Congress of the United States
Washington, DC 20515

November 11, 2026

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

Dear Administrator Oz:

We write to renew our call for the Centers for Medicare & Medicaid Services (CMS) to immediately delay the Medicaid work reporting requirements passed by Congressional Republicans and signed into law by President Trump.

Congressional Democrats remain opposed to these red tape barriers.[1] As we made clear in our July 30, 2026, letter regarding CMS' interim final rule implementing Medicaid work reporting requirements, no variation of this policy is workable, and we continue to support full repeal.[2] In the same letter, we also specifically warned that (1) states were not afforded adequate time for implementation—meaning even more hard-working Americans are at grave risk of unjustly losing their health coverage than if the requirements were implemented under a rational timeline; and (2) CMS unlawfully added extra-statutory restrictions on which individuals are considered "medically frail," inappropriately limiting the number of people who should be exempt from the requirement. With just weeks remaining before the January 1, 2027, deadline, and mounting reports that the unreasonable timeline states were given to implement these requirements cannot be met, we have even greater cause for concern that millions more people are going to lose coverage due to CMS' actions.[3]

Given CMS' subversion of the plain letter of the law, it is unsurprising that, on October 29, 2026, a federal district court in Massachusetts determined CMS acted unlawfully by limiting the medical frailty exclusion to individuals who can show that their condition significantly impairs their ability to comply with the work reporting requirement.[4] The effect of CMS' actions was not only unlawful but devastating to medically frail Americans. In one example, even a diagnosis of

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[1] Letter from House Democratic Caucus to The Honorable Mehmet Oz, Administrator, Centers for Medicare and Medicaid Services (July 20, 2026); Letter from Senate Democratic Caucus to The Honorable Mehmet Oz, Administrator, Centers for Medicare and Medicaid Services (Aug. 4, 2026).

[2] Letter from Rep. Frank Pallone, Jr., Ranking Member, House Committee on Energy and Commerce, and Sen. Ron Wyden, Ranking Member, Senate Committee on Finance, to The Honorable Mehmet Oz, Administrator, Centers for Medicare and Medicaid Services (July 30, 2026).

[3] Politico, *Medicaid work requirements go live in 2 months. Many states won't be ready.* (Oct. 31, 2026) (https://www.politico.com/news/2026/10/31/medicaid-work-requirements-states-not-ready-01144106)

[4] Memorandum and Order on Cross-Motions for Summary Judgment (Oct. 29, 2026), *Commonwealth of Massachusetts, et al. v. Mehmet Oz, M.D., et al.* (D. Mass.) (No. 1:26-cv-12962-RGS)

cancer could be insufficient to meet CMS' extra-statutory definition of "medically frail." In response to the court's ruling, rather than accept your responsibility to implement the law as enacted, you quickly indicated the Trump Administration would appeal the court's decision—leaving states without certainty about how they will be expected to comply with the law effective January 1, 2027.[5]

The practical reality is that this significant implementation issue may not be definitively resolved for months, creating untenable uncertainty for states that need a final resolution of this issue before going live with work reporting requirements. The court ruling is an important victory for the millions of medically frail people who rely on Medicaid for their health care coverage, and a recognition that CMS' interim final rule went beyond the statute. CMS' issuance of this unlawful standard, and now the Trump Administration's reported plan to appeal the decision, magnifies the broader implementation challenges associated with a January 1, 2027, effective date. This timeline was already an impossible target—an issue Republicans in Congress recognized explicitly when they gave the agency the ability to delay implementation by granting temporary good faith exemptions of up to two years for states facing implementation challenges.[6] Those contemplated barriers include funding, systems development, procurement, and other operational issues—barriers states across the country are currently facing, with or without the latest uncertainty created by CMS' decision to appeal the court's decision on the medical frailty exemption.

CMS clearly has statutory authority and enforcement discretion to help protect eligible beneficiaries from losing coverage. Yet, CMS's own regulatory impact analysis in the interim final rule estimated that approximately ten states would request good faith exemptions and only two would be approved.[7] Moreover, we understand that CMS leadership has been actively discouraging states from seeking good faith exemptions out of concern that any such requests would highlight the rushed nature of implementation, even though the agency is aware of the many ways in which states are not ready. Indeed, CMS issued a document on October 21, 2026, that outlines the numerous ways in which states may be out of compliance with federal requirements when they go live on January 1, 2027.[8] Instead of providing a good faith exemption to delay implementation for states that have not yet been able to comply with federal requirements, the document offers "mitigation" strategies, many of which are patently ill-designed to remedy the known gaps.[9] For example, CMS suggests that states that cannot issue

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[5] Inside Health Policy, *Oz: CMS Will Appeal Work Req Medically Frail Suit, Case Could Go to SCOTUS* (Nov. 3, 2026) (https://insidehealthpolicy.com/daily-news/oz-cms-will-appeal-work-req-medically-frail-suit-case-could-go-scotus).

[6] Pub. L. No. 119-21.

[7] Centers for Medicare and Medicaid Services, *Medicaid Program; Community Engagement Requirement for Certain Individuals*, 91 Fed. Reg. 33431 (June 3, 2026).

[8] *Exclusive: Medicaid backup plans emerge as states struggle with federal timelines*¸Washington Post (Oct. 26, 2026).

[9] *Exclusive: Medicaid backup plans emerge as states struggle with federal timelines*¸Washington Post (Oct. 26, 2026).

proper notices to individuals losing coverage may want to try using social media to advise people about their rights.

Congress gave CMS flexibility in the statute for a reason; the agency should not direct states away from good faith exemptions out of concern that they highlight the shortcomings of this policy—not when Americans' access to health care hangs in the balance. We intend to rigorously oversee CMS' determinations on good faith exemptions and its decision to demand states to proceed with implementation even when out of compliance with federal requirements.

CMS must immediately exercise its statutory authority and available enforcement discretion to give states additional time to implement work reporting requirements and protect eligible beneficiaries from losing coverage. Given the uncertainty created by CMS' reported decision to appeal the court's ruling, this needs to include granting good faith exemptions to all states that request them. It is clear that CMS must permit all states, consistent with applicable law, to delay denials and terminations of coverage attributable to work reporting requirements until their eligibility systems, verification processes, and beneficiary protections have been fully implemented and tested. However, even a delay of denials and terminations is not sufficient to protect eligible beneficiaries from the chaos and confusion they will experience; the truly protective remedy is a full delay by granting good faith exemption approvals to *all* states that request them. While the 26 states (including D.C.) that brought the litigation against CMS' unlawful approach to medical frailty have secured protection against CMS enforcement action for any errors or delays in implementing the interim final rule through April 29, 2027, this leaves out states that were not part of the litigation.

During the "unwinding" of enrollment protections established during the COVID-19 pandemic, CMS required states to pause procedural terminations and correct eligibility system deficiencies when eligible individuals were being improperly disenrolled.[10] We expect CMS to use every available tool to provide similar protections now.

CMS should not withhold critical information as it implements some of the most consequential changes in the history of the Medicaid program. The agency should publicly release state readiness assessments, detailed information on outstanding state operational deficiencies, mitigation plans, and good faith exemption requests and decisions, including the basis for any denials. Further, once work reporting requirements are in effect, we expect CMS to publish timely, state-level data on applications, renewals, denials, disenrollments, and appeals related to work reporting requirements, distinguishing procedural failures from affirmative findings of noncompliance. We are committed to making sure this information is available to the public.

[10] Centers for Medicare and Medicaid Services, CMS Takes Action to Protect Health Care Coverage for Children and Families (Aug. 30, 2023) (press release).

As noted above, repealing the devastating Medicaid cuts enacted under H.R. 1, including work reporting requirements, will be a top priority of Democrats in the 120th Congress. Until Congress acts, however, CMS has a responsibility to carry out the law as Congress established it, and to ensure that implementation does not unnecessarily jeopardize coverage for eligible beneficiaries. The Trump Administration's regulatory decisions compounded an already difficult implementation process, and its stated decision to appeal the recent court ruling creates additional uncertainty for states working diligently and in good faith toward the January 1, 2027, deadline. CMS must recognize these challenges and exercise the authority Congress provided to give states the time and flexibility they need. Failing to permit states to delay implementation despite known operational deficiencies will worsen preventable coverage losses for which Congressional Democrats will hold the Trump Administration accountable.

Sincerely,

Ron Wyden
United States Senator
Ranking Member, Committee on Finance

Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce