

United States Senate

WASHINGTON, DC 20510

October 21, 2025

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Dear Administrator Oz:

We write with grave concern that states are already facing significant operational challenges and a lack of clarity as they work to implement the Medicaid cuts in the Republican budget bill that immediately went into effect upon enactment. As part of Trumpcare, Republicans placed a nine-year moratorium on implementing and enforcing three rules finalized under the Biden-Harris Administration to improve Medicaid enrollment, reduce Medicare costs for low-income seniors, and ensure adequate, safe staffing in nursing homes.¹

The consequences of this legislation will be dangerous, even deadly,² for vulnerable communities; this includes kids and people with disabilities seeking Medicaid enrollment, low-income seniors struggling to afford Medicare premiums and cost-sharing, and nursing home residents suffering in understaffed nursing homes. Trump and Republicans falsely claim their budget bill will be of no consequence for these populations, but the needless delay of these policies proves otherwise. Trumpcare will terminate coverage and increase costs for these communities, while also compromising access to safe, quality care for our nation's most vulnerable.

Thankfully, Senate Democrats successfully preserved select, critical provisions within these rules, such as prohibiting states from imposing annual and lifetime benefit limits for kids in the Children's Health Insurance Program (CHIP), ensuring low-income seniors gain Medicaid coverage for their Medicare Part A premiums, and improving assessment and transparency tools nursing homes use to make sure there is sufficient staff. The Senate Parliamentarian ruled that targeting regulatory provisions that have already gone into effect or that do not have a federal

¹ These rules are the "Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment" rule; the "Medicaid Program; Streamlining the Medicaid, CHIP, and Basic Health program Application, Eligibility Determination, Enrollment, and Renewal Processes" rule; and the "Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting" rule.

² Leonard Davis Institute of Health Economics at the University of Pennsylvania, "Projected Mortality Impacts of the Budget Reconciliation Bill" (June 3, 2025) <https://ldi.upenn.edu/our-work/research-updates/research-memo-projected-mortality-impacts-of-the-budget-reconciliation-bill/>.

budgetary impact violates Senate budget reconciliation rules, meaning Congressional Republicans could not enact a blanket repeal of these final rules.³

We have already heard from state leaders that they are unclear about which provisions within these final rules remain in effect. Additionally, states have received no guidance on what additional policies within these rules they have the authority to implement as a state option, even if they are no longer required to implement the rules in their entirety. This confusion is a precursor to the broader operational challenges states will face in implementing Trumpcare's many Medicaid cuts and federal mandates. The lack of clarity will result in eligible people losing or being unable to access Medicaid coverage, and less effective tools to assess the number of staff needed to safely staff nursing homes.

Given the lack of federal guidance, it is essential to clearly identify which sections of the Medicaid Eligibility and Enrollment final rules and the Nursing Home Staffing Rule remain enforceable. To aid in this effort, please see below for a list of provisions Senate Democrats successfully kept in place.

The Medicaid Eligibility and Enrollment Final Rules

Sections 71101 and 71102 of H.R. 1 placed a nine-year moratorium on two rules collectively known as the Medicaid Eligibility and Enrollment final rules. These rules ensure eligible low-income seniors and people with disabilities can access Medicaid coverage for their Medicare out-of-pocket costs, improve coverage for kids in CHIP, and streamline Medicaid enrollment and renewal processes. Senate Democrats successfully preserved the following provisions (and the corresponding amended sections of the code of federal regulations) within these rules:

- ***Automatically Enrolling Certain SSI Recipients into the Medicare Savings Program (§ 435.909)***: This section requires states to automatically enroll individuals with Supplemental Security Income into Medicaid coverage for their Medicare Part A premiums.
- ***Prohibiting Annual and Lifetime Limits on Benefits in CHIP (§ 457.480)***: This section prohibits states from imposing annual and lifetime benefit limits on kids in CHIP.
- ***Prohibiting Waiting Periods in CHIP (§§ 457.65, 457.340, 457.350, 457.805, and 457.810)***: This section prohibits states from imposing a waiting period of uninsurance for eligible kids prior to enrollment in CHIP.
- ***Prohibiting Lock-Out Periods in CHIP (§§ 457.570 and 600.525)***: This section prohibits states from locking kids out of coverage if their family misses a CHIP premium payment.

³ U.S. Senate Committee on Budget, "Byrd Bath Violations Continue to Roll in on Republicans' 'One Big, Beautiful Bill'" (June 29, 2025) <https://www.budget.senate.gov/ranking-member/newsroom/press/byrd-bath-violations-continue-to-roll-in-on-republicans-one-big-beautiful-bill>.

- ***Improving Transitions Between Medicaid and CHIP (§§ 431.10, 435.1200,⁴ 457.340, 457.348, 457.350, 600.330)***: This section improves transitions between Medicaid and separate CHIP programs by requiring the programs to make and accept eligibility determinations on behalf of the other program.
- ***Removing the Requirement to Apply for Other Benefits (§§ 435.608 and 436.608)***: This section eliminates the requirement to apply for other available benefits, such as pensions or disability benefits, as a condition of eligibility.
- ***Facilitating Enrollment by Allowing Medically Needy Individuals to Deduct Prospective Medicaid Expenses (§§ 435.831 and 436.831)***: This section allows states to project medical expenses that are constant and predictable to ensure medically needy individuals remain continuously enrolled.
- ***Establishing A New Optional Eligibility Group for Reasonable Classification of Children Under 21 (§§ 435.223 and 435.601)⁵***: This section gives states flexibility in structuring their children's coverage groups across eligibility categories.
- ***Applying Electronic Verification and Reasonable Compatibility Standards for Resources (§§ 435.952 and 435.940)***: This section clarifies that states cannot request additional information when enrollee resource information is reasonably compatible with information received from electronic data sources.
- ***Removing the Optional Limitation on the Number of Reasonable Opportunity Periods (§§ 435.956 and 457.380)***: This section prohibits states from limiting the number of reasonable opportunity periods (i.e., a 90-day period of coverage for individuals whose citizenship or immigration status cannot be immediately verified but who are otherwise eligible) during a coverage year.
- ***Recordkeeping Requirements (§§ 431.17, 435.914, and 457.965)***: This section requires states to maintain certain records for specified periods for program integrity purposes.

The Nursing Home Staffing Rule Final Rule

Section 71111 of H.R. 1 placed a nine-year moratorium on the final Nursing Home Staffing Rule, which requires nursing homes to be adequately staffed by qualified nursing professionals and ensure residents' basic, minimum safety. Among other requirements, these standards update nearly 40-year-old staffing standards involving registered nurses and nurse aides and require that nursing homes have a registered nurse on site 24 hours a day, 7 days per week. Senate

4 Congressional Republicans maintained the moratorium for Sections 435.1200(b)(3)(i)-(v), 435.1200(e)(1)(ii), and 435.1200(h)(1) related to Medicaid/CHIP coordination with the Affordable Care Act Marketplaces—despite these requirements already being in effect. All other requirements under Section 435.1200 related to Medicaid/CHIP transitions remain in effect.

5 Congressional Republicans maintained the moratorium for Sections 435.222 and 447.56(a)(1)(v) that made conforming changes related to the section on the reasonable classification of children under 21—despite these conforming changes already being in effect.

Democrats successfully preserved the following provisions (and the corresponding amended sections of the code of federal regulations) within the rule:

- ***Medicaid Reporting Requirements on Nursing Home Staffing (§§ 438.72 and 442.43):***
These sections require states to report on the direct care workers and support staff who work at nursing homes and intermediate care facilities. States must report the amount of Medicaid funding spent on salaries and benefits provided to these workers by facility. These requirements will take effect in May 2028.
- ***Improved Facility Assessments for Determining Sufficient Staff for Nursing Homes (§§ 483.10, 483.15, 483.40, 483.45, 483.55, 483.60, 483.65, 483.70, 483.71, 483.75):***
These sections improve the assessments that nursing homes currently use to determine facilities have sufficient staff on hand to serve the acuity needs of their residents. Specifically, nursing homes are required to use evidence-based methods to assess the health care needs of residents and incorporate feedback from nursing home residents and their families, leadership, management, and direct care staff in these assessment tools. These requirements are already in effect.
- ***Strengthening Infection Control in Nursing Homes (§483.80):*** This section strengthens infection control requirements for nursing homes to require a system for preventing, identifying, reporting, and controlling infections for residents, staff, volunteers, visitors, and individuals providing contracted services based on the updated facility assessment required in the final rule. These requirements are already in effect.
- ***Increasing Training Requirements for Nursing Home Staff (§483.95):*** This section expands training requirements for nursing homes by requiring these facilities to determine the type and amount of training necessary based on the updated facility assessment required in the final rule. These requirements will make sure that nursing home staff have the training necessary to deliver safe care to seniors and people with disabilities living in nursing homes. These requirements are already in effect.

Requested Follow-Up Information

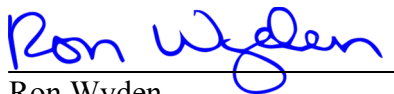
Trump and Republicans attempted to roll back these lifesaving protections that benefit kids, seniors, and people with disabilities—and Senate Democrats successfully kept them in place. States need prompt guidance on their obligations under the requirements that remain in effect, as well as information on available flexibilities to implement additional provisions in the final rules as a state option. Accordingly, we request you provide accurate and complete responses to the following questions by October 31, 2025:

1. What guidance does the Centers for Medicare & Medicaid Services (CMS) intend to provide states about which provisions in the Medicaid Eligibility and Enrollment final rules and the Nursing Home Staffing Rule final rule are still in effect?

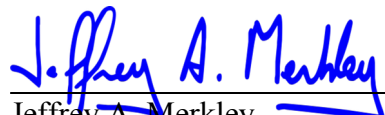
2. What steps will CMS take to ensure states are still implementing and enforcing provisions in the Medicaid Eligibility and Enrollment final rules and the Nursing Home Staffing Rule final rule that are still in effect?
3. What guidance will CMS provide states about which provisions in these rules states can continue implementing as a state option, despite Congressional Republicans blocking these protections as a requirement for states? For the Medicaid Eligibility and Enrollment final rules specifically, please indicate in the **Appendix I** table below information for each provision within the rules.
4. What guidance will CMS provide to federal and state nursing home surveyors to make sure facilities are complying with requirements that are still in effect?
5. When will CMS provide the above guidance, given that the moratoria for these rules are already in effect?

Thank you in advance for your attention to this request. We look forward to your prompt response.

Sincerely,



Ron Wyden
United States Senator
Ranking Member, Committee
on Finance



Jeffrey A. Merkley
United States Senator
Ranking Member, Committee
on Budget

Appendix I: Provisions Within the Medicaid Eligibility & Enrollment Final Rules that States Can Continue Implementing as a State Option

Please Note: This table does not include the provisions listed above that Senate Democrats removed from the Republican reconciliation package and that states are still required to implement and enforce.

Final Rule	Provision	Can States Continue Implementing as a State Option? (Y/N)	Explanation
The Medicare Savings Program Final Rule	Facilitating Enrollment Through Medicare Part D Low-Income Subsidy “Leads” Data (§§ 435.4, 435.952 and 435.911)		
	Aligning the Definition of Family Size with the Medicare Part D Low-Income Subsidy Program (§ 435.601)		
	Clarifying the Qualified Medicare Beneficiary Effective Date for Certain Individuals (§ 406.21)		
The Medicaid Eligibility and Enrollment Final	Verifying Citizenship and Identity (§ 435.407)		

Rule	Aligning Non-MAGI Enrollment and Renewal Requirements with MAGI Policies (§§ 435.907 and 435.916)		
	Acting on Changes in Circumstances Timeframes and Protections (§§ 435.916, 435.919, 457.344, and 457.960)		
	Timely Determination and Redetermination of Eligibility (§§ 435.907, 435.911(c), 435.912, 457.340, 457.1140(d)(4), 457.1170, and 457.1180)		
	Agency Action on Returned Mail (§§ 431.213(d), 435.919 and 457.344)		