



State Advocacy: Part Two — How State Systems Shape What Happens Next

May 19, 2026

Who We Are



[JustUSCC.org](https://www.justuscc.org)

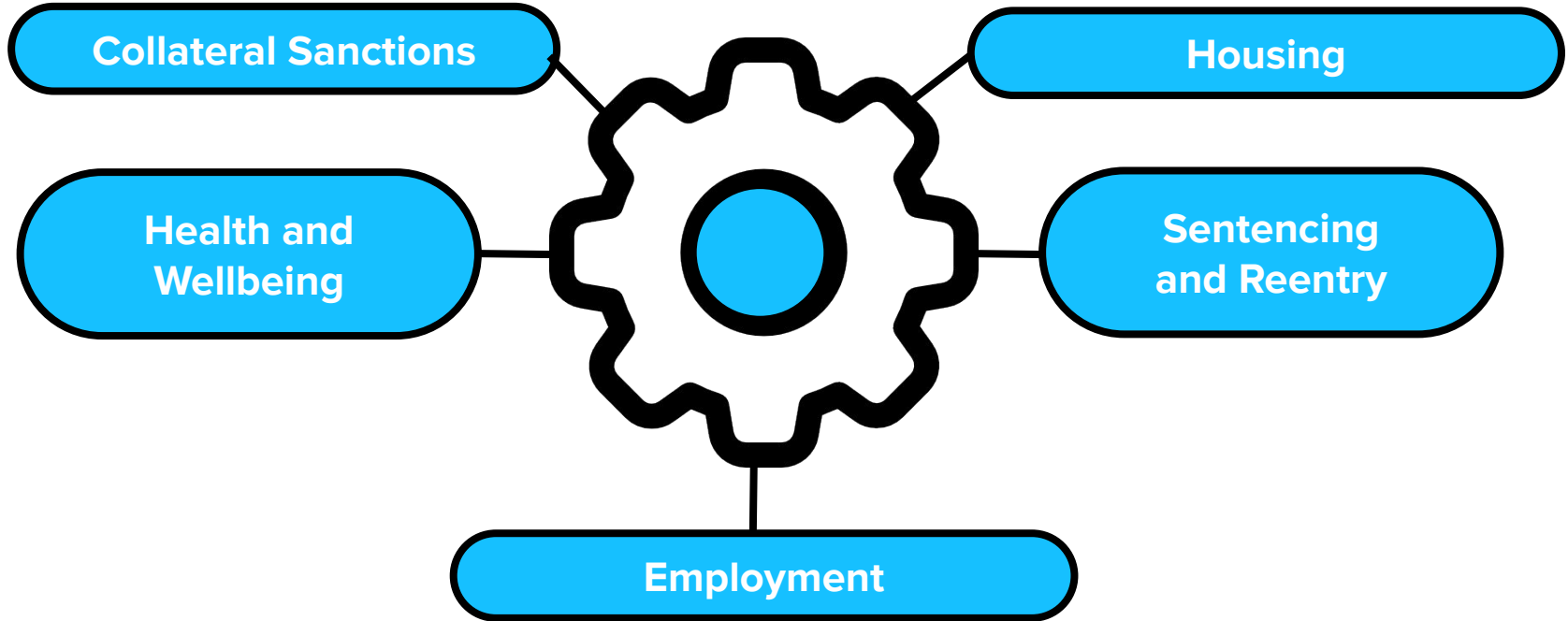
The JCC is a national federal policy table led by and created for individuals who are directly impacted. The JCC forms the connective tissue needed to catalyze full participation in policy practices and changes for formerly incarcerated people and directly impacted individuals and their communities.

Our Why

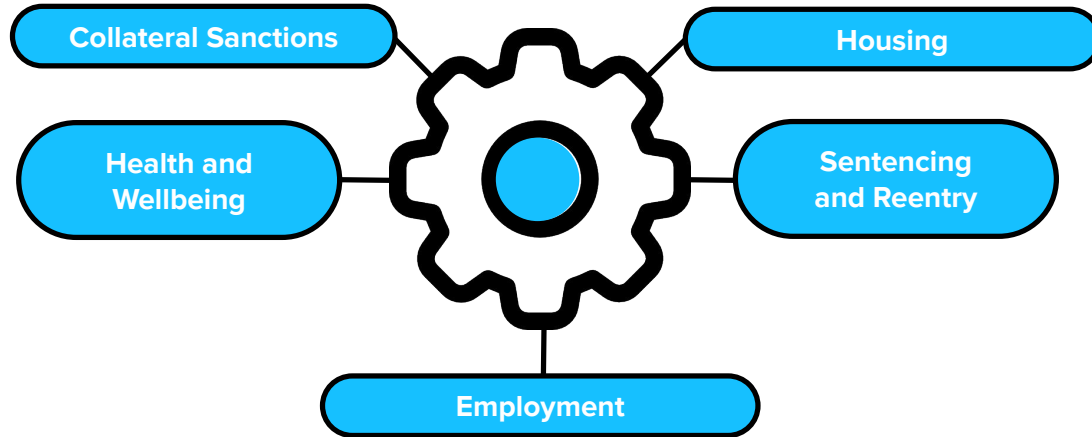


The voices of those most impacted by the criminal legal system have been missing and/or excluded from decision-making tables.

Priorities



Basic Human Needs: Pathways to Success



Health and Wellbeing — a concept essential to economic mobility — is often limited by access, availability, and a wide variety of exclusionary policies. These realities continue to be reshaped by efforts to reduce spending on public assistance programs.

Centered back to people



H.R. 1 Work Reporting Requirements: Strategies to Mitigate Coverage Loss

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Medicaid is a joint Federal and State program, governed by a combination of federal laws and regulations and individual state policies, and funded by a combination of federal and state funds.

Legislative



Federal

Congress authorized Medicaid through the Social Security Act and established laws governing the program.

The Affordable Care Act of 2010 allowed states to expand Medicaid to non-disabled low-income adults.

H.R. 1 (OBBA) added new work reporting and eligibility determination requirements for ACA expansion population, along with some exemptions.



State



State legislatures approve funding for state share of Medicaid spending.

State legislatures can also require state governments to make changes to state Medicaid policies (consistent with federal law and subject to federal approval.)

State legislatures can also provide oversight over state Medicaid agency actions.



Executive



CMS carries out federal Medicaid laws by issuing regulations and policies to states, and conducts oversight and enforcement.

CMS also reviews and approves any state plan changes and waivers.

CMS will be issuing guidance on work reporting requirements and eligibility redeterminations.



Your State Medicaid Agency

The state agency responsible for Medicaid sets state Medicaid policies, administers the program, and is responsible for ensuring program integrity.

The state Medicaid agency is responsible for enrollment and will be responsible for carrying out work reporting requirements and eligibility redeterminations within federal guidelines.



While their priorities may vary, all state Medicaid agencies are concerned about coverage, costs, administrative complexity, outcomes, and program integrity. Do background research to understand your individual state context and state officials.

- **DO:** Remind state officials that people who are currently incarcerated or who have left incarceration in the last 3 months are exempt from work reporting requirements.
- **DO:** Enlist the support of criminal justice leaders and state policymakers who are focused on supporting successful reentry, reducing recidivism, and improving community supervision outcomes on the need to reduce coverage losses.
- **DO:** Share the unique challenges that justice-impacted populations face in meeting work requirements and more frequent redeterminations. Real-life stories and examples are helpful. Emphasize how coverage losses will disrupt people's recovery from addiction and contribute to higher recidivism.
- **DON'T:** Approach or treat state officials as if they are the cause of the problems. They didn't enact H.R.1, but they do have to carry it out.
- **DO:** Try to learn what the state is already considering. Propose solutions that build upon those efforts.
- **DON'T:** Propose ideas that will be administratively complex to carry out. States are facing significant time and resource challenges.
- **DO:** Offer concrete ideas such as how state corrections and county jail data could be shared to exempt people, and how reentry services organizations can help disseminate information on state policies and procedures.
- **DON'T:** Pursue advocacy as once-and-done. State officials and policymakers know if you will be persistent in your advocacy. Ask for follow-up information.

H.R. 1 imposes new work requirements and more frequent eligibility redeterminations for Medicaid enrollees in the adult expansion group (among other requirements). While the bill includes exemptions for incarcerated and recently incarcerated individuals, the provisions will create new complexities for states seeking to minimize coverage disruptions in the reentry period.

Compliance with Work Reporting Requirements

Beginning **January 1, 2027**, states must condition Medicaid eligibility determinations for adults in the expansion group on compliance with work requirements. (States may also submit a good faith waiver to extend implementation by up to 2 years.)

- At minimum, states must verify compliance or exemption from work requirements at both application and renewal, which will require most expansion adults 19-64 on Medicaid to demonstrate that they completed 80 hours of a qualifying activity for at least one month prior to application and again for at least one month within every six-month period.
- Qualifying activities can include work, work programs, community service, educational programs, or a combination of these activities. Individuals can also satisfy the work requirement if they have at least an average monthly income of \$580 per month over the past six months.

Eligibility Redetermination

Effective **January 1, 2027**, states will be required to redetermine eligibility for adults enrolled in the Medicaid expansion group every six months, rather than annually.

Source: [Estimated Budgetary Effects of an Amendment in the Nature of a Substitute to H.R. 1, the One Big Beautiful Bill Act, Relative to CBO's January 2025 Baseline | Congressional Budget Office](#)

While the bill includes exemptions for incarcerated and recently incarcerated individuals, as well as exceptions for health conditions relevant to the incarcerated population, the provisions will create new complexities for states seeking to minimize coverage disruptions for these individuals.

- **Exceptions:** H.R. 1 work requirements include exceptions to the following populations. For example:
 - Parents/caretaker relatives of dependent children under age 13 or under or individuals with disabilities
 - American Indians/Alaska Natives
 - Veterans with disability rated status
 - Foster care youth or former foster youth under the age of 26
 - Women who are pregnant or entitled to postpartum medical assistance
 - **Individuals who are incarcerated**
 - **Individuals who have been released from incarceration in the past 90 days**
 - **Individuals who participate in a drug addiction or alcohol treatment program**
 - **Individuals who are medically frail, which is defined as individuals who:**
 - ◆ **Have a significant physical, intellectual, or developmental disability**
 - ◆ **Have a substance use disorder**
 - ◆ **Have a disabling mental disorder**
 - ◆ **Have a serious or complex medical condition**
 - ◆ **Are Blind or Disabled**

OBBA establishes specific requirements governing how states must verify compliance.

- **Verifying Compliance and Exemptions:** States must prioritize *ex parte verification* using administrative data (e.g., wage records, Medicaid claims or encounter data) where available to verify compliance or exemptions to the maximum extent possible.
 - If data cannot confirm compliance or exemption, States must issue notice describing needed information and provide individuals at least 30 days to provide a “satisfactory showing.”
- **Terminations:** If a person is denied or disenrolled due to work reporting requirements, they need to file a new application to re-apply (triggering the compliance check for at least the month prior to application). States are required to follow standard Medicaid termination processes (e.g., written notice, fair hearing).

Work requirements will be particularly challenging for reentry individuals after release (especially more than 90 days after release) for a variety of reasons, including:

- **The immediate post-release period can be highly transitory**, when it can be difficult to engage individuals and there is a higher risk of Emergency Department visits, recidivisms, and overdoses. This can make it especially challenging to engage individuals to find work and/or demonstrate compliance or exemptions from work requirements.
- **Reentry individuals are disproportionately more likely to have functional impairments** that limit their ability to obtain employment and navigate complex paperwork requirements.
- **Reentry individuals often face stigma from their incarceration** that can make it difficult to secure and maintain employment.
- **Reentry individuals with certain conditions (e.g., SUD, SMI) may also be reluctant to self-identify their conditions**, even if they qualify for an exemption from work requirements.

When compliance or exemptions cannot be verified, reentry individuals will be denied or terminated from Medicaid coverage and barred from receiving subsidized Marketplace coverage.

Advocacy Strategy #1:

Leverage Data to Streamline Work Requirement Exemptions

States should use incarceration, release, and post-release data to streamline the process for documenting exemptions from work requirements for reentry individuals, starting in the pre-release setting and continuing beyond 90 days after release.



During Incarceration

- Under the 2019 SUPPORT Act and 2024 CAA, states must suspend, and not terminate, Medicaid when a member is incarcerated.
- States can leverage this process to **document incarceration to demonstrate exemption from work requirements** (e.g., inmate rosters).



First 90 Days Post-Release

- States will need to **track release dates** to automatically exempt individuals from work requirements for 90 days.
- This may involve **leveraging data** to ensure post-release status is tracked for at least 90 days.
- States may need to **develop workarounds to exempt released individuals who were not documented in Medicaid systems as formerly incarcerated.**



Beyond 90 Days Post-Release

- Many individuals may still qualify for **work requirement exemptions (e.g., SUD, disabling mental condition)** beyond 90 days post-release.
- States should use available data (e.g., Reentry Demonstration eligibility data, Medicaid claims data, former foster care eligibility, probation/parole data) to support those determinations.
- States should **ensure those who are eligible for pre-release services also found eligible for an exemption** which would carry them beyond the 90 days, pending CMS guidance on length of exceptions.
- States can **use pre-release care and clinician visits to document post-release exemptions** (e.g., mental illness), though some areas may need extra provider training for eligibility determinations.

Advocacy Strategy #2:

Engage Partners to Support Work Requirement Compliance

States should pursue a multi-pronged strategy to maximize pathways to employment for recently released individuals and streamline reporting processes for individuals who are employed to demonstrate compliance with the Medicaid work requirement.



For individuals qualifying for exemption, states should leverage existing data to automatically document exemptions and leverage key partners (e.g., when an individual is identified as eligible for a Reentry Initiative).



For individuals seeking employment, states can partner with agencies to expand employment opportunities, including non-traditional options like work programs, internships, and education. States should evaluate policy barriers that limit access to employment for ex-offenders to assess if changes may be appropriate.



For individuals that are employed, states can form partnerships with relevant agencies and community groups to support documentation of employment to demonstrate compliance with work requirements. Probation and parole may be able to identify employment or participation in other qualifying activities as a part of post-release monitoring.

To ensure individuals can understand and effectively navigate these new requirements, collaborate with state officials to engage trusted community partners in designing outreach efforts.

State Advocacy Opportunities

- Collaborate with states to design clear, accurate outreach strategies
- Leverage trusted messengers to reinforce key information when meeting with justice involved populations
- Use plain-language, culturally appropriate materials to explain reporting requirements and exemptions

Looking Ahead: Upcoming Federal Guidance and State Operational Levers

CMS has issued limited preliminary guidance and must release an interim final rule by June 1, 2026.

Federal:

- OBBBA requires HHS to issue an interim final rule by **June 1, 2026**. Despite limited formal guidance to date, states are already developing eligibility workflows, verification systems, and medical frailty exemption processes in advance of the January 1, 2027 implementation deadline.
- Until interim final rule is released, states are relying on a combination of formal and informal guidance as they design medical frailty definitions, build verification systems, and prepare for the January 2027 implementation timeline.

State Operational Priorities:

- The extent to which reentry populations are going to lose coverage will rest primarily on the operational processes a state establishes for identifying individuals as exempt.
- Advocacy will largely need to focus on ensuring states' legislatures do not make implementation more onerous and that state Medicaid agencies implement data driven operational processes.



Organizing to Expand Health Care in Wisconsin



Overview of WISDOM Wisconsin

- WISDOM is a statewide network, comprised mainly of faith-based organizations.
- WISDOM has 12 affiliate organizations across the state.
- We build campaigns that focus on immigration policy, environmental policy, and overhauling Wisconsin's carceral system.

The Transformational Justice Campaign



@MOSESofWISDOM WISDOM: Repeal the 1994 Crime Bill September 10, 2024 11:08 AM

James Morgan
Organizer - MOSES (Madison Organizing in Strength, Equity, and Solidarity)

WIS EYE
WISEYE.ORG

The Transformational Justice Campaign

- WISDOM's Transformational Justice Campaign has four primary goals:
 - Advance racial and economic justice,
 - Cut Wisconsin's prison population in half by advancing common sense decarceration policies,
 - Shift narratives that dehumanize systems-impacted people,
 - End permanent punishments of people with records.



The Wisconsin Political Context

- Republican opposition to Medicaid expansion
- Republican majorities in the State Assembly and the State Senate
- The reluctance of Democratic Wisconsin Governor Tony Evers to utilize his executive authority to advance policy change in the legal system

Origins of the Health Care Expansion Campaign

- JustUs Coordinating Council U.S. Senate Briefing in 2024
 - I learned about the medicaid section 1115 reentry demonstration waivers while I was preparing to testify at this briefing about health equity policies.
- I started having conversations about how to move this forward with leaders in Wisconsin after the JCC convening.



Wisconsin Assembly Bill 604 (Now 2025 WI Act 303)

- Assembly Bill 604 was Introduced in November of 2025.
- This bill requires the state of Wisconsin to apply for the demonstration 1115 reentry waiver by January 1, 2027.
- The demonstration project will provide eligible incarcerated people with up to 90 days of prerelease health care coverage.
- The coverage will include:
 - case management services
 - medication assisted treatment for all types of substance use disorders, and
 - a 30-day supply of all prescription medications.



UPDATE:
WE DID IT!

**Bill to Expand Health
Care for Incarcerated
People **Passes.****

[LEARN MORE](#) →

Why Does This Bill Matter?

- “When people don’t receive support, they tend to go back to what they knew. One of my best friends was in prison with me. It was his tenth time in prison - all for substance use issues. However, after he was released, this last time, he died from an overdose. Medication and access to medical care, will literally save lives.”
-WISDOM Leader Tom Denk
- The full implementation of this bill would potentially:
 - reduce needless suffering in jails and prisons,
 - put more people on a pathway to successful reentry,
 - reduce the number of people being detained,
 - enhance public safety,
 - save resources that could be used to build communities.

Campaign Strategy and Tactics

- We decided to pursue a legislative strategy because of Governor Evers' reluctance to use his power to boldly advance administrative policy changes and because there will be a new governor in Wisconsin in 2027 and the next governor could reverse any administrative policy change.
- Tactics utilized include:
 - educating WISDOM members via email blasts and urging them to contact their legislators,
 - organizing a series of trainings across the state,
 - organizing community forums,
 - amplifying the voices of impacted leaders, and
 - testifying at legislative hearings.

Amplifying the Voices of Impacted People

WISDOM Leader Bev Kelley-Miller, who lost her 22-year-old daughter, Megan Kelley, to a preventable heroin overdose, wrote that her daughter had an ankle bracelet "but that didn't stop her from using."

Kelley-Miller wrote that substance use disorder is a medical condition and that using substances is not a choice once you are addicted.

"I wish Megan was still here, since she's not, I advocate for others to receive the care they need to live."



Campaign Strategy and Tactics

- Examples
 - WISDOM Town Hall at the State Capitol on November 12, 2025
 - Uniting to Build Communities Forum in Milwaukee on January 8, 2026
 - Trainings in Milwaukee, Madison, Eau Claire, and Green Bay in February of 2026



THANK YOU!

For questions and to get in touch:

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