August 14, 2026

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Utah Medicaid Reform 1115 Demonstration Extension Request

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on the Utah Medicaid Reform Demonstration Extension Request.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions, including many individuals who rely on Medicaid coverage. Three in four adults enrolled in Medicaid report one or more chronic conditions.[1] Our organizations therefore have a unique perspective on what individuals and families need to prevent disease, cure illness and manage serious and chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Utah's Medicaid program provides quality and affordable healthcare coverage. While some of the proposals in the waiver would improve coverage for the patients we serve, other policies would restrict access to coverage. Our organizations offer the following comments on Utah's Medicaid Reform 1115 Demonstration Extension Request:

Adult Expansion
Our organizations support the state's efforts to continue to provide coverage to adults up to 138% of federal poverty level (FPL). The evidence is clear that coverage up to 138% FPL has important health

benefits for patients with serious and chronic conditions. Research overwhelmingly shows that expansion of coverage for this population is linked with improved health outcomes for patients with chronic disease, greater uptake of preventive care, and lower overall mortality.[2]

Our organizations oppose Utah's proposal to end the Targeted Adult Medicaid (TAM) program. This program provides one year of continuous eligibility (CE) to adults age 19-64 at zero percent FPL with no dependent children who are chronically homeless, involved in the criminal justice system, or in need of substance use or mental health treatment. Our organizations urge CMS to work with Utah to maintain the TAM program. Research shows that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.[3] For a patient with a chronic condition, a gap in healthcare coverage can prevent them from receiving medications needed to control their condition and lead to an exacerbation that requires an emergency room visit costly to both the patient and the state.

If this program is not approved to continue, individuals would transition to Medicaid expansion on July 1, 2027 and at that time be subject to both the work reporting requirements and biannual redeterminations. In this case, CMS should work with Utah to prioritize a seamless coverage transition. Some participants, by definition, do not have permanent addresses, requiring a thoughtful approach to providing required notices. Because TAM participants frequently have histories of substance use disorder or recent incarceration, many are likely to qualify for exemptions from the work reporting requirements mandated under Public Law 119-21. CMS should ensure that Utah proactively leverages existing data to identify and apply these exemptions to minimize the risk of inappropriate coverage losses.

Postpartum Extension

Our organizations support Utah's proposal to continue to provide 12 months of postpartum coverage for individuals enrolled in Medicaid. The state would continue to prevent gaps in healthcare coverage for low-income women during the postpartum period, helping patients to better manage serious conditions and reducing maternal mortality in Utah. According to the Centers for Disease Control and Prevention (CDC), more than 80% of pregnancy-related deaths are preventable.[4] And approximately 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.[5] Access to a regular source of healthcare is important for conditions to be caught early and negative health outcomes to be avoided when possible. Access to care during the postpartum period is especially important for people with serious and chronic conditions that can impact maternal health outcomes, as well as for people who develop such conditions during their pregnancies.

Work Reporting Requirements

Work reporting requirements do not help low-income individuals to find work. Most people on Medicaid who can work already do so. According to the Kaiser Family Foundation, more than 90% of adults with Medicaid coverage that do not have SSI or SSDI are either full or part-time workers, caregivers, students, or unable to work due to illness.[6] And continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5% and 60%, respectively).[7] That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in *The New England Journal of Medicine* found that Arkansas's work reporting requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.[8]

While our organizations appreciate some of the improvements Utah had considered in its work reporting requirement waiver request (such as exempting individuals over age 60), Public Law 119-21 does not permit waivers of the minimum requirements it sets out for work reporting requirements, and CMS lacks legal authority to approve 1115 demonstrations that do not comply with minimum Public Law 119-21 standards. CMS should not approve this request and instead work with the state to ensure proper implementation of Public Law 119-21 standards.

Reduced Benefits

Our organizations oppose Utah's continued waiver of non-emergency transportation (NEMT). NEMT helps low-income patients overcome barriers to care due to transportation and allows patients to keep appointments with doctors and other healthcare providers. Unfortunately, it is estimated that 5.8 million individuals in the U.S. delay or miss care due to lack of transportation in a year.[9] In November of 2025, CMS let Iowa's waiver of NEMT lapse, citing that it would not promote the objectives of the Medicaid program. CMS said that it "recognizes the significance of covering NEMT, as reflected in the broader research on NEMT that shows that providing NEMT can increase access to care and improve health outcomes."[10] Without NEMT benefits, individuals may go without needed care due to the lack of available transportation to medical appointments, worsening health outcomes for individuals with serious and chronic conditions.

Our organizations also oppose the state's proposal to limit retroactive eligibility to the first day of the month in which an individual applies for Medicaid for some Medicaid eligibility groups, including demonstration groups with moderate incomes. Currently, retroactive eligibility in Medicaid prevents gaps in coverage by covering individuals for up to three months prior to the month of application, assuming the individual is eligible for Medicaid coverage during that time frame. It is common that individuals are unaware they are eligible for Medicaid until a medical event or diagnosis occurs. Retroactive eligibility allows patients who have been diagnosed with a serious illness to begin treatment without being burdened by medical debt prior to their official eligibility determination, providing crucial financial protections to newly enrolled beneficiaries.

Medicaid paperwork can be burdensome and often confusing. A Medicaid enrollee may not have understood or received a notice of Medicaid renewal and only discovered the coverage lapse when picking up a prescription or going to see their doctor. In Indiana, Medicaid recipients were responsible for an average of $1,561 in medical costs with the elimination of retroactive eligibility.[11] Medicaid enrollees who face substantial costs at their doctor's office or pharmacy could end up delaying their treatment because of these costs. For patients with chronic disease, this can increase their health risks and exacerbate their conditions.

Our organizations urge CMS to reject the state's waivers of NEMT and retroactive eligibility.

Re-Entry Medicaid Services for the Justice-Involved Population

Our organizations support Utah's proposal to continue to provide a targeted set of Medicaid services for justice-involved populations who are otherwise eligible for Medicaid for up to 90 days prior to release. This is consistent with both the goals of Medicaid and CMS guidance and will be an important step in improving the continuity of care. Services will include case management, medication-assisted treatment (MAT) with counseling, and a 30-day supply of prescription medications upon release. By aiming to reduce post-release overdoses and deaths, this proposal is also aligned with federal efforts to combat the opioid crisis, first declared a public health emergency by the Administration in 2017.[12] CMS should

work with the state to ensure that existing state spending on healthcare for this population is supplemented, not replaced when implementing this policy.

Conclusion
Our organizations urge CMS to approve the continuation of the Adult Expansion program, the TAM program, and re-entry Medicaid services for the justice-involved population. We urge CMS to reject Utah's proposal to implement work reporting requirements that do not align with P.L. 119-21, and the state's waivers of NEMT and retroactive coverage.

Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
Blood Cancer United
Coalition for Hemophilia B
Crohn's & Colitis Foundation
Legal Action Center
National Bleeding Disorders Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation

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