



## Frequently Asked Questions: H.R. 1 Healthcare Coverage Eligibility Changes

### Medicaid Work Requirements

#### **Question: What are the Medicaid “work requirements” under H.R. 1?**

**Answer:** Beginning January 1, 2027, Medicaid beneficiaries aged 19-64 must meet work, community service, and/or education (or a combination thereof) requirements of 80 hours a month. States may request an exemption for 2027 and 2028 if they show a “good faith” effort to implement the requirements OR states may elect to implement the requirements earlier.

Applicable individuals must meet the community engagement requirement for at least one month immediately preceding the month when they apply for Medicaid. States have the option to require individuals to meet the requirements for up to three consecutive months before application.

Prior to initial implementation of these community engagement requirements in a state, and periodically thereafter, states are required to notify beneficiaries who are applicable individuals of the requirement to demonstrate their community engagement. This outreach notice must include information on how to comply with the community engagement requirements, including an explanation of the definition of an “applicable individual” and the exceptions; the consequences of non-compliance; and how to report a change in status that could result in the individual qualifying as a specified excluded individual, meeting an exception, or being subject to the community engagement requirement after an exclusion or exception ends. It is important that you ensure your mailing address is up to date with your state’s Department of Human Services or Medicaid agency to ensure you are receiving these important notices.

#### **Question: Who is exempt from work requirements? Are there disability-related exemptions?**

**Answer:** There are exemptions for the following groups: those who have a child 13 years old or younger or a child who is disabled, those who are a caregiver for a disabled relative, and those who are “medically frail” (including people with a “serious or complex medical condition).” Additionally, individuals recognized as American Indians or Alaska Natives and eligible for health services through the Indian Health Service are exempt, as well as disabled veterans, pregnant and postpartum individuals, and individuals who are currently or recently incarcerated.

**Question: Who qualifies as “medically frail” for the purpose of an exemption?**

**Answer:** HHS will provide a baseline definition for this term in an interim final rule by June 1, 2026. However, states will have significant discretion to determine who is “medically frail” or has a “serious or complex medical condition.” People living with cancer may be included in this exemption in some states but not others.

**Question: How often do I need to redetermine coverage?**

**Answer:** Medicaid beneficiaries required to meet work requirements (those in the Medicaid expansion group and certain 1115 waiver groups) must now redetermine their Medicaid eligibility every 6 months. Medicaid beneficiaries who are medically frail and/or exempt from work requirements must redetermine eligibility every 12 months.

**Question: How do I verify that I met the work requirements?**

**Answer:** Before asking for documentation to establish whether an individual has met the work requirements or was not required to do so, states must attempt to use reliable information available to the state. Reliable information could come from, for example and without limitation: payroll data, Medicaid provider payments or encounter data, and data sources about higher education enrollment, job training participation, or community service. If the state cannot confirm compliance or if it is unclear that the requirement applies to the individual, the state must send a notice of noncompliance and allow the applicant or beneficiary 30 calendar days from the date the notice was received to demonstrate compliance or show that the requirement does not apply to them. This notice must include information on how to demonstrate compliance or show that the requirement does not apply, and how to reapply for medical assistance if the individual’s application is denied or if the beneficiary is disenrolled. A state must continue to provide an enrolled beneficiary with medical assistance during the 30-day period.

It is important that you ensure your mailing address is up to date with your state’s Department of Human Services or Medicaid agency to ensure you are receiving these important notices.

**Question: I’m an employer. What documentation should I provide to help fulfill these work requirements?**

**Answer:** Employers may need to provide paystubs or signed statements verifying the number of hours worked per month by an employee.

## Caregiver Requirements

**Question: I'm a caregiver. What kind of documentation do I need to prove I'm an unpaid or family caregiver and qualify for an exemption?**

**Answer:** Under H.R. 1, states are authorized to accept self-reported information, including self-attestation that you are an unpaid or family caregiver, when determining whether you qualify for an exemption from Medicaid work requirements. However, states have flexibility in how they verify this status. If your state cannot confirm your caregiving role through existing data sources, you may be asked to provide additional information or documentation to demonstrate that you qualify for the exemption.

## Medicaid Immigration Eligibility

**Question: Who is impacted by these changes? Are there particular immigration statuses that are still able to receive Medicaid?**

**Answer:** Beginning October 1, 2026, the following non-citizens eligible for Medicaid after 5 years of residency include: Lawful Permanent Residents (green card holders), Cuban or Haitian entrants, Citizens of the Freely Associated States (Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau), certain residing children and pregnant adults in states that cover them under Immigrant Children's Health Improvement Act (ICHIA).

States cannot implement these immigration eligibility changes before October 1, 2026, for federally funded Medicaid, as doing so earlier would require the state to fully fund coverage without federal support. Until that date, current federal eligibility rules and funding remain in effect.

## ACA Marketplace Information

**Question: When is open enrollment?**

**Answer:** Starting in the fall of 2026 (for 2027 coverage), the open enrollment period will shorten, only lasting from November 1 to December 15.

Beginning in 2027, low-income special enrollment periods will be eliminated, so make sure you enroll during the regular open enrollment period.

**Question: How have immigration eligibility requirements changed, who is able to receive coverage in the Marketplace?**

**Answer:** Beginning January 2027, H.R. 1 limits ACA premium tax credits to: Lawful Permanent Residents, Certain Cuban and Haitian entrants, People residing under the Compacts of Free Association. [Those **ineligible** for ACA premium tax credits beginning

January 2027 include: asylees, parolees, those with temporary protected status, participants in Deferred Action for Childhood Arrivals (DACA) program, those with deferred enforced departure, those granted withholding of removal, refugees, victims of violence and trafficking, and children granted special juvenile status].

## **Additional Coverage Changes**

### **Question: How will the cost of my coverage change?**

**Answer:** Beginning January 1, 2026, H.R. 1 removes the prior \$3,150 cap on amount of ACA premium tax credits that individuals must repay, eliminates premium tax credits for eligible immigrants with a household income under 100% FPL (in 2026, this is \$15,960 for an individual and \$33,000 for a family of four in the continuous US and DC), and bars premium tax credits for individuals who enroll using a non-qualifying special enrollment period (eliminates the low-income special enrollment period).

Beginning January 1, 2028, ACA marketplace enrollees must actively verify their enrollment information each year before the close of open enrollment and prior to receiving ACA subsidies.

**\*\*Information updated as of January 30, 2026**

## **Additional Resources**

### **Resource Navigation, Psychosocial Support, & Financial Assistance**

#### **CancerCare**

800-813-HOPE (4673)

<https://www.cancer.org/services>

### **Patient & Caregiver Psychosocial Support & Navigation**

#### **Cancer Support Community Helpline**

(888) 793-9355

[www.cancersupportcommunity.org/cancer-support-helpline](http://www.cancersupportcommunity.org/cancer-support-helpline)

## **Cancer Care Resources for Patients, Caregivers, & Healthcare Professionals**

### **Cancer Nation**

(877) 622 - 7937

<https://canceradvocacy.org/resources/>

## **Myeloma-Related Questions & Concerns**

### **International Myeloma Foundation InfoLine**

U.S. & Canada: (800) 452-CURE (2873)

Worldwide: 1-818-847-7455

<https://www.myeloma.org/infoline>

## **Lung Cancer-Related Resources & Support Services**

### **LUNGeivity Lung Cancer HELPLine**

(888) 797 – 5800

<https://www.lungevity.org/for-patients-caregivers>

## **Immigration-Related Issues**

**Immigration Advocates Network:** <https://www.immigrationadvocates.org/>

**Immigrant Legal Resource Center:** <https://www.ilrc.org/>

**Immigrant Defense Project:** <https://www.immigrantdefenseproject.org/>

**National Immigrant Justice Center:** <https://immigrantjustice.org/>