

May 27, 2026

# Introduction to NHeLP and Hot Topics for 2026

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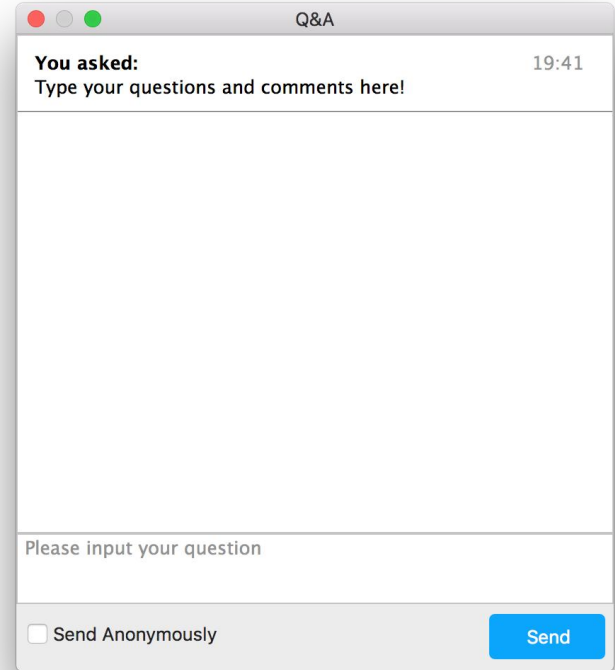
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# Housekeeping – Q&A and Chat

- Please use the Q&A box for all **questions** to the panelists
  - Click on the Q&A icon at the bottom of the screen
- We will answer questions at each section break and at the end
- Webinar is being recorded. Everyone who registered will receive a link to the recording
- If you have a **technical issue**, please use the chat function

A screenshot of a Q&A window titled "Q&A". The window has a title bar with red, yellow, and green window control buttons. The main content area contains the text "You asked:" followed by "Type your questions and comments here!" and a timestamp "19:41". Below this is a large empty text input field. At the bottom of the window, there is a smaller text input field with the placeholder "Please input your question". To the left of this field is a checkbox labeled "Send Anonymously". To the right is a blue "Send" button.

Q&A

You asked: 19:41  
Type your questions and comments here!

Please input your question

Send Anonymously Send

Audio Settings ^



Chat



Raise Hand



Q&A

# Roadmap

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Intro to NHeLP - Jules

Medicaid work requirements - Miriam

Access to gender affirming care - Wayne

Weaponization of waste, fraud, and abuse to justify cuts - Steven

# About the National Health Law Program

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- National non-profit committed to improving health care access, equity, and quality for low-income and underserved individuals and families
- Federal, State & Local Partners in 50 states, D.C., and P.R.
  - Poverty & legal aid advocates
  - [Health Law Partnerships](#)
  - Disability rights and justice and sexual and reproductive health, rights, and justice advocates
- Strategy Areas: Federal Policy, California Policy, Enforcement & Litigation
- Practice Areas: Delivery System Reform, Disability, Eligibility & Enrollment, Services, Sexual & Reproductive Health
- Bluesky: @nhelp.bsky.social | Facebook: @NHeLProgram | [Linkedin](#)
- Sign up for NHeLP's [Health Advocates Listserv](#) at [www.healthlaw.org](http://www.healthlaw.org)

# NHeLP's Mission

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The National Health Law Program (NHeLP) protects and advances the health rights of low-income and underserved individuals to access high quality health care. NHeLP advocates, educates, and litigates at the federal and state levels.

We stand up for the rights of the millions of people who struggle to access affordable, quality health care.

# NHeLP's Equity Stance

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Health equity is achieved when a person's characteristics and circumstances — including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location — do not predict their health outcomes.

Our goal is to continuously examine the health care system and to advocate for health laws and policies that counteract structural barriers, institutional power dynamics, and examples of overt discrimination and implicit bias that create health inequity.

<https://healthlaw.org/equity-stance/>

# NHeLP's Approach

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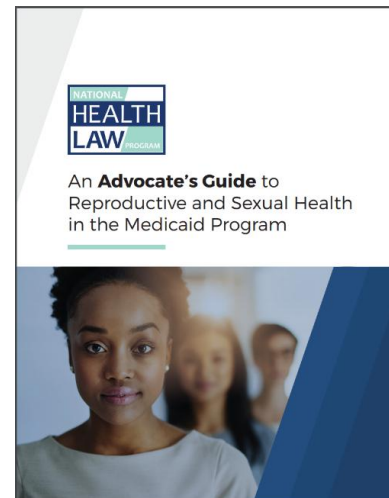
- How do laws/policies impact low-income and underserved communities, including Medicaid enrollees?
  - Many NHeLPers have backgrounds in legal aid and/or lived experience with Medicaid and other public assistance programs
  - Close work with legal services and disability rights programs
- How do we center the experiences of low-income and underserved communities, including Medicaid enrollees?
- How does we address health inequities?

# Resources

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- [Advocate's Guide to the Medicaid Program](#)
- [Advocate's Guide to MAGI](#)
- ["What Makes Medicaid, Medicaid?" Series](#)
- [Do My Comments Really Matter?](#)
- [NHeLP website OBBBA landing page](#)
- [Resource Library](#)

[healthlaw.org](http://healthlaw.org)



# Medicaid Work Requirements

# Medicaid Overview

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- Medicaid covers nearly 73 million people
- Certain populations and services are mandatory, while other groups and services are optional (state chosen)
- Generally, everyone who is eligible in a covered group must be covered
- States and the federal government share the costs.
  - Overall, the federal share averages 63%, but the actual percentage varies by state.
  - Some groups (e.g Medicaid expansion) and services have higher federal matching rate to encourage state uptake.

# Budget Reconciliation Bill

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- Cuts over \$712 billion in federal funding from Medicaid
  - biggest in history
    - 7.6 million people will lose Medicaid coverage
- Cuts and other changes to ACA Marketplace coverage
  - 7.3 million people will lose health care coverage
- Cuts to SNAP, other public benefit programs

# Medicaid Cuts in House Reconciliation Bill

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- Imposes work requirements as a condition of eligibility
- Cuts federal funding for states that provide coverage for immigrants
- Forces enrollees to renew every six months
- Eliminates three-month retroactive coverage
- Restricts states' ability to finance their programs
- Requires cost sharing for Medicaid expansion adults
- Bars Medicaid funding for Planned Parenthood for one year

# Work Requirements in Medicaid

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## Applicability:

- Mandatory requirement for Medicaid enrollees/applicants aged 19–64
- Applies to Medicaid expansion population
- Show compliance at application and renewal (at least every 6 months)
- Timeline: States must implement by 1/1/2027 (or earlier at state's discretion, up to 1/1/2029 if HHS grants a one-time extension)

# Work Requirements in Medicaid

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## Required Activities

- (A) Works at least 80 hours.
- (B) Completes at least 80 hours of community service.
- (C) Participates in a work program at least 80 hours.
- (D) Is enrolled in an educational program at least half-time.
- (E) Engages in any combination of the activities described above for at least 80 hours.
- (F) Has a monthly income that is at least the federal minimum wage multiplied by 80 hours.

# Work Requirements - Exceptions

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- Individuals under age 19
- Pregnant individuals entitled to or enrolled in Medicare Part A or B benefits
- Youths in foster care
- Individuals enrolled in the Parents and Other Caretaker Relatives eligibility group
- Individuals who were incarcerated in the previous three months

# Work Requirements - Exemptions

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- American Indians, Alaska Natives, and California Indians
- Parents, guardians, or caregivers of dependent children 13 years or younger or disabled individuals
- Veterans with total disability ratings
- Former foster care youth under age 26
- Individuals complying with Temporary Assistance for Needy Families (TANF) work requirements or the Supplemental Nutrition Assistance Program (SNAP).
- Individuals participating in a drug addiction or alcohol treatment and rehabilitation program
- Pregnant people or those receiving postpartum coverage

# Work Requirements - Exemptions

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[A]ny individual who is “medically frail or otherwise has special medical needs (as defined by the Secretary)” is exempt as a “specified excluded individual:

- Blind or disabled individuals
- Individuals with a substance-use disorder
- Individuals with a disabling mental disorder
- Individuals with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living
- Individuals with serious or complex medical conditions

# Optional Exemptions

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Optional Hardship Exceptions: State may allow short-term hardship exceptions for those who:

- Were in an inpatient hospital, nursing facility, ICF, or inpatient psychiatric hospital.
- Resided in a county with a federally declared emergency or disaster.
- Resided in a county with a high unemployment rate (above 8% or 1.5x the national unemployment rate) subject to a request from the State to the Secretary.
- Traveled outside the individual's community for an extended period for medical care for themselves or their dependents.

# Medicaid Work Requirements = Medicaid Cuts

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- Penalties related to work are Medicaid cuts by another name. An estimated 5-7 million people will lose coverage (about 30% enrollment reduction).
- These penalties will not improve employment. Most working-age Medicaid enrollees who can work already do, and millions of low-wage workers will lose coverage.
- Wastes millions on needless bureaucracy instead of health care.

# Mitigating Harm - Work Requirements

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- Maximize alternative eligibility pathways
- Shorter lookback (only 1 month)
- Minimum redetermination
  - Verification every 6 months
  - Only require 1 month of compliance
- Least burdensome verification methods
  - Accept self-attestation where possible
  - Reasonable duration for exemptions (particularly medical/disability)
  - Maximize *ex parte* verifications
- Maximize exemptions

# **NHeLP Resources on Medicaid Work Requirements**

[OBBBA Text](#)

[NHeLP Protect Medicaid Landing Page](#)

[Advocates' Timeline for State Work Requirement Implementation](#)

[Medicaid Work Requirements & Due Process Q&A Series — Notice](#)

[Medicaid Work Requirements: Mitigating Harm through Implementation](#)

# Access to gender affirming care

# Transgender people and gender dysphoria

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- Throughout history, people have been Transgender, Non-Binary, and Gender Non-Conforming.
- Gender dysphoria is the distress some people feel due to a mismatch between their birth-assigned sex and their gender identity.
  - Not all Transgender people experience gender dysphoria.
- Medical interventions that can address this distress were developed starting in the 1920s in Europe.

# HHS Actions in December 2025

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- [Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children](#)
- [Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children](#)
- [Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance](#)
- [HHS Declaration: RE: Safety, Effectiveness, and Professional Standards of Care for Sex Rejecting Procedures on Children and Adolescents](#)
- [FDA Warning Letter on Chest Binders \(example\)](#)

# Conditions of Participation Proposed Rule

- HHS Secretary has authority to establish minimum “health and safety” requirements that hospitals and other providers must meet to participate in Medicare & Medicaid
  - Requirements vary by provider and service type such as staffing, records retention, patients’ rights
- Proposed rule would ban hospitals from participating in Medicare & Medicaid if they provide specified services to trans youth
- First-ever use of conditions of participation (CoPS) to prohibit medically necessary care
- Applies to many US hospitals – HHS estimates nearly 5,000 hospitals affected

# Conditions of Participation Proposed Rule

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- If implemented, the CoPS rule would have impede access to transition-related care regardless of coverage type (Medicaid, CHIP, employer plans, private insurance)
- Unprecedented assertion of federal authority over the practice of medicine
  - Federal law and Supreme Court precedent hold that states, not feds, have the authority to regulate the practice of medicine
- Within this rule HHS argues that is gender affirming care “not healthcare and hence are not subsumed under the term of “the practice of medicine.”

# Medicaid/CHIP Proposed Rule

The proposed rule seeks to:

- Prohibit federal Medicaid funds to provide many essential transition-related services for Medicaid enrollees under age 18 and CHIP enrollees under 19.
- Prevent young people from accessing medically necessary care including medication and other services.
- Take away essential services from people currently receiving care and force state Medicaid programs to comply or lose federal funding.

# Medicaid/CHIP Proposed Rule

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- Nearly [37 million](#) young people rely on Medicaid/CHIP for health care.
  - Low-income individuals and families
  - Foster care
  - Unhoused trans and nonbinary youth
- Contrary to Medicaid's enhanced benefits for people under age 21 - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Purported authority:
  - “best interests of the recipients” 42 USC §1396a(a)(19)
  - “efficiency, economy, and quality of care” 42 USC §1396a(a)(30)

# Comment strategy for CMS proposed rules

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## Build a strong administrative record

- Gender affirming care/transition-related care is medically necessary standard of care
- Emphasize harm resulting from denying medically necessary care
- Personal stories, client profiles, data and reports are all evidence
- “Sex rejecting procedures” vs. “sex trait modification”

## Legal standard of review

- Is this permitted by statute?
- Is this arbitrary and capricious?

# See NHeLP's Comments

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NATIONAL HEALTH LAW PROGRAM, Comment on Medicare and Medicaid Programs; Hospital Conditions of Participation: Prohibiting Sex- Rejecting Procedures for Children, RIN 938-AN30 (Feb. 17, 2026), <https://healthlaw.org/resource/state-implementation-of-medicaid-work-requirements-guidelines-for-public-records-requests/>.

NATIONAL HEALTH LAW PROGRAM, Comment on Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children, (Feb. 17, 2026), <https://healthlaw.org/resource/state-implementation-of-medicaid-work-requirements-guidelines-for-public-records-requests/>.

NATIONAL HEALTH LAW PROGRAM, , Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance (Jan 20, 2026), <https://healthlaw.org/resource/nhelp-comments-on-2025-proposed-section-504-changes/>

# Weaponization of waste, fraud, and abuse to justify cuts

# Background

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- Minnesota had issues of FWA in its social services programs
- Conservative influencer “documented” fraud – issue goes viral in online spaces
- Administration decides that fraud should be focus in Minnesota and across the country

# Deferrals

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- Used for service claims that have already occurred and that the State has submitted to CMS for federal matching funds (FFP).
- CMS first notifies the State that it is questioning the allowability of a claim and that it needs additional information to determine if the claim should be paid.
- Burden is then on the State to show that the claim is allowable.
- State has 60 days (120 days, if it requests an extension) to submit documentation to CMS to show that the claim is allowable. CMS then has 90 days to review the documentation and determine whether to pay or disallow the claim.
- **FFP not provided while a deferral process is ongoing.**

# Disallowances

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- If CMS determines a claim is improper, it may disallow it
- CMS must send a proper notice explaining the reasons it believes the claim is improper. Within 60 days of that notice, the State may request that CMS reconsider its decision
- If the reconsideration is unsuccessful, the State may file an appeal with the Department of Health and Human Services' Departmental Appeals Board (DAB), which must engage in an independent and impartial review of the decision
- If the DAB upholds the disallowance, the State may seek judicial review of the decision in federal district court

# Withholding

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- CMS withholds future FFP because of a State's failure to substantially comply with the Medicaid Act
- Noncompliance may occur if a State makes an unapproved change to its Medicaid state plan or if fails to “actually comply” with federal requirements, regardless of the contents of the state plan
- CMS may withhold all or part of the federal payments due to the State until the CMS Administrator is satisfied that the State is in compliance with federal law
- Withholding may only occur after notice and opportunity for administrative hearing. **Funds are not withheld while appeal process occurs.**

# CMS Actions in Minnesota

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- Withholding initiated Jan 6, 2026 – threatening \$515 million per quarter until Corrective Action Plan (CAP) is approved
  - Minnesota appealed – withholding stayed pending administrative appeal
  - CMS approved CAP on March 19, 2026
  - Assuming Minnesota follows CAP – appeal and withholding will not occur
- Deferral of \$256 million issued February 25, 2026
  - \$15 million related to “individuals lacking a satisfactory immigration status”
  - \$243 million related to 14 “high-risk” HCBS services
  - Process still ongoing but Minnesota does not have access to these funds
- Deferral of \$91 million issued April 30, 2026

# Minnesota v. Oz

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- Minnesota filed a lawsuit in federal court on March 2, 2026, challenging the deferral action
  - Claims that CMS violated due process, Administrative Procedure Act, and the Spending Clause
  - Filed Motion for Preliminary Injunction seeking access to deferred funds
- Court denied preliminary injunction motion on April 7, 2026.
  - No final agency action
  - Statements from Dr. Oz and VP Vance do not demonstrate bad faith/pretext.
- Lawsuit is currently stayed for negotiations between CMS and Minnesota. Minnesota currently has no access to the deferred funds.

# CMS Actions in Other States

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- Deferral in California - 1.3 Billion dollars
  - Focus on personal care services
- Inquiry letters sent to Maine, New York, California, Florida
  - States have responded to CMS with data, refuting some claims
- Florida voluntarily agreed to moratorium on new Durable Medical Equipment (DME) providers in Medicaid

# Provider Revalidation Process

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- Letters sent on April 23, 2026, to all 50 states asking them to submit a plan to CMS on how to revalidate providers
- Focus on “high-risk” providers – HCBS and providers without NPIs
- Not required but CMS has stated that failure to do so “will be considered as we evaluate the likelihood of fraud in each state moving forward”
- Minnesota currently undergoing a provider revalidation- likely will be model for other states

# Other FWA actions from the Administration

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- Six-month moratorium on new DME, hospice, and home health care providers in Medicare
- Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH) Request for Information
- Department of Treasury Actions
- Increased scrutiny on Medicaid Fraud Control Unit (MFCUs)
- President's Executive Order Establishing the Task Force to Eliminate Fraud
  - Task force headed by VP Vance

# What may be next?

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- Inquiries into other states (TX and NV)
- Deferral and/or withholding actions in other states
- Rulemaking following the CRUSH RFI
- Other actions from VP's taskforce

# What can you do?

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- Fight back against incorrect narratives driving FWA issue
- Explain the importance of Medicaid
- Emphasize issues in Medicaid being caused by HR 1

# Resources

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- [Explainer: CMS's Deferral, Disallowance, and Withholding Actions in Minnesota](#)
- [Blogs from Georgetown Center for Children and Families](#)

# Additional trainings

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In addition, please visit [NHeLP's website](#) for webinar recordings on the following topics:

- [Medicaid 101](#)
- [ACA 101](#)
- [Medicaid and Health Law Research](#)
- [Administrative Advocacy and the APA](#)
- [Reproductive and Sexual Health Rights and Justice](#)
- [Health Equity](#)

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**5/29/2024**