State Advocates' Guide to OBBBA Oversight Advocacy in a Changing Environment

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Advocates and state Medicaid agencies face an increasingly tight timeline to implement significant changes to the Medicaid program required by the so-called One Big Beautiful Bill Act (OBBBA). Understanding and tracking the impacts these changes have on our communities and our states is essential for mitigating harm through policy advocacy, education, and broader accountability efforts. Advocates have always played a critical role in collecting and interpreting these data to demonstrate impact and push for policy change; now more than ever, advocates must help uncover and highlight how these policies affect the millions of individuals and families who get their health insurance through Medicaid. However, because of the compressed timeline and the extent of the changes, the normal mechanisms for getting information from states and providing feedback may not work in most states.

How to Use this Guide

This guide brings together existing resources with recommendations on how to use different mechanisms and strategies, and details why those mechanisms may work to help advocates obtain the information necessary to understand how a state is implementing OBBBA, where critical decision points may be, and the potential impacts on people. This information will help advocates target their limited resources on the biggest risk areas, potential ways to limit harm, and mechanisms for tracking that harm.

This guide is organized so that each strategy is a 2-3 page overview of why the strategy may be useful, why it may work better in some states than others, suggested priorities based on the context of the strategy, and a curated list of related resources. The strategies highlighted are:

The goal of this guide is to help state advocates prioritize requests and take actions within the relevant strategies that best align with your specific circumstances.

The guide targets OBBBA changes to Medicaid expansion requirements but should be useful for advocacy regarding other OBBBA changes. The activities outlined should be useful leading up to and through implementation, including monitoring the impact of the OBBBA changes.

A Few Quick Reminders

Through the end of 2026 and into at least the first year of implementation of OBBBA's Medicaid changes, advocates likely will need to do a few important things:

- Recognize that obtaining information is likely to be different and may be difficult. Not getting information you want is not going to derail effective advocacy, even if it is frustrating.
- You don't have to always get all of the suggested information. Given the circumstances, prioritizing what matters and what will be effective in your state is important.
- Get creative, perhaps more than ever before, in your advocacy to both gather information and ask for what you think should happen.
- Leverage coalitions more than ever to identify overlapping interests, divide work, and push for similar core messages. Sharing information strengthens advocacy, helps identify problems and solutions, and improves communication/education with community members. Implementation will involve a lot of information and may be confusing for everyone, so shared messaging and information will help advocates and community members.
- As usual, different states will require different approaches, and things that may have failed in the past may work in this current environment given scrutiny of the Medicaid program.
- If you're unsure where your state is in its decision-making and implementation process due to a lack of information or response, proactively share your recommendations and requests, including what information you want to be public and how you want it shared.

At a time when transparency feels increasingly diminished, there are still many ways advocates can work to fill gaps and access information that will help paint a clearer picture of the on-the-ground impacts of these changes to Medicaid.

Medicaid Agencies

Medicaid agency staff and other state policy influencers, such as the Governor's cabinet staff, are often at the center of policy implementation, oversight, and impact monitoring, making them among the most informed players in state policy. As such, their insights and expertise are often highly sought after and can be invaluable resources for information. A few important reminders:

- You don't need to meet with Medicaid Directors or agency leadership. Staff from relevant divisions, such as eligibility and enrollment, are often more accessible and can provide information. The same goes for Governor's staff and other policy influencers — focus on those directly involved in your issue.
- Share your suggestions and recommendations before systems are finalized. It is much harder to make changes after implementation.
- You may not always get a response from agency staff or policy influencers, but your input is still valuable. Staff face heavy workloads and may not reply, but advocate recommendations are often integrated into systems. Continue sending your requests to the right people, even without direct feedback.

How Can Medicaid Agencies/ State Policy Influencers Be Useful for Information Gathering?

State Medicaid agencies and other state policy influencers often drive, develop, and implement key policy changes, making them valuable sources of in-depth information.

Many state Medicaid agencies are structured into divisions that specialize in specific parts or processes of the Medicaid programs states offer. Typically, they are dedicated divisions for enrollment and eligibility, benefits, and specific populations covered under the state's Medicaid plans.

- Staff from different divisions can provide unique perspectives and insights, including quantitative data, and often have access to cross-division information, such as implementation plans and policies.
- Depending on the staff member and the division of the agency they're in, communicating and even partnering directly with advocates can be a fairly common and mutually beneficial practice. Such a relationship allows advocates to have more direct access to agency information, plans, and processes, while providing support to agency staff with limited capacity.

- Staff members implementing eligibility policies often want to make the processes easier on eligibility staff, which in turn can frequently make the policies better for applicants and enrollees. They also often want to know where the problems are and may readily take suggestions for functional workarounds for complex computer system issues that come up. Although some agency staff may not request feedback on policy manuals, suggestions for changes or proposed policies can often be an effective way to achieve desired outcomes, especially if the suggestions are submitted such that they save work for the agency staff, i.e., in advance before a policy or manual is "fully-baked."

Other state policy influencers, such as the Governor's staff and cabinet members, can serve as key sources of information and/or provide advocates with additional opportunities to influence and engage in policy-related processes. Some states have issue- and/or population-specific cabinets, tasked with bolstering the Governor's goals related to said issues/populations.

For example, some states have infant/early childhood cabinets where the Governor or key staff bring together stakeholders to conduct studies, make recommendations, and even help implement policy changes related to the administration's priorities around early childhood policy; while other states have similar groups that focus on issues like gun violence prevention or increasing healthy behaviors across the lifespan.

- These population and issue-specific spaces often include state agency staff, advocates, practitioners, and sometimes community members, making them robust spaces for information sharing and gathering.
- Depending on the purpose of these groups, there are often opportunities to request hard-to-find/not publicly available information from state entities, making them another helpful resource for requesting data and other key materials.

Regardless of formal membership, advocates can and should connect with the designated leaders of these spaces to pursue potential partnerships that can support ongoing oversight and tracking.

Governor's staff members, especially those who focus on key issues such as health, can be invaluable resources, providing insights into major policy changes, implementation, and impacts. They can also be helpful in requesting information from state agency staff or other similar entities.

- Similarly to partnering with state agencies and cabinets, advocates can work to develop reciprocal relationships with key staffers. Providing them with on-the-ground insights,

recommendations, research, and other helpful resources can lead to easier (and even regular) information exchange.
- Advocates who position themselves as resources for key staffers greatly increase their likelihood of gaining access to helpful information and opportunities to influence administration-driven policy and practice.

Why May it Work Better in Some States v. Others?

Agency and cabinet staff ultimately operate under the direction of the Governor, which may influence what information is shared and how. Depending on the administration's priorities and political interests, some agencies and issues will be more transparent than others. Even if a state has historically not shared specific data, new priorities and even political context may change its approach, making it worthwhile for advocates to continue developing and maintaining relationships with agency, cabinet, and office staff. During OBBBA implementation, some state agencies are limiting external connections to hyperfocus on needed changes. This does not mean they are ignoring recommendations and requests; it is still worthwhile to reach out and connect with staff, despite a lag or absence of response.

Some states may refuse to provide any information to advocates unless compelled by formal requests, including FOIA requests or statutorily required reporting. In fact, sometimes agency staff in these states may ask advocates to submit a formal FOIA request to provide them the cover necessary to share data, resources, and other informative materials. Developing relationships with trusted staff members can help advocates navigate the best approaches to accessing necessary information.

Conversely, some states proactively publish a wide range of information, including quantitative datasets (e.g., Medicaid enrollment by population demographics), state implementation plans, vendor contracts, and other priority metrics. While states that have publicly available information span a fairly wide spectrum regarding what's published, advocates may have a greater opportunity to request additional information, as these agencies not only have existing structures for information tracking/oversight but also a precedent for public sharing. Even if the information advocates seek isn't already public, it's worth connecting with trusted staff members to make requests or understand contexts that make the request more challenging to fulfill.

Suggested Priorities for the State Agency Context

Priorities for state agency advocacy depend heavily on current relationships with agency staff, the state's current situation, and advocacy needs. Many of the ideas based on the state's approach to Medicaid are similar to those listed in the State Legislature section. A couple of

additional priorities could include greater focus on operationalizing the OBBBA requirements such as:

- As systems are being built, make suggestions regarding needed data dashboards, notice language, monitoring/tracking, etc. This could include how systems will interact and generate reports that will be used for program evaluation, system performance that may be tied to contracting, etc.
- Suggesting changes to relevant policies, especially those that, given an advocate's experience, the Medicaid agency may be more likely to not explain fully or not take the policy position the advocates prefer. For example, what documents will be acceptable for verification, timelines for steps in the process, or how policy is written that may make it easier for eligibility staff to understand the policy and thus implement it correctly (such as the use of charts).
- Take a "how can we help" approach. By either meeting with the Medicaid agency or observing how and what they are talking about in public, including at any legislative meeting or MAC/BAC. Identifying where the Medicaid agency needs help or is making big statements can help advocates target their efforts on issues where there may be alignment. In times of stress, state agencies may be more likely to engage with those who they find helpful. This does not mean stopping to push on areas of disagreement, but rather strategically identifying how and where to push on different items.
- Understand how the process is going to work and, once implemented, how it is working compared to the State's expectations. Decisions may be made without considering how people interact with the various systems and processes involved in obtaining and maintaining Medicaid. For example, the agency may not fully account for the experiences of rural residents. After implementation, the agency may not realize how the system is working or problems experienced by different types of users of the eligibility systems and processes. But it takes first understanding how the state expects the systems and processes to work to be most helpful in this type of advocacy. This knowledge can also help with community education and users' ability to actually get through the processes. Being a trusted messenger about processes for both the State and the community can help ease problems in multiple ways.

Related Resources

- Medicaid Work Requirement Impacts by County/City (VA Secretary of Health and Human Resources, Launched July 2026)
- HR1 Community Engagement Requirements: A Guide for State Advocates (Community Catalyst, updated Dec. 2025)
- Advocates' Timeline for State Work Requirement Implementation (NHeLP, Feb. 2026)

State Legislatures

State legislators, especially members of health-related legislative committees, are often key decision-makers with the authority to request access to health policy-related information from the state Medicaid agency and other public health policy and program-related entities. Working with and cultivating legislative champions can be another important strategy for gaining access to useful health-related information that is otherwise not publicly available and for generating accountability when issues arise.

How Can Legislators/ Legislative Committees be Useful for Information Gathering?

Many state legislative committees, task forces, and individual legislators have formal authority to request information from state agencies, including state Medicaid offices, for the purposes of:

- **Constitutional Oversight:** State legislative bodies possess broad oversight and appropriation powers to monitor how public funds are spent, including reviewing the performance and expenditures of state-administered Medicaid programs.
- **Statutory Enactments:** State statutes typically empower joint legislative audit committees, fiscal research divisions, or specific health oversight committees to formally request operational data from state departments of health.
- **Budget and Policy Control:** Lawmakers use data requests to evaluate program enrollment, analyze policy impacts and outcomes, and shape statutory changes or state plan amendments.

Additionally, individual lawmakers may have longstanding relationships with Medicaid and public health agency staff, which can afford them similar access to non-public or significantly delayed information.

Information presented to or obtained by the legislature often affords legislators the opportunity to request additional information, including disaggregated data or more nuanced information sets, which can provide insights and context for oversight and trend monitoring. Information requests and access may also be influenced by specific legislative processes, rather than more open-ended requests for high-level information.

Consider the following examples and contexts:

- A committee hearing on specific legislation may request additional data from the state Medicaid agency related to the bill, potentially limiting members' access to information relevant only to the bill.
- Standing committees with oversight responsibilities may, depending on their authorizing authority, have a limited scope but a broader ability to set an agenda, ask questions of the Medicaid agency, request presentations, and document production.
- When setting state budgets, legislators and committees may have more opportunities to request information to better understand the broader impacts of budget-related decisions.

Remember that committee staff can help provide insights and information, albeit often more limited or constrained depending on committee leadership. However, these staff members can help direct advocates to available resources, identify key Members who may be able to assist, and provide additional context to inform strategic approaches to accessing needed information.

Why May it Work Better in Some States v. Others?

Legislative requests for information are typically associated with issue-related committees or task forces, and the information requested (and the willingness to make it public or share it with advocates) is almost entirely dependent on the membership of such committees.

Committee assignments are often impacted by the legislator's tenure, preferences, and priority issue areas – in addition to larger political influences – all of which can significantly influence the likelihood, types, and transparency of requested information. For example, some state health-related legislative committees have Chairs who alone dictate what information members can request through the committee, while others allow any committee member to request data from agencies.

States with supermajorities in either party will also influence access to information and any related transparency depending on the priorities of the party in power.

Advocate relationships with legislators remain key and can help secure access to sought-after information, regardless of other dynamics such as committee structures and politics. Advocates and organizations that have cultivated relationships with key policymakers may be

better positioned to submit requests for information or to access information shared with lawmakers through closed-door briefings and/or legislative reports.

Public testimony from Medicaid enrollees affected by state choices the legislature can influence, inside or outside the legislature, can be incredibly effective. The message and representative should be tailored to the OBBBA issues and pending matters.

Suggested Priorities for the State Legislature Context

Conservative

- Medicaid and CHIP data already reported to CMS but not made public by the state, such as enrollment, disenrollments, procedural disenrollments, ex parte renewals, application processing times, call center wait times.
- Implementation plans and timelines for OBBA-related changes such as work requirements, 6-month renewals, and cost sharing.
- Ongoing reports of identified problems or issues with OBBBA implementation. For example, if public reports identify issues with submitting documentation, seeking help (such as long call center wait times), errors in terminations, etc., what has the agency done to correct the errors, fix it for anyone affected, how much the fix cost, and monitor for errors. Dysfunction may affect both workers and applicants/enrollees, but also affect administrative efficiency, including costs.
- HR 1 related implementation costs including staffing, technology, outreach, and 3rd party vendor contract costs.

Moderate

- Detailed implementation plans and timelines for OBBA-related changes such as work requirements, 6-month renewals, and cost sharing
- OBBBA related implementation costs including staffing, technology, outreach, and 3rd party vendor contract costs.
- When problems are identified, not only research and correct problems, but push for meaningful monitoring, audits, and contractor accountability.
- All reported Medicaid and CHIP data plus geographic breakdowns of available data to understand specific rural impacts.

Progressive

- All reported Medicaid and CHIP data disaggregated by race, ethnicity, preferred language, gender, age, and geography

- Enrollment data specific to work requirements, including disaggregation for compliance type, specified exclusions, and short-term hardship exceptions
- Disenrollment data specific to work requirements, including underlying reason(s) for disenrollment. If the disenrollments are procedural, at what point in the process did the person fail to respond -- renewal packet, RFI/verification?
- When issues are publicly identified, in addition to requiring an explanation of the cause and remediation to those affected, etc., requesting information about how problems are identified by the state (e.g., is there a formal monitoring mechanism from appeals or is it just "bubble up" issues?), audits of issues at high-risk for errors to identify errors and causes, including incorrect denials, communication audits (e.g., Colorado (legislation, 2020 audit, 2023 audit)).
- Economic impacts of HR 1 policies post-implementation, including system costs, employment rates (ideally disaggregated by age, race, geography when possible).

Related Resources

- 2027 State legislative session dates- compiled by Multistate
- The Book of the States — key data on 50 states compiled annually by the Council of State Governments (CSG)
- State Budgets — 50-state list of proposed and enacted state budgets prepared annually by the National Association of State Budget Officers (NASBO)
    - State Budget Office Directory — compiled by NASBO
- The section on FOIA/Public Records may also give ideas about types of documents to ask the legislature to request.

MAC/BACs

States have long had Medical Care Advisory Committees (MCACs) to advise their Medicaid agencies, but these have varied significantly in structure, transparency, and utility for advocates. The MCACs have been replaced by Medicaid Advisory Committees (MACs) and Beneficiary Advisory Councils (BACs). Known as the MAC/BACs, these entities have different structures and a much broader focus than MCACs, which can make them useful not only for sharing information but also for asking critical questions.

How Can MAC/BACs be Useful for Information Gathering?

The MAC/BACs have two components, each of which may be useful in different ways. Here are a few:

- Because they have diverse membership requirements, there is a good chance that someone is interested in the issues you are and similarly wants information or to push on them.
- Quarterly required meetings provide a regular opportunity to advocate for what you need because they must also have some degree of public access (post-meeting materials, bylaws, etc.) and should be subject to state public meeting requirements, depending on state law.
    - You may be able to learn information from what is presented or discussed at the MAC/BAC, which may help inform other requests or advocacy.
        - As discussed in the FOIA section, sometimes FOIAs are more efficient if you know the particular names of policies, reports, or other documents you want to request.
    - You may be able to work with a MAC/BAC member to request information or prepare questions for them to ask.
- Eligibility and enrollment issues are specifically listed as topics the MAC/BACs may cover.

Why May it Work Better in Some States v. Others?

Like their predecessors, the MCACs, state MAC/BACs vary in their composition, level of activity, and the way the state Medicaid agency interacts with the MAC/BAC. Overall, the MAC/BACs have different strengths, interests, and utility, sometimes based on the composition of the MAC/BAC itself. However, the newness of the MAC/BACs, which were put in place no later than July 9, 2025, can work to advocates' advantage, as they should not be held stagnant by ideas about what they do or have done.

Historically, the political leadership of the Medicaid agency or the state legislature did not significantly affect the activity level or effectiveness of MCACs. Thus far, this seems to be holding true for MAC/BACs. There may be varying levels of activity in the MAC/BACs and in state interactions with these entities, but OBBBA implementation and related issues may be a good way to generate activity from MAC/BACs that have thus far shown little. Regardless of current status, advocates can provide information, proposed questions, and other forms of technical assistance to interested MAC/BAC members along with participating in public comment opportunities in MAC/BAC meetings (at least two MAC meetings per year must be open to the public and have time for public comment; optional for BAC meetings).

Suggested Priorities for the MAC/BAC Context

The priorities for MAC/BAC advocacy will vary depending on the state, the MAC/BAC composition, and their interests. However, given the newness of MAC/BACs, there should be opportunities to dig into OBBBA implementation issues. Compared to other sources, MAC/BAC advocacy is likely more akin to state legislative advocacy, as it may be more investigative. For example, public comment at meetings can raise attention to issues, while working with MAC/BAC members may help raise questions and issues in different ways. The relationship between MAC/BACs and the Medicaid agency offers opportunities for both collaboration and accountability. Priority ideas include:

- Asking for the opportunity to provide feedback on public documents before publication, including community education, to make sure it is understandable and highlights information in ways that will cause community members to take the intended action.
- Requesting information on policy choices regarding OBBBA implementation, especially processes for requesting information or action from applicants/enrollees, such as notices, renewal forms, etc. The MAC/BAC setting may allow for more questions about the why of policy choices, which can help advocates better target next steps.
- Request investigations or follow-up information on issues identified by the State, MAC/BAC, or public reports.

Related Resources

- Using State MACS/BACS to Monitor OBBBA Work Requirement Implementation (NHeLP, July 2026)
- New Federal Rules for Medicaid Advisory Committees and Beneficiary Advisory Councils (CHCS, April 2024) (generally explaining MAC/BACs, including differences from MCACs, issue areas addressed by MAC/BACs, and intended function under the regulations).
- A Review of State Beneficiary Advisory Council (BAC) Activities in First-Year Annual Reports (SHVS, Aug. 2026)

- Medicaid Advisory Committees: Best Practices for Effective Stakeholder Engagement (NHeLP, Aug. 2024) (including recommendations related to data transparency and the role of MAC/BACs)
- The actions and resources listed under the sections for Public Records and State Legislature may also be useful for the MAC/BACs.

Public Records/FOIA

Public records requests, also called Freedom of Information Act (FOIA) or Sunshine Act requests, can be useful ways to get information from state agencies, especially when they are not responsive to informal requests to meet or provide information. However, states vary in their responsiveness to FOIA requests. Some are quick and even allow you to submit search terms, others take extended time periods to respond, charge exorbitant fees to produce records, or otherwise simply make this process difficult to use effectively. However, targeted FOIA requests can be effective in some states.

How Can Public Records Requests Be Useful for Information Gathering?

Each state varies a bit in their public records laws, but generally records maintained by public agencies are subject to public inspection with the expected exceptions for things like confidential documents, pre-decisional documents, certain contracts or procurement documents, etc. However, state public records laws are usually fairly broad, even if it may not always be effective to make broad requests (see below).

Public records requests can be useful to get planning documents that indicate timelines or decision points, policy or operational manuals that are not publicly posted, trainings for staff that show what staff should know and how policy/processes are being taught, etc. Although emails and communications can often be requested through public records, with some limitations, they often slow the response and may not be as helpful for OBBBA implementation and tracking purposes as they may be for other issues. Also, most state public records laws only allow requests for existing documents. A state generally does not have to create a document, such as a report or dataset, in response to a request.

Why May it Work Better in Some States v. Others?

As mentioned above, state laws and processes for public records requests vary pretty significantly. The workings of your state's public records process will impact how you use it for OBBBA advocacy. In general, targeted requests will be fulfilled faster and produce documents that are easier to review because more information should actually be relevant to the request. Broader requests, in contrast, are more likely to take months to fulfill and include a large number of loosely relevant documents, making it more difficult to find nuggets of timely, needed information that can assist advocacy.

In states with long delays for public records requests, advocates should consider very targeted requests, which are also less likely to result in a state citing administrative burden as an excuse to not respond. For example, if advocacy at a MAC/BAC meeting or a state legislative hearing revealed the name of a document or policy, requesting the most recent version of that specific document may be quicker than a request on the topic.

Some states have unique public records processes. For example, at least one state allows the requester to submit search terms. In such an instance, it may be helpful to ask for documents and related search terms, but also ask that an initial report be provided regarding the search terms so that additional criteria may be added to narrow the results. Most states do not offer such a methodology.

Regardless of a state's process, always be aware of stated restrictions, as well as whether there are mechanisms to request a fee waiver or an estimate of costs before filing a request.

Suggested Priorities for the Public Records/FOIA Context

Given the timing of public records requests in most states, priorities for public records requests will largely depend on the timing of what is happening at the moment. Most likely, records requests will be most useful for documents that are known to exist but are not publicly posted. This could include:

- Data as it is submitted to CMS - required data to CMS is often corrected after original submission and before it is posted publicly on the CMS website (presuming it is) and historically public posting is several months after original submission.
- Data on appeals filed related to eligibility, including how they ended, e.g., were they closed before hearing (i.e., settled or the state found the person eligible); withdrawn by the individual, which may be cause for questions as to why; did they go to hearing and what was the result. Any data on the type of coverage/eligibility category would also be helpful, but may not be commonly maintained by states.
- Policy manuals, training materials, and other materials that provide the details of how a state is implementing OBBBA policies and how workers are expected to process requests.
- High-level system design documents and workflows, which likely indicate how a state is operationalizing the OBBBA changes. For example, the workflow of a Medicaid application should indicate where information comes in, where it comes from, when workers take action, and how decisions are made.

Related Resources

- Advocates Template - Public Records Requests - State Implementation of Work Requirements (NHeLP, Feb. 2026)
- Public Records Request Guide, although targeted at technology uses, the guide may be helpful in thinking about how to make targeted requests. For those interested in OBBBA-related technology issues, such as the Medicaid eligibility system, it may be helpful to use the Public Records Request Guide along with A Technical Guide for States to Reduce Procedural Terminations from Medicaid's Work Reporting Requirements (Benefits Tech Advocacy Hub).

Additional Resources

The following resource list is not complete but is intended to give state advocates a starting point for finding OBBBA-related resources. Many organizations have published population-specific or highly issue-specific publications, which are not included because the list would likely become long and difficult to navigate. These resources may be updated, or changes in policies or requirements may make them outdated, so please check for the most recent documents and recognize the dates on the documents.

- Community Catalyst's Medicaid Page
- NHeLP's OBBBA Implementation Page

OBBBA 101

- Quick Reference on OBBBA Cuts: Medicaid Expansion v. Non-Expansion States (NHeLP, July 2025)
- *HR1 Community Engagement Requirements: A Guide for State Advocates (Community Catalyst, updated Dec. 2025)
- *Advocates' Timeline for State Work Requirement Implementation (NHeLP, Feb. 2026)
- New Federal Medicaid Work Reporting Requirements Rule Threatens Coverage for Vulnerable Americans: An Explainer of the Interim Final Rule (CCF, July 2026) (provision by provision explanation)
- A Summary of Federal Medicaid Work Requirements (PDF) (CHCS, June 2026)
- Medicaid and HR1 Research Resources (Families USA, updates ongoing) (annotated bibliography of studies, reports, and data analysis regarding impacts of OBBBA/HR1, guidance from CMS on HR1, and impact of the policy changes)
- Medicaid Work Requirements: Learn More and Take Action! Plain Language Explainer (ASAN, July 2026)
- State Landscape: Detailing Eligibility & Enrollment Practices in Medicaid, SNAP, TANF, and WIC (CBPP) (allows comparison of state choices)
- Tracking State Readiness to Implement HR 1 (Georgetown CCF, updated April, 2026) (tracking performance indicators for OBBBA issues using readily available public data)

*If looking for specific suggestions about what may be the most relevant activities at any given moment or for specific issues, these documents may be particularly helpful.

Data Dashboards Recommendations

- The Power of Transparency: How States Can Use Data Dashboards to Effectively Monitor HR1 (SHVS, May 2026)
- State Reporting Requirements Outlined in the Paperwork Reduction Act for Medicaid Work Reporting Requirements (SHVS, July 2026)
- Recommendations for State Reporting of Work Requirement Outcomes: Do's and Don'ts (May 2026; note, published before CMS issued the data requirements for OBBBA)
- Health Coverage tracker: Millions of People are losing Coverage Following 2025 Republican Policy Changes (CBPP, updates ongoing)

Technology — when systems problems occur, may be useful to compare state choices, costs, contract requirements, etc.

- Medicaid Eligibility System Vendor Map (NHeLP, Upturn, and TechTonic Justice; Benefits Tech Advocacy Hub)
    - See the Benefits Tech Advocacy Hub for general information on public benefits technology, including guides for understanding systems, e.g.:
        - Advocates' Guide to Notices
        - A Technical Guide for States to Reduce Procedural Terminations from Medicaid's Work Requirements
- HR 1 Tracker, State Administration and Technology Costs (Georgetown CCF)
- Assessing the Medicaid Work Requirement Vendor Landscape (CBPP)
- Work Requirements Toolkit: A Human-Centered Approach to Meeting Client and Administrator Needs (Code for America, July 2026)
- Human-centered Work Requirements for Medicaid (Civilla, Fall 2025)

Immigration

- Protecting Immigrant Families Tracker (PIF, updates ongoing) (tracker of agency actions impacting immigrant families)
- Checklist: Reviewing State Policies Implementing OBBBA's Medicaid Immigrant Eligibility Changes (NHeLP, June 2026)
- Hundreds of Thousands of Immigrants are Losing Health Care and Food Aid, Thanks to Congress (NILC, July 2026)
- FAQ: New Immigration-Related Restrictions for Medicaid, Chip, Medicare, and Marketplace (CBPP, June 2026)
- Medicaid Application & Renewal Guide for Immigration Attorneys (NHeLP, Sept. 2026)