

May 9, 2025

Secretary Robert F. Kennedy, Jr.  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Re: Arizona Section 1115 Waiver Amendment Request – AHCCCS Works

Dear Secretary Kennedy,

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on Arizona’s amendment to its “Arizona Health Care Cost Containment System (AHCCCS)” section 1115 demonstration.<sup>1</sup> The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high quality, affordable health coverage for America’s children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offers solutions to improve the health of America’s children and families, particularly those with low and moderate incomes.

Arizona is seeking authority to implement several policies that would create barriers to coverage and reduce access to needed care for the Medicaid expansion population. The state is proposing to impose monthly work requirements, institute a one-year lockout for individuals who do not report changes in income, and establish a five-year time limit on Medicaid coverage over a person’s lifetime. The state’s request does not meet the statutory requirement for a section 1115 demonstration to promote the objectives of Medicaid, which is to provide health care coverage for low-income Americans. Instead, the proposal would take away health coverage and poses a significant danger to the health and wellbeing of people in Arizona with low-incomes. **As such, we strongly oppose the state’s proposal and urge you to reject it.**

**Work requirements would create unnecessary barriers to accessing coverage.**

Arizona’s proposal would require expansion adults under age 56 to work or meet a qualifying activity at least 20 hours per week in order to maintain Medicaid coverage, unless they meet exemption criteria. Despite the provided exemptions, the state still estimates almost 200,000 Arizonans would be subject to the work requirement; that entire population would be at risk of losing access to care if they are unable to meet it. Furthermore, due to the lack of available data necessary to determine if an individual meets an exemption criterion, the 220,000 individuals projected to be exempt would still face barriers to maintaining coverage. Evidence has shown that

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<sup>1</sup> “Arizona Section 1115 Waiver Amendment Request: AHCCCS Works,” March 2025, [medicaid.gov/medicaid/section-1115-demonstrations/downloads/az-hccc-pa-03312025.pdf](https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/az-hccc-pa-03312025.pdf).

individuals who may qualify for exemptions may fall through the cracks, especially those who live in rural areas, face language barriers, or have limited internet access.<sup>2</sup>

Work requirements create red tape barriers to accessing and maintaining coverage, resulting in coverage losses, without actually supporting work. Research has consistently shown that work requirements fail to promote employment.<sup>3</sup> In fact, access to Medicaid coverage is supportive of finding and maintaining work.<sup>4</sup> This and other evidence on work requirements run counter to the state's hypothesis that the problematic policy will "result in better health outcomes for those subject to the work requirement."<sup>5</sup> Instead, individuals who lose Medicaid benefits from not meeting the work requirement or who lose coverage due to the red tape of documenting an exemption would have reduced access to medical care and greater unmet health care needs, resulting in adverse health effects.<sup>6</sup>

Empirical evidence from work requirements in Arkansas and Georgia, implemented in 2018 and 2023 respectively show how the policy does not support coverage. In Arkansas, twenty-five percent of the individuals subject to the work requirement, over 18,000 people, lost coverage in three months, due to the failure to report their work status or eligibility for an exemption.<sup>7</sup> As of January 2025, far fewer adults had enrolled in coverage in the Georgia's "Pathways to Coverage" section 1115 waiver than the state predicted when it applied for its waiver. In both of these cases, work requirements have led to coverage losses or prevented people from getting coverage they should be eligible for, which does not serve the objectives of the Medicaid program.

The proposal does nothing to increase the availability of appropriate jobs across the state or provide Medicaid beneficiaries with information on transportation, childcare, or education that could help them find and hold a job. The state does indicate it will provide information about existing public transportation and childcare supports in addition to other community resources that could assist with employment; however, providing information is very different than investing in or expanding those supports to make them more accessible. For example, childcare is often cost-prohibitive and while Arizona does have a childcare subsidy program for families with low-incomes, there are

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<sup>2</sup> MaryBeth Musumeci, Robin Rudowitz, and Cornelia Hall, "An Early Look at Implementation of Medicaid Work Requirements in Arkansas," KFF, October 8, 2018, <https://www.kff.org/medicaid/issue-brief/an-early-look-at-implementation-of-medicaid-work-requirements-in-arkansas/>; Bradley Corallo, "Housing Affordability, Adequacy, and Access to the Internet in Homes of Medicaid Enrollees," KFF, September 22, 2021, <https://www.kff.org/medicaid/issue-brief/housing-affordability-adequacy-and-access-to-the-internet-in-homes-of-medicaid-enrollees/>; Emma Parker-Newton, "Medicaid Work Requirements Undermine Rural Healthcare," National Health Law Program, April 7, 2025, <https://healthlaw.org/resource/medicaid-work-requirements-undermine-rural-healthcare/>.

<sup>3</sup> Congressional Budget Office, "Work Requirements and Work Supports for Recipients of Mean-Tested Benefits," June 9, 2022, <https://www.cbo.gov/publication/57702>; LaDonna Pavetti, "TANF Studies Show Work Requirements Proposals for Other Programs Would Harm Millions, Do Little to Increase Work," Center on Budget and Policy Priorities, November 2018, <https://www.cbpp.org/sites/default/files/atoms/files/11-13-18tanf.pdf>; Benjamin Sommers, et al., "Medicaid Work Requirements In Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538>.

<sup>4</sup> Madeline Guth, Rachel Garfield, and Robin Rudowitz, "The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020," KFF, May 17, 2020, <https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/>; Larisa Antonisse and Rachel Garfield, "The Relationship Between Work and Health: Findings from a Literature Review," KFF, August 7, 2018, <https://www.kff.org/medicaid/issue-brief/the-relationship-between-work-and-health-findings-from-a-literature-review/>.

<sup>5</sup> AHCCCS Works Application, page 11.

<sup>6</sup> Antonisse and Garfield, op. cit.

<sup>7</sup> Elizabeth Hinton and Robin Rudowitz, "5 Key Facts About Medicaid Work Requirements," KFF, February 2025, <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-work-requirements/#:~:text=3.in%20care%2C%20and%20medical%20debt>.

currently over 4,000 children on the waiting list due to inadequate funding for the program.<sup>8</sup> In Arizona, the average cost of child care for a school-age child ranged from \$6,300 to \$7,080 annually (24 percent and 27 percent, respectively, of income for a family of three at the federal poverty level);<sup>9</sup> the costs are even higher for care for young children. Without adequate supports that enable people to get and maintain employment, individuals are more likely to face barriers to work and will be at even greater risk of losing access to coverage due to the proposed work requirement.

We strongly oppose the state's plan to punish individuals who are unable to meet the work requirement. Suspension of benefits *still equates to taking coverage away from people*. Even if individuals are still enrolled on the program, they cannot access needed medical care or are exposed to financial risk from any care received during the suspension period. The suspension policy, and how it impacts people who do not come into compliance with a work requirement, is not clear from the application.

We are also concerned that the waiver authorities the state is requesting related to penalties for not meeting the work requirement are harsher than described in the application. Although the application text outlines a suspension policy, the state is requesting waiver authority to “permit disenrollment and prohibit re-enrollment of individuals who do not meet the requirements.”<sup>10</sup> Not only does this negate what the state says about having no plans to disenroll individuals, the request also indicates the state is seeking to apply an additional punitive policy of locking people out of coverage if they do not meet the work requirement. At the most basic level, the state's application should be clear about the proposed details of its work requirement so that the public has a full and fair opportunity to comment on the state's proposal, as required by 42 CFR § 431.416. On a fundamental level, any policy that takes away access to coverage violates the requirements of Section 1115 and should not be approved.

Even though there is an exemption for parents and caretaker relatives, we are concerned that Arizona's Medicaid expansion group includes some parents and caretakers, which means children would be harmed by the proposal as well because experience shows that coverage losses are likely notwithstanding exemptions. For low-income families, a parent losing their Medicaid benefits due to the work requirement exposes the entire family to grave economic risk due to medical debt and even bankruptcy.<sup>11</sup> Additionally, research has found that children are more likely to have coverage and better health when their parents are insured.<sup>12</sup> As we discuss below, the state's proposal is wildly unclear about what parents, if any, would be exempt from the work requirement; numerous parents

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<sup>8</sup> Arizona Department of Economic Security, “How to Apply for Child Care Assistance, accessed April 18, 2025, <https://des.az.gov/services/child-and-family/child-care/how-apply-for-child-care-assistance>; Arizona Department of Economic Security, “FY 2025 Budget Request,” <https://des.az.gov/sites/default/files/dl/FY2025-DES-Budget-Request.pdf>.

<sup>9</sup> Health Management Associates, 2024 Arizona Child Care Market Rate Survey, July 31, 2024, <https://des.az.gov/sites/default/files/media/2024-AZ-Child-Care-Market-Rate-Survey.pdf>. CBPP calculated yearly market rates using median daily market rates for school-aged children and assuming 180 days of before and after school care and 60 days of full-time summer care.

<sup>10</sup> AHCCCS Works application, page 9.

<sup>11</sup> Lunna Lopes et al., “Health Care Debt in the U.S.” The Broad Consequences of Medical and Dental Bills,” KFF, June 2022, <https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>.

<sup>12</sup> Julie L. Hudson and Asako S. Moriya, “Medicaid Expansion for Adults Had Measurable ‘Welcome Mat’ Effects on Their Children,” *Health Affairs*, Vol. 36(9), September 2017, available at <https://doi.org/10.1377/hlthaff.2017.0347>; Jessica Schubel, “Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children,” Center on Budget and Policy Priorities, October 2020, <https://www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and->; Rebekah Levine Coley, “Parents’ and Caregivers’ Health Insurance Supports Children’s Healthy Development,” Society for Research in Child Development, June 2019, <https://www.srcd.org/research/parents-and-caregivers-health-insurance-supports-childrens-healthy-development>.

are included in the Medicaid expansion group and we are concerned that the state's proposal could lead to coverage losses for them and their children..

Additionally, work requirements would jeopardize important access to reproductive health and preconception services. Imposing work requirements on expansion adults could result in women of reproductive age experiencing diminished access to family planning services, affordable contraception, and other preventative care. Medicaid expansion has been shown to increase preconception health and support women before, during, and after pregnancy.<sup>13</sup> Research has also found expansion is associated with lower maternal and infant mortality rates.<sup>14</sup> The state's proposal to add work requirements as a condition of Medicaid coverage could result in fewer women getting the reproductive health care they need as well as worsened maternal outcomes, amidst the backdrop of the nation's high maternal mortality rates.

While the proposal indicates the state would work to put systems in place to collect data to help determine compliance with the work requirement or applicable exemptions, the state notes in its response to public comment that the timeline for developing those systems would be lengthy. The state also acknowledges that the data sources for identifying exemptions for individuals who are medically frail are lagged and therefore individuals would have to report their diagnosis to be exempt from the work requirement in a timely way. (Though not specified, this likely applies to other exemptions based on medical need, like individuals with SMI). As mentioned earlier, exemptions do not work. The red tape barriers created from having to document and report exemptions will cause people who in theory are protected by exemptions to fall through the cracks and lose access to Medicaid coverage.

To achieve Arizona's goal of supporting work consistent with the legal purpose of the Medicaid program, we recommend that the state focus on its stated efforts to enhance existing *voluntary* workforce development programs, instead of imposing harmful work requirements that don't actually support work.<sup>15</sup> Arizona operates services through the Workforce Innovation and Opportunity Act (WIOA) that provides job skills, trainings, and other work supports.<sup>16</sup> This program could be expanded to be available to people meeting additional eligibility criteria/categories as well as targeted services that address barriers (such as child care and transportation) that prevent individuals from finding and maintaining employment. We urge CMS to deny Arizona's application and instead encourage the state to expand and invest in more voluntary employment supports.

### **Establishing time limits on Medicaid eligibility and lockout periods do not promote the objectives of Medicaid.**

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<sup>13</sup> Madeline Guth and Karen Diep, "What Does the Recent Literature Say About Medicaid Expansion?: Impacts on Sexual and Reproductive Health," KFF, June 29, 2023, <https://www.kff.org/affordable-care-act/issue-brief/what-does-the-recent-literature-say-about-medicaid-expansion-impacts-on-sexual-and-reproductive-health/>.

<sup>14</sup> Adam Searing, Alexandra Corcoran, and Joan Alker, "Children are Left Behind When States Fail to Expand Medicaid," Georgetown University Center for Children and Families, February 2021, [https://ccf.georgetown.edu/wp-content/uploads/2021/02/Kids-and-Medicaid-expansion\\_2-19.pdf](https://ccf.georgetown.edu/wp-content/uploads/2021/02/Kids-and-Medicaid-expansion_2-19.pdf).

<sup>15</sup> Benjamin D. Sommers, et. al., "Medicaid Work Requirements In Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs*, Vol. 39(9), September 2020, available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538>; Cornelia Hall and Elizabeth Hinton, "Supporting Work without the Requirement: State Managed Care Initiatives," KFF, December 2019, <https://www.kff.org/medicaid/issue-brief/supporting-work-without-the-requirement-state-and-managed-care-initiatives/#:~:text=While%20most%20Medicaid%20adults%20are,eligibility%20on%20having%20a%20job>.

<sup>16</sup> Arizona Department of Economic Security, "About WIOA," <https://des.az.gov/services/employment/workforce-innovation-and-opportunity-act/about-workforce-innovation-and>.

The state is requesting to implement a five-year lifetime coverage limit for the expansion population. According to Arizona’s proposal, the time an individual is compliant with the work requirement or meets an exemption would not count towards the five-year coverage limit. Medicaid is critical to ensuring people are able to receive necessary care regardless of life circumstances, such as losing a job or having a seasonally dependent profession. By imposing a time limit on Medicaid eligibility for those who do not meet the proposed work requirement, the proposal would harm Arizona residents who are unable to work, going through a period of time that makes it impossible to meet the required 20-hour-a-week requirement, do not have viable qualifying activity options available to them, or are unable to document their satisfaction of either the work requirement or an exemption.

The proposal would specifically harm people with chronic conditions. Three-fourths of individuals with Medicaid coverage report having one or more chronic conditions, which can include diabetes, heart disease, and mental illness.<sup>17</sup> Medicaid coverage helps individuals with chronic condition avoid out-of-pocket costs that can affect prescription drug adherence, making it less likely they delay or reduce use of needed medications.<sup>18</sup> For those with chronic conditions, their condition may not rise to an acuity level to be exempt from the work requirement but could prevent them from meeting the specified weekly hours. Additionally, individuals who should be exempt from the requirement but are unable to overcome the procedural barriers of documenting their exemption, like individuals experiencing homelessness or caretaker relatives, would face a clock counting against their ability to receive Medicaid. People who meet the five-year time limit would lose access to health coverage – further inhibiting their ability to work, forcing families into financial crisis to get the care they need, or delaying care. Any of these outcomes ultimately will lead to higher health care costs.

Medicaid is a vital support during times of personal crisis, but also during national crises. For example, Medicaid provides coverage to individuals during economic downturns when people may have lost jobs and/or unemployment is high.<sup>19</sup> The program is also essential to combatting public health emergencies, like the COVID-19 pandemic. The proposal would eliminate Medicaid’s ability to effectively respond to the needs of Arizonans during these times of uncertainty.

A time limit on Medicaid coverage has never been allowed and in fact, the first Trump administration denied Arizona’s previous request to establish a five-year maximum lifetime limit.<sup>20</sup> The state’s proposal is identical to the one previously rejected and does not provide any additional information that would support a different determination. CMS should again deny the state’s request.

Arizona is also proposing to impose a one-year lockout from Medicaid for individuals who fail to “knowingly” report a change in income. Under federal regulations, enrollees are required to report changes in circumstances, like changes in income, that may *affect Medicaid eligibility*.<sup>21</sup> The state’s proposal, however, does not indicate whether failing to report even nominal changes in income that

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<sup>17</sup> Heather Sanders, Alice Burns, and Robin Rudowitz, “5 Key Facts About Medicaid Coverage for Adults with Chronic Conditions,” KFF, April 10, 2025, <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-coverage-for-adults-with-chronic-conditions/>.

<sup>18</sup> *Ibid.*

<sup>19</sup> Anne Dwyer and Kelly Whitener, “Medicaid Provides Stability During Turbulent Economic Times,” Georgetown University Center for Children and Families, April 17, 2025, <https://ccf.georgetown.edu/2025/04/17/medicaid-fills-critical-role-during-challenging-economic-times-pandemics-and-natural-disasters/>.

<sup>20</sup> Arizona Health Care Cost Containment Amendment Approval, January 18, 2019, [az-hccc-appvd-demo-01182019.pdf](https://www.azhccca.org/appvd-demo-01182019.pdf).

<sup>21</sup> 42 CFR § 435.917; 42 CFR § 435.919.

would not impact their eligibility for Medicaid could be considered a violation of this policy, subjecting individuals to the lockout. In addition, it is unclear how the state would determine someone “knowingly” does not report necessary changes. It is very reasonable that an individual may not understand the maximum income to qualify for Medicaid is especially since most MAGI eligibility is largely based on a percentage of the federal poverty level, which is updated yearly. The proposed lockout policy will create periods of uninsurance, exposing households to medical debt. This would undermine the financial stability and economic prospect of families. It is well established in the research that Medicaid expansion coverage reduces financial barriers to obtaining needed care and improves health outcomes.<sup>22</sup>

Lockouts, by definition, are periods an individual loses Medicaid coverage. The policy clearly does not meet the criteria of promoting Medicaid’s central objective of furnishing health coverage, nor does the five-year coverage limit on Medicaid. We strongly urge CMS to reject the state’s proposal.

### **Copayments for non-emergent use of the emergency department or ambulances would increase out-of-pocket costs for low-income families and deter care.**

The proposal would impose a \$10 copayment for non-emergent use of the emergency department (ED) or ambulance transportation when “not medically necessary.” The copayments would apply to individuals identified as in the top 20 percent of ED utilizers. While states are permitted to charge cost-sharing for non-emergent use of the ED, the proposed copayment is beyond the allowable amount (\$8) and would apply to ambulance usage. Imposing copayments increases the out-of-pocket costs for individuals with low incomes and could result in people delaying necessary care for fear of incurring those costs.

Arizona fails to define what would be considered “inappropriate use” of the ED or ambulance transportation. If CMS chooses to approve this policy, the agency should prohibit the state from issuing a warning or charging any copayment if the individual could have reasonably believed they had an emergency or for *required* emergency screening services, even if the condition did not end up being an emergency. Furthermore, the state’s plan does not indicate it plans to follow the obligations for non-emergent ED copayments that include providing the name and location of an *available* and *accessible* alternative non-emergency services provider and confirming that such a provider can provide the services in a timely manner, as is required by 42 CFR §§ 447.54. Finally, given that Arizona has the highest rate of non-elderly adults with Medicaid living in rural areas or small towns (35.9%),<sup>23</sup> the state should be required to ensure that individuals do not have to travel too far for an alternative to be deemed “accessible.”

### **Arizona’s request is administratively complex and costly to implement.**

Administering all of the policies in the proposed amendment would be burdensome and costly for Arizona. The state acknowledges in its request and response to public comments that implementing the proposal would require new data collection processes, system changes, and other new procedures. This would add considerably to the tasks eligibility workers would be required to

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<sup>22</sup> Laura Harker and Breanna Sharer, “Medicaid Expansion: Frequently Asked Questions,” Center on Budget and Policy Priorities, June 14, 2024, <https://www.cbpp.org/research/health/medicaid-expansion-frequently-asked-questions-0>.

<sup>23</sup> Joan Alker, Aubrianna Osorio, and Edwin Park, “Medicaid’s Role in Small Towns and Rural Areas,” Georgetown University Center for Children and Families, January 15, 2025, <https://ccf.georgetown.edu/2025/01/15/medicaids-role-in-small-towns-and-rural-areas/>.

perform or could necessitate hiring new staff to be able to effectively operationalize the new proposed requirements.

The work requirement alone would have high administrative costs. Based on an analysis of implementation planning in the first five states with approved work requirement waivers during the first Trump Administration, the Government Accountability Office (GAO) found that administering work requirements would cost millions to hundreds of millions of dollars per state.<sup>24</sup> Layering on the additional policies to impose time limits and tracking necessary data for the cost-sharing policy (requiring identifying the top 20 percent of ED utilizers and sending three warnings before charging the first copayment) would further drive up the administrative costs associated with the state's proposal. This would be a waste of state and federal taxpayer dollars for the sole purpose of kicking people off health coverage and should not be approved.

### **The proposal does not provide key implementation details and includes conflicting information.**

As described above, Arizona's amendment contains policies that have significant implications for individuals enrolled in the adult expansion group to maintain Medicaid coverage and access necessary services. Given this, it is particularly important for the public to understand the details of the proposed policies to be able to effectively comment on the state's request. Yet, the state fails to (1) provide clear explanations of several aspects of the proposed policies and (2) leaves out implementation details that could affect how many people lose coverage through the amendment.

The following areas of the application lack important clarity and details that are critical to understanding the state's proposal:

- The state indicates that if an individual does not meet the work requirement or qualify for an exemption after a six-month grace period, their coverage would be suspended for two months. After the two-months, the application says on page 7 that "eligibility will be automatically reinstated" if the individual meets all other Medicaid eligibility criteria. However, in response to public comments received, the state said "suspension would continue" until the individual meets the work requirement.<sup>25</sup>
- The parent exemption for the work requirement is entirely unclear. The bill requiring the submission of this amendment includes an exemption for parents with children under age six. Then the list of exemptions included "parents, caretaker relatives, foster parents, and legal guardians (per A.R.S. 14-5209);" however, the link to the Arizona statute referenced only defines the guardian of a legal minor. This listed exemption does not specify whether all parents would be exempt, whether only parents under six would be exempt, or if there restrictions on what would qualify a parent to be exempt. *Though the evidence shows exempt population are not protected from the harms of work requirement policies, as a matter of principal, CMS should require Arizona to implement an exemption for all parents under the age of 19 if the agency chooses to approve this highly problematic policy.*

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<sup>24</sup> U.S. Government Accountability Office, "Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements," October 1, 2019, <https://www.gao.gov/products/gao-20-149>.

<sup>25</sup> AHCCCS Works Application, page 73.

- The requested waiver and expenditure authorities do not reflect a comprehensive list of all the policies being sought through the amendment. For example, there is no request to impose cost-sharing above allowable levels for non-emergent use of the ED nor to implement a lockout period for reporting “violations.” Additionally, as detailed in the discussion on work requirements, the waiver authority requested to penalize individuals for not meeting the requirements – to disenroll and prohibit reenrollment – differs from the discussion in the application to suspend coverage. *We want to reiterate we do not support work requirements or any punishment for not meeting them.*

The state does not provide any data on how many individuals are projected to lose coverage or be subject to the time limit as a result of the proposed policies. The state indicates in response to public comment that it is working on these estimates but has not provided them in a timely manner to allow the public to reflect on the data that may be relevant to their comments submitted during the federal comment period.

The state also notes several times in its application that a number of implementation details will be negotiated and finalized with CMS in the final Special Terms and Conditions (STCs). One of these details is the process for documenting and reporting exemptions for those who qualify for them. This is important information for those commenting on the state’s information as the level of administrative burden associated with providing an exemption will impact the scale of coverage loss for populations that should otherwise be exempt. The state also does not provide specifics about what role data would play, if any, in determining whether individuals meet the work requirement or an exemption, again impacting the red tape enrollees would face from these requirements. Finally, the state indicates that the definition of what diagnoses would fall under the “medically frail” exemption will be developed with CMS later. Regardless of whether the state later seeks stakeholder engagement on the medically frail definition, there should be a comprehensive definition in the state’s amendment to allow the public to adequately provide feedback.

The state’s failure to clearly detail aspects of the proposed policies results in a less-than-transparent application that hinders the public’s ability to offer comprehensive comments on the amendment request.

## **Conclusion**

Our comments include numerous citations to supporting research, including direct links to the research, for HHS’s benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Thank you for your willingness to consider our comments. If you need any additional information, please contact Joan Alker ([joan.alker@georgetown.edu](mailto:joan.alker@georgetown.edu)) or Allison Orris ([aorris@cbpp.org](mailto:aorris@cbpp.org)).