July 27th, 2026

Comments on the Interim Final Rule: Medicaid Program; Community Engagement Requirement for Certain Individuals

Submitted online via FederalRegister.gov to docket CMS-2026-2047 (CMS-2454-IFC)

Introduction and Statement of Interest

The Organization for Latino Health Advocacy (OLHA) submits these comments in opposition to the Centers for Medicare & Medicaid Services' (CMS) Interim Final Rule, Medicaid Program: Community Engagement Requirement for Certain Individuals (CMS-2454-IFC). These comments are submitted on behalf of the undersigned public health researchers, members of the public, and health policy experts. We declare that we have no direct or indirect financial or fiduciary interests in the subjects of these comments.

Organizational Standing

OLHA is a nonpartisan, 501(c)(3) nonprofit organization dedicated to advancing health equity for underrepresented communities across the United States. Our work includes public health research, policy analysis, and community-based advocacy aimed at identifying and reducing structural barriers to healthcare access, including barriers related to health insurance coverage, language access, and culturally and linguistically appropriate care. OLHA regularly monitors and engages with federal and state health policy developments that affect the health and economic security of Hispanic and Latino individuals and families. With approximately 30% of Latinos on Medicaid[1], we have a direct and ongoing interest in ensuring that Medicaid policy is grounded in the best available evidence. Given the scale of the changes at issue in this rulemaking and their anticipated disproportionate impact on the communities we serve, OLHA has an imminent stake in the outcome of the community engagement requirement that CMS seeks to implement.

Requirements of the Interim Final Rule

The Interim Final Rule implements new Medicaid community engagement reporting requirements established under H.R. 1, which will require many adults ages 19 to 64 seeking to enroll in or renew Medicaid expansion coverage beginning January 1, 2027, to demonstrate compliance with work, community engagement, or exemption requirements.[2] The rule establishes key implementation policies governing how individuals may demonstrate

[1] Kaiser Family Foundation. (2026). *Distribution of people ages 0-64 with Medicaid by race/ethnicity*. KFF State Health Facts. https://www.kff.org/medicaid/state-indicator/medicaid-distribution-people-0-64-by-raceethnicity/

[2] Centers for Medicare & Medicaid Services. *Medicaid Program: Community Engagement Requirement for Certain Individuals; Interim Final Rule with Comment Period (CMS-2454-IFC)*. 2026.

compliance, how exemptions will be interpreted, and what documentation will be required to maintain coverage.

Anticipated Coverage Loss and Administrative Burden

As CMS develops this framework, it is imperative to understand the consequences these requirements may have for Medicaid beneficiaries and state Medicaid programs. Existing research on reporting requirements has demonstrated that administrative barriers and reporting burdens can cause eligible individuals to lose health coverage despite continuing to meet eligibility criteria.[3] Depending on how states implement these provisions, millions of Americans currently enrolled in Medicaid expansion coverage may be at risk of losing coverage.

These concerns arise in the context of broader federal policy changes that are projected to substantially increase the number of uninsured Americans. The Congressional Budget Office estimates that, taken together, the Medicaid and Affordable Care Act changes enacted under H.R. 1 and related policies will result in approximately 16 million additional uninsured individuals by 2034.[4] This estimate includes 7.8 million people projected to lose coverage due to Medicaid-related changes alone. Additional coverage losses are projected from changes affecting the Affordable Care Act Marketplaces and the expiration of enhanced premium tax credits. Against this backdrop, the implementation of new Medicaid community engagement reporting requirements should be carefully designed to avoid creating additional administrative burdens that could lead to coverage loss among eligible individuals.

Evidence of Negative Impacts of Work Requirements and Administrative Barriers

Importantly, most adults enrolled in Medicaid expansion are already working, attending school, serving as caregivers, or would otherwise qualify for an exemption from these requirements.[5] Consequently, the primary effect of community engagement requirements is likely to be the creation of additional administrative barriers rather than increased employment.

Evidence from prior state experiences demonstrates that Medicaid work reporting requirements can result in substantial coverage losses among individuals who remain eligible for the program. In Arkansas, more than 18,000 adults lost Medicaid coverage within months of implementation, largely because of reporting and administrative challenges rather than failure to meet work requirements.[6] These burdens disproportionately affect individuals with low incomes, unstable employment, limited internet access, chronic health conditions, and caregiving responsibilities.

Disproportionate Impact on Hispanic and Latino Communities

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[3] KFF, Understanding the Intersection of Medicaid and Work: An Update. May 30, 2025

[4] Congressional Budget Office. *The Estimated Effects of Enacting Selected Health Coverage Policies on the Federal Budget and on the Number of People With Health Insurance*. September 18, 2025. https://www.cbo.gov/system/files/2025-09/61734-Health.pdf

[5] KFF, Understanding the Intersection of Medicaid and Work (2018).

[6] Sommers BD et al. Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care, Health Affairs (2020).

These concerns are particularly relevant for Hispanic and Latino communities, who are more likely to work in low-wage, seasonal, part-time, and fluctuating employment arrangements that may make documenting monthly work hours more difficult.[7] Hispanic adults also experience higher rates of uninsurance and face persistent barriers to healthcare access, including language barriers, limited availability of culturally and linguistically appropriate services, and challenges navigating complex administrative processes.[8] As a result, new reporting and documentation requirements may disproportionately place eligible Hispanic Medicaid beneficiaries at risk of losing coverage because of procedural barriers rather than a failure to meet eligibility requirements.

Risks of Interim Final Rule Change

The Organization for Latino Health Advocacy urges CMS to withdraw the Interim Final Rule and to reconsider the community engagement requirement in its entirety. The rule, as written, imposes administrative and reporting burdens that will cause eligible individuals to lose coverage rather than increasing employment, threatens the health and economic security of Hispanic and Latino Medicaid beneficiaries and other underrepresented communities who are already disproportionately at risk of coverage loss, and repeats the documented failures of prior state work-requirement demonstrations that independent evaluations have found to strip eligible people of coverage rather than advance program integrity.[9] Medicaid must remain accessible, equitable, and administratively navigable for the populations it is designed to serve.

We appreciate the opportunity to provide public input on this matter and are available to provide additional information, technical assistance, or briefing at the agency's request. Please do not hesitate to contact us with any questions regarding these comments.

Sincerely,

Jeanette Contreras, MPP
Founder & Executive Director

Rosa Krewson, Ph.D.
Policy Director

Chloe Urias, MPH
Health Policy Fellow

Stefany Lineth Murillo
Health Policy Intern

Josiah Morrow
Health Policy Intern

Theo Keesee, MA
Health Policy Intern

[7] U.S. Bureau of Labor Statistics. *Employment Trends of Hispanics in the U.S. Labor Force.* October 8, 2024. https://www.bls.gov/blog/2024/employment-trends-of-hispanics-in-the-us-labor-force.htm.
[8] KFF, Health Coverage by Race and Ethnicity, (2010-2024).
[9] NAACP. *Losing Medicaid: An Equity Disaster.* 2024. https://naacp.org/campaigns/losing-medicaid-equity-disaster