Congress of the United States

Washington, DC 20510

September 3, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Oz,

We write today as physicians who are Members of Congress to express our deep concerns about policies related to "medical frailty" included in the Centers for Medicare & Medicaid Services' (CMS) Interim Final Rule (IFR) on Medicaid community engagement requirements,[1] commonly referred to as "work requirements." In addition to the significant challenges that these policies will impose on people's ability to enroll in and retain their Medicaid coverage, we raise additional concerns about the significant administrative burden that these policies will have on physicians and other health care providers.

The One Big Beautiful Bill Act (H.R. 1)[2] conditions Medicaid eligibility for expansion enrollees on working or participating in other specified forms of "community engagement." The Congressional Budget Office (CBO) projects that 5.2 million people will lose Medicaid coverage by 2034 as a result of this provision.[3] Previous state-led efforts to implement Medicaid work requirements resulted in widespread coverage losses mainly stemming from the major barriers and burdens that Medicaid enrollees faced in reporting necessary data to demonstrate compliance with the work requirement.[4] [5]

In light of this evidence, in the lead-up to the passage of H.R. 1, many supporters of this legislation attempted to allay concerns about the impact of these Medicaid changes by promising to protect "vulnerable populations" from harms associated with these policies.[6] H.R. 1 included a number of exemptions from work requirements for certain populations, including individuals who are "medically frail."

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[1] Centers for Medicare & Medicaid Services. (2026, June 3). Medicaid program; community engagement requirement for certain individuals. *Federal Register*, 42 CFR Parts 431, 435, 438, 457, and 600 (CMS-2454-IFC; RIN 0938-AV98). Department of Health and Human Services. https://public-inspection.federalregister.gov/2026-11094.pdf

[2] Pub. L. No. 119-21, 139 Stat. 72 (2025). https://www.congress.gov/119/plaws/publ21/PLAW-119publ21.pdf

[3] Swagel, P. L. (2025, June 4). *Estimated effects on the number of uninsured people in 2034 resulting from policies incorporated within CBO's baseline projections and H.R. 1, the One Big Beautiful Bill Act* [Letter to Hon. Ron Wyden, Hon. Frank Pallone, Jr., and Hon. Richard E. Neal]. Congressional Budget Office. https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf

[4] Sommers, B. D., Chen, L., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2020). Medicaid work requirements in Arkansas: Two-year impacts on coverage, employment, and affordability of care. *Health Affairs*, *39*(9). https://doi.org/10.1377/hlthaff.2020.00538

[5] Karpman, M. (2025). The impact of Arkansas Medicaid work requirements on coverage and employment: Estimating effects using national survey data. *Health Services Research*, *60*(5), e14624. https://doi.org/10.1111/1475-6773.14624

[6] Guthrie, B. (2025, May 13). *Chairman Guthrie delivers opening statement at full committee markup of budget reconciliation text* [Press release]. U.S. House of Representatives Committee on Energy and Commerce. https://energycommerce.house.gov/posts/chairman-guthrie-delivers-opening-statement-at-full-committee-markup-of-budget-reconciliation-text

H.R. 1 directs the Secretary of Health and Human Services (HHS) to define "medically frail" for the purposes of this exemption, but required that five categories of individuals be included in this definition: people who (1) are blind or disabled; (2) have a substance use disorder; (3) have a disabling mental disorder; (4) have a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living, or (5) have a serious or complex medical condition.

For the purposes of this definition, there is no requirement[7] in the statute that an individual's "serious or complex medical condition" impair their ability to work or otherwise meet community engagement requirements. Additionally, other exemption categories in the statute, including pregnant women, American Indians, parents and caregivers of children under the age of 13, and others also do not require that these circumstances impair their ability to work. **However, the IFR issued by CMS in June establishes a definition of "medically frail" that goes beyond the text of the statute requiring that an individual's "physical, mental, or other behavioral health *condition significantly impairs [their] ability to comply with the community engagement requirement*."**[8]

This definition not only overly restricts this exemption category in a manner that is inconsistent with the statute, but also seriously jeopardizes the health and well-being of Medicaid enrollees with serious or complex medical conditions.[9] **We are deeply concerned about the impact the IFR's approach to the "medically frail" exemption category will have on many of our sickest patients.** As physicians, we know first-hand the consequences of people not being able to access the health care they need – and the particularly detrimental impact that can have on people with serious or complex medical conditions. An analysis of the impacts of Arkansas's Medicaid work requirements found that of people who lost coverage, more than half delayed needed care and more than 60 percent delayed taking medications due to cost.[10]

The IFR further harms people with serious medical conditions by imposing strict rules around their ability to "self-attest" that their condition qualifies them for this exemption. In the IFR, CMS only permits states to use self-attestation for the "medically frail" exemption one time during an individual's period of enrollment, requiring documentation of that condition *and* its impairment of the individual's ability to work at their next renewal six months later.[11] Notably, Arkansas's 2018 work requirements effort allowed for self-attestation alone for medical

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[7] Rosenbaum, S., Jacobs, F., Barkoff, A., Crays, A., Murphy, C., Farrell, C. L., Tavares, J., & Cohen, M. A. (2026, June 12). Medical frailty rule contravenes HR 1, burdens the health care system, and threatens public health. *Health Affairs Forefront*. https://www.healthaffairs.org/content/forefront/medical-frailty-rule-contravenes-hr-1-burdens-health-care-system-and-threatens-public

[8] Centers for Medicare & Medicaid Services. (2026, June 3). Medicaid program; community engagement requirement for certain individuals. *Federal Register*, 42 CFR Parts 431, 435, 438, 457, and 600 (CMS-2454-IFC; RIN 0938-AV98). Department of Health and Human Services. https://public-inspection.federalregister.gov/2026-11094.pdf

[9] Rosenbaum, S., Jacobs, F., Barkoff, A., Crays, A., Murphy, C., Farrell, C. L., Tavares, J., & Cohen, M. A. (2026, June 12). Medical frailty rule contravenes HR 1, burdens the health care system, and threatens public health. *Health Affairs Forefront*. https://www.healthaffairs.org/content/forefront/medical-frailty-rule-contravenes-hr-1-burdens-health-care-system-and-threatens-public

[10] Sommers, B. D., Chen, L., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2020). Medicaid work requirements in Arkansas: Two-year impacts on coverage, employment, and affordability of care. *Health Affairs*, *39*(9). https://doi.org/10.1377/hlthaff.2020.00538

[11] Centers for Medicare & Medicaid Services. (2026, June 3). Medicaid program; community engagement requirement for certain individuals. *Federal Register*, 42 CFR Parts 431, 435, 438, 457, and 600 (CMS-2454-IFC; RIN 0938-AV98). Department of Health and Human Services. https://public-inspection.federalregister.gov/2026-11094.pdf

frailty, and even so, rates of disenrollment were actually *higher* among people with chronic conditions.[12]

H.R. 1 directs states to maximize their use of ex parte (or automatic) verification of people's compliance with, or exemption from, work requirements. Ex parte verification is an important tool in reducing the administrative burden on people to provide documentation of their compliance with or exemption from work requirements but is a significant – and costly – undertaking for the states responsible for making the IT and systems updates necessary to operationalize it.

The additional requirement that the IFR added to the "medically frail" exemption – that an individual's condition impair their ability to work or participate in other community engagement activities – could make it nearly impossible for states to verify people's eligibility for this exemption on an ex parte basis.[13] This is because health insurance claims data, the main data source available to states to verify people's medical conditions, is rarely granular enough to make a determination of whether the medical condition impairs their ability to work. For example, for cancer patients, the stage of their cancer may be an indicator of their inability to work or participate in community engagement activities; however, claims data does not provide information on the patient's stage of cancer. The result will be that the burden of demonstrating eligibility for this exemption will fall to Medicaid enrollees and the health care providers who treat them. When states are unable to verify that an individual's medical condition impairs their ability to work through the data sources available, patients will turn to their health care providers to provide this documentation.

This will require providers to conduct individualized assessments of whether and how their patients' medical conditions impair their ability to work in order to allow them to maintain their Medicaid coverage. Most health care providers are not trained in occupational medicine and do not have the necessary skills to assess impairment to work for these purposes. Even those clinicians who are able and willing to make these assessments will be extremely limited in their ability to do so without sacrificing their availability for actual patient care due to the time commitment and complexity of these assessments, particular in safety net settings where the majority of patients may have Medicaid.[14] **In other words, this IFR approach represents an enormous unfunded mandate on health care providers' time and energy, which was never envisioned by the original statute.** These assessments will be especially difficult because the health of patients with serious and complex medical conditions can frequently be unstable. There may be periods of time where their condition does not impair their ability to work, but that can change quickly and is often unpredictable. **For many of these patients, losing their Medicaid coverage and access to care because they are ensnarled in red tape**

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[12] Chen, L., & Sommers, B. D. (2020). Work requirements and Medicaid disenrollment in Arkansas, Kentucky, Louisiana, and Texas, 2018. *American Journal of Public Health*, *110*(8), 1208–1210. https://doi.org/10.2105/AJPH.2020.305697

[13] Shachar, C., Costello, K., Kaplan, E., Tomazic, M., Card, J., & Zacharias, R. (2026, June 4). *New Medicaid work requirements rule threatens access to care for people with chronic conditions* [Health Care in Motion]. Center for Health Law and Policy Innovation, Harvard Law School. https://chlpi.org/wp-content/uploads/2026/06/HCIM-Work-Requirements-IFR_FINAL.pdf

[14] Shachar, C., Costello, K., Kaplan, E., Tomazic, M., Card, J., & Zacharias, R. (2026, June 4). *New Medicaid work requirements rule threatens access to care for people with chronic conditions* [Health Care in Motion]. Center for Health Law and Policy Innovation, Harvard Law School. https://chlpi.org/wp-content/uploads/2026/06/HCIM-Work-Requirements-IFR_FINAL.pdf

associated with work requirements reporting will inevitably lead to the exacerbation of their condition.[15]

These IFR policies will increase the administrative and paperwork burden for health care providers. As a physician yourself, you know first-hand how paperwork burdens can overwhelm clinicians and leave them with less time to actually practice medicine. As you said earlier this year, "...every minute providers save on paperwork is another minute they can spend caring for patients."[16] We couldn't agree more, which is why we are so concerned about the onus and extra paperwork that this IFR will place on clinicians, further limiting the amount of time they can dedicate to patients – and in practice, many will simply not be able to complete these assessments.

The complexity of the individualized assessments combined with the lack of clarity established under the IFR policies risks serious damage to the patient-physician relationship. Pulling physicians into a role that shifts their focus away from care and clinical evaluation and to gatekeepers in a high stakes, but ultimately subjective, determinations of consequential eligibility is dangerous and counterintuitive to the trust building necessary for optimal health outcomes.

As you are aware, federal agencies are required to conduct a regulatory impact analysis of all economically significant regulatory actions, which must include an estimate of the benefits and costs (quantified and monetized to the extent possible) of the proposed regulatory action.[17] **Concerningly, the regulatory impact analysis in the work requirements IFR included no analysis[18] of the impact these policies will have on physicians and other health care providers, despite the fact that we know that the manner in which CMS is directing states to implement and operationalize the "medically frail" exemption will impose significant administrative and paperwork burdens – as well as new costs – on clinicians.**

We strongly urge CMS to reverse course on the approach the IFR takes to defining "medically frail" for the purposes of this exemption from Medicaid work requirements. This definition is not only inconsistent with the statute but will inflict grave harm on people with serious or complex medical conditions and layer on additional administrative burden and red tape for people and health care providers. Thank you in advance for your attention to this matter.

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[15] Rosenbaum, S., Jacobs, F., Barkoff, A., Crays, A., Murphy, C., Farrell, C. L., Tavares, J., & Cohen, M. A. (2026, June 12). Medical frailty rule contravenes HR 1, burdens the health care system, and threatens public health. *Health Affairs Forefront*. https://www.healthaffairs.org/content/forefront/medical-frailty-rule-contravenes-hr-1-burdens-health-care-system-and-threatens-public

[16] Centers for Medicare & Medicaid Services. (2026, March 20). *CMS rule phases out fax machines, snail mail to save taxpayers $781.98 million a year* [Press release]. U.S. Department of Health and Human Services. https://www.cms.gov/newsroom/press-releases/cms-rule-phases-out-fax-machines-snail-mail-save-taxpayers-781-98-million-year

[17] Office of Information and Regulatory Affairs, Office of Management and Budget. (2011, August 15). *Regulatory impact analysis: A primer*. Executive Office of the President. https://www.reginfo.gov/public/jsp/Utilities/circular-a-4_regulatory-impact-analysis-a-primer.pdf

[18] Centers for Medicare & Medicaid Services. (2026, June 3). Medicaid program; community engagement requirement for certain individuals. *Federal Register*, 42 CFR Parts 431, 435, 438, 457, and 600 (CMS-2454-IFC; RIN 0938-AV98). Department of Health and Human Services. https://public-inspection.federalregister.gov/2026-11094.pdf

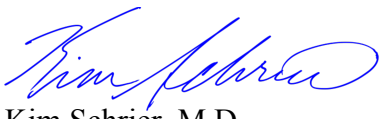
Sincerely,

Maxine Dexter, M.D.
Member of Congress

Ami Bera, M.D.
Member of Congress

Herbert C. Conaway, Jr.
Member of Congress

Kelly Morrison
Member of Congress



Kim Schrier, M.D.
Member of Congress

Raul Ruiz, M.D.
Member of Congress