 1, 2027 start date, as required by HR1.

**CMS is taking public comment on this IFR until July 31, 2026.** This guide serves as a roadmap and resource for organizations, coalitions, and individuals interested in making their voice heard and submitting impactful public comments.

**To submit comments click here:** Medicaid Program; Community Engagement Requirement for Certain Individuals

The IFR differs from both the HR1 statute and the informal guidance CMS had been giving states in two main ways:

1. It makes it harder for states to exempt people with serious and complex health conditions from the work requirement. In HR1, Congress exempted people who are "medically frail" from the work requirement. Yet, the IFR goes further than HR1 and says states can only exempt people who cannot work. This puts people with serious health conditions who are able to work *because* they have health coverage, or who have work schedules that vary by month, at risk. Fewer people will qualify for a medical frailty exemption and patients in the middle of treatment will need to continue to prove their condition or risk losing their health coverage.
2. It requires states to reverify a person's medical frailty every 12 months and does not allow for Medicaid enrollees to self-report their medical conditions starting 2028. Both of these restrictions create additional bureaucracy and paperwork for people with serious health conditions.

Because this is an interim final rule, CMS doesn't need to address public comments before implementing the rule, as it would if it were a proposed rule. However, submitting comments as an organization, a coalition, or as an individual, is important for creating a public record of the dangers of Medicaid work requirements and the way the administration is implementing HR1 differently than what Congress enacted. This record can form the basis for *potential* litigation in the future. **This comment period is also an opportunity to engage policymakers, partners, and the press, and educate them about the dangers this rule poses to people with Medicaid coverage**.

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***Below are some tips for putting together impactful public comments.***

**Volume and quality of comments are both important.** Whether you're an individual with Medicaid coverage who would like to express how important the program is to you in 1-2 sentences, or an organization with detailed knowledge of the program that can submit 5 pages of comments dissecting the rule, both approaches are meaningful.

You can submit comments as an organization, organize your partners onto a sign-on letter, or encourage individuals to comment. Comments can be brief, and unique comments as opposed to duplicates or copied templates will help build a stronger, more robust record. **We urge you to avoid creating or directing partners to copy and paste template comments** since it is likely CMS will discard a stack of comments that are all the same.

***Here are some themes and issues you can focus on in your comments:***

All comments, short or long, should make it clear *who you are* and *what your interest* in the Medicaid program is. For example, individuals can discuss how Medicaid:

- Provides critical health services for people when they are pregnant and after they give birth.
- Pays for the prescription drugs that help people manage a chronic health condition.
- Makes it easier to work and maintain employment.

The experience of a person previously covered by Medicaid or who has a family member or loved one who currently has Medicaid coverage, is also relevant!

**If you are writing comments on behalf of an organization or coalition, you should also make the comments personal and specific.** You can discuss the work you do with and for people with Medicaid and how work requirements and this rule put their health and well-being at risk.

**<u>If you are putting together more detailed comments you can focus on the IFR's shortcomings in these ways:</u>**

- **Unworkable Definition of Medical Frailty**: The definition of medical frailty is unworkable and infeasible for states to implement and creates an unfair burden on eligible applicants and enrollees, putting unnecessary strain on health care providers. States are not equipped to develop and set up an administrative framework to verify medical frailty along with capacity to work. CMS' definition of medical frailty places an unreasonable burden on Medicaid providers to somehow document their patient's ability to work: health care providers lack training in occupational medicine, and the skills and knowledge needed to formally evaluate whether a patient's health condition is sufficiently serious or complex to prevent work and community engagement. Without appropriate state systems to verify medical frailty and without health care providers who

can assist, many people will not be able to obtain the documentation they need to demonstrate medical frailty—and may lose access to Medicaid as a result.

- **No Option for Self-Attestation**: Significantly limiting the option for Medicaid enrollees to self-attest (self-report) their medical condition starting in 2028 will drive undue burden to patients, providers and the health care system. Patients who cannot self-attest to their health will need to acquire documentation of their condition(s) at least every 12 months (or every six months, at their state's option), putting a burden not just on patients, but the whole health care system to accommodate millions more doctor's visits. Lack of access to available providers who can document both their medically frail condition *and* their inability to work – and document this year over year – will put those most in need of access to health services at significant and ongoing risk of losing coverage.
- **Challenge of documenting compliance and exclusions.** CMS' unsupported premise is that it will be easy for beneficiaries, providers, employers, and volunteer coordinators to document compliance with, or exclusions from, the work requirement. Real life examples of *how* these requirements place a tremendous burden on people and institutions will make for a stronger public record.
- **Unfeasible Timeline**: States now have less than six months to get their work requirements programs up and running, yet the IFR backtracks on the guidance CMS had been giving states over the year prior. By doing so, CMS has made it significantly harder for states to meet deadlines and take the necessary steps to protect the health coverage of eligible people. States that plan to implement work reporting requirements ahead of the January 1, 2027, deadline must now redo outreach notices to consumers and reprogram eligibility systems to comply.
- **Significant Coverage Losses**: In March, the Urban Institute estimated that between 3 and 7 million people would lose Medicaid coverage in 2028 due to the work reporting requirement. This range depended on the decisions states make in implementation, including whether they maximize exemptions and use data matching to make it easier for people to maintain their coverage. By severely restricting states' ability to do these exact things, the high-end estimate of coverage loss is increasingly likely – and perhaps could exceed 7 million. Given the IFR's new requirements, certain patient populations may be more at risk of losing coverage, especially if they lack access to providers who can provide them with consistent medical claims or other documentation, or if they seek appropriate treatment for their condition outside of the health care system and have difficulty generating paperwork acceptable to their state for documenting medical frailty.

**The comment period is also an opportunity to provide a recommendation to CMS to pull back the IFR** and go back to the drawing board on the guidance it is giving states so that the Medicaid program continues to protect the health coverage of millions of vulnerable Americans.

**Finally, this comment period is an advocacy and organizing opportunity; we encourage you to use this moment to build partnerships and draw attention to the harms of Medicaid work requirements.** For example, you can engage existing and new partners to join a sign-on letter or compile their own comments.

After you submit your comments, share them with policymakers and the media through a press release, a press call, and social media activity. It is important that as advocates we remind people of the harms of HR1 and Medicaid work requirements, and this comment period is a time to do so.

**For further reading/background:**

Medicaid Work Reporting Requirements: Implementation Update after CMS' Interim Final Rule (Families USA)

Inside the Work Reporting Requirement Implementation Guidance: How CMS's New Rule Decimates Health Care for Millions (Families USA)

Millions At Risk of Losing Health Coverage As CMS Releases Medicaid Work Reporting Requirement Rule That Creates Confusion and Chaos for States (Families USA)

Administration's Last-Minute Restrictions Likely to Worsen Impact of Medicaid Work Requirement (CBPP)

CMS Ignores the Law (Again) – This Time Taking Health Insurance Away from Individuals with Substance Use Disorders, Mental Health Conditions, and Serious Health Conditions (Georgetown CCF)

Do My Comments Really Matter? Demystifying the Public Comment Process (NHeLP)