225 W. Wacker Drive
Suite 400
Chicago, IL 60606

[800] 331.2020 toll free
[312] 363.6001 local
www.preventblindness.org

July 31, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human
Services, Attention: CMS–2454–IFC,
Mail Stop C4–26–05, 7500 Security
Boulevard, Baltimore, MD 21244–1850

Re: [CMS–2454–IFC] RIN 0938–AV98 Medicaid Program; Community Engagement Requirement for Certain Individuals

Dear Administrator Oz:

On behalf of Prevent Blindness, the nation's leading nonprofit patient advocacy organization dedicated to the prevention of blindness and preservation of sight, I write in response to the *"Medicaid Program; Community Engagement Requirement for Certain Individuals"* Interim Final Rule (IFR). In summary, the Centers for Medicare and Medicaid Services (CMS) seeks to implement the Medicaid community engagement (a.k.a., work requirements) mandated by the 2025 Budget Reconciliation Law (a.k.a., H.R.1, the "One Big Beautiful Bill Act", OBBBA).

We appreciate that CMS has met the June 1 requirement to issue this IFR as it provides a critical opportunity to engage in this important matter before many of OBBBA's operational and policy decisions for the Medicaid program are slated to take effect. Due to the significant implications of this rule, we encourage CMS to continue engaging with stakeholders on as frequent a basis as possible. Even as these provisions go into effect right away and as we approach the January 2027 deadline, it is vital for CMS to continue learning how these new policies are impacting patients and communities. We implore CMS to ensure that the right steps are taken to protect patients' access to the Medicaid program for those who rely on it for their health care needs and to take steps to mitigate potentially harmful impacts and unintended consequences.

Summary of Comments
In general, and with varying exceptions, the IFR requires certain adults, primarily those in the Medicaid expansion population who are applying for or renewing coverage and also aged between 19 and 64 years (a.k.a., "applicable individuals"), to generally report at least 80 hours of employment or work, education, or community service per month or as having monthly income over 80 times the federal minimum wage (or be a seasonal worker and have an average monthly income over past six months that is at least minimum wage times 80 hours) as a condition to receive coverage under Medicaid. Accordingly, states that have expanded Medicaid to adults through the Affordable Care Act (ACA) or a Section 1115

waiver are required to implement these new eligibility requirements by no later than January 1, 2027, which, in CMS's estimation, includes 43 states plus the District of Columbia.

Prevent Blindness is profoundly troubled by estimations of significant coverage losses due to seemingly onerous reporting requirements, confusion around eligibility, and the administrative burden placed upon otherwise eligible and enrolled individuals. We are also highly concerned that the rapid timeline of implementation will cripple states' ability to manage the narrow definitions as they relate to attestation, "medically frail," and others but also with the disruption in planning states have already undertaken that may inadvertently exclude those who need coverage the most. Any stress that is placed on our communities without clear planning, partnership, and resources will almost certainly imperil patients' access to care and could result in worsened health outcomes across our country. We remain concerned that administrative complexity, documentation requirements, and implementation variability may continue to create barriers for eligible individuals. Compliance and exemption processes should help individuals demonstrate compliance or exemption status, not function as administrative barriers.

Below we provided additional comments on several key aspects of this IFR as they relate to vision and eye health. Prevent Blindness is proud to be a member of the National Health Council, who has been engaged with CMS since the passage of H.R. 1 with respect to the significant changes expected to the Medicaid program. We strongly urge CMS to consider the NHC's recommendations on all other components of implementation that we do not address here and to engage with the NHC and its member organizations to implement these changes with minimal disruption to stakeholders and communities.

Medically Frail and Health-Based Exemptions

The IFR establishes the framework for determining who qualifies as medically frail or is otherwise eligible for a health-based exclusion from community engagement requirements. The statutory medical frailty definition already includes, apart from blindness, (a) a physical, intellectual, or developmental disability that significantly impairs the ability to perform one or more activities of daily living (ADLs), and (b) a serious or complex medical condition. While the IFR notes individuals who are blind or disabled as defined under section 1614 of the Social Security Act (defined as a central visual acuity of 20/200 or less in the better eye with correction or a visual field of 20 degrees or less), **we are concerned that the definition of "medically frail" excludes people with low vision, which is a loss of functional vision, or progressive vision loss.**

The legal definition of "blind" establishes a clinical threshold, but it does not fully capture the range of vision-related impairment that can prevent someone from reliably meeting qualifying engagement activities as established under this IFR for purposes of obtaining coverage under Medicaid. Individuals with progressive eye diseases (advanced glaucoma, diabetic retinopathy, macular degeneration, retinitis pigmentosa, and others) that are degenerative often experience considerable functional limitations to their vision long before

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they reach the threshold of blindness established under the SSA. Based on the severity of the condition and the disease or condition progression, a person may be unable to drive, read, or navigate the world independently.

Furthermore, meeting the qualifying legal definition of blindness is not necessarily the same as being "medically frail" when combined with CMS's requirement for people to prove they also cannot work, engage in education, or perform community service at the frequency required to obtain Medicaid coverage. A person with a documented, worsening eye condition that is slowly robbing them of their sight and/or functional vision must separately prove—with no federal standard as to what constitutes or qualifies as proof—that the condition impairs their specific ability to complete 80 hours per month of work, education, or community service. Furthermore, without the right systems and support in place, we are displeased with the full burden of proof being placed on an individual without clearly defined guardrails to ensure they are not inadvertently deemed ineligible and lose coverage at a time when they likely will need it the most.

From our perspective, there is too much variability in how states could potentially use this federal definition. Theoretically, two people living in different states may get different determinations based on the state and how well the impairment is being documented. In many cases, a diagnosis may not be enough and may require documentation of functional impact to meet requirements for coverage. States are not equipped to develop and set up an administrative framework to verify medical frailty along with capacity to work. Also, CMS' definition of medical frailty places an unreasonable burden on Medicaid providers to somehow document their patient's ability to work. Without appropriate state systems to verify medical frailty and without support for health care providers who can assist with these determinations, many people will not be able to obtain the documentation they need to demonstrate medical frailty and may lose access to Medicaid as a result. Without clear direction from CMS, people with vision loss below the legally defined threshold under the SSA will be left vulnerable to inconsistent, fragmented state-by-state determinations of a standard that does not appear in the underlying law.

Recommendation
Both prongs of the statutory medical frailty definition are applicable to progressive vision loss or low vision, but only if states are directed to evaluate functional impact rather than rely on a checklist of potentially qualifying diagnoses.

Therefore, we urge CMS to issue clarifying guidance to states that outlines the following criteria:

1. Individuals whose vision loss does not meet the SSA threshold may still qualify for the medical frailty exemption under the prongs of ADL-impairment and/or serious and complex medical condition based on documented functional limitations,
2. CMS should acknowledge there are significant differences between the functional consequences of vision loss and low vision (such as the inability to drive or navigate

work, school, and other environments independently) that may pose barriers to achieving the community engagement requirements to obtain coverage versus the ability to perform basic activities of daily living such as the ability to bath, dress, or eat and ensure that people are not inadvertently deemed ineligible for coverage simply if they can manage basic daily living activities,

3. States should not formally require an SSA-defined legal blindness threshold to be met as a precondition to consideration of an individual's vision-related exemption request,
4. Progressive and degenerative eye conditions should be recognized as "serious or complex medical conditions" even when current acuity is above the SSA-defined legal blindness threshold, given the progressive nature of the condition and the likelihood of worsening functional visual impairment,
5. Accordingly, recognize episodic and fluctuating conditions, including circumstances where an individual's ability to work, report, or comply varies over time,
6. Clarify that medically frail status is distinct from disability status and should not require individuals to demonstrate permanent incapacity, inability to work, or eligibility for disability benefits,
7. Clarify that serious or complex medical conditions may include circumstances where individuals experience substantial treatment burden, functional limitations, or ongoing health management needs even if they remain capable of participating in work or other qualifying activities, and
8. Clarify that missing, delayed, or incomplete data should not be treated as evidence that an individual is not medically frail and should instead trigger reasonable opportunities to provide additional information.

Caregiver Exemption Framework

Under the IFR, several caregiving relationships, including certain parents, guardians, caretaker relatives, and family caregivers providing care to dependent children or individuals with disabilities are exempted from community engagement requirements. The IFR also establishes standards for verifying caregiver status and, in some circumstances, requires caregivers to demonstrate that they provide a specified level of assistance. States must implement these federal standards but retain discretion regarding operational processes, verification procedures, and administration. **While the IFR recognizes caregiving responsibilities as a basis for exclusion, we are concerned that the framework establishes specific eligibility criteria and verification requirements that may not capture the full range of caregiving arrangements that occur in practice, particularly for those who provide care to individuals with vision loss, visual impairment, low vision, or blindness.**

People who live with sight loss or loss of visual function may require a level of caregiving and support that depends on the person's remaining vision, the cause of their vision loss and blindness, and the duration of their vision loss and blindness. For example, someone who has recently been diagnosed with a disease or condition that leads to vision loss, visual

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impairment, low vision, or blindness may need more support initially than someone who has lived with a condition for longer and has generally adapted to it over time. People with vision loss, visual impairment, low vision, or blindness may experience challenges with mobility and orientation at home or in their environments, lack transportation to appointments, work, or to run various errands and personal engagements, and may need assistance with various living tasks throughout the day including reading mail, managing personal finances, meal preparation, adhering to medications, and daily household management and maintenance. Furthermore, losing one's sight and visual function often comes at tremendous social, emotional, and mental health cost— particularly if the loss is sudden or progressive. People with vision loss may experience grief, anxiety, depression, and loss of social connection as they learn how to adapt to their new realities and facilitate a sense of personal independence.

Caregivers play an essential role in this transition by supporting a person through the process of regaining their independence. Initially, caregivers aid in the emotional transition and can be instrumental in identifying signs of depression and anxiety that may delay a person's adaption to their condition. Caregivers also help connect the person to resources that can help someone experiencing vision loss and blindness adapt and build independence, attend sessions with the person to learn alongside them rather than guiding them everywhere, and help research the right tools, navigate paperwork and workplace accommodations, and advocating for the person throughout the adjustment process. This process can be long, difficult, and complex for both the caregiver and patient to navigate together and it deserves the benefit of time to see it through successfully. However, many individuals provide substantial support to family members or household members without formal documentation, employment status, guardianship papers, or paid caregiver designation.

Recommendation
Caregiver status should be based on the individual's actual caregiving role and responsibilities, not solely on formal legal status, paid caregiver status, or a narrowly defined family relationship. The framework should recognize that caregiving may be ongoing, intermittent, or episodic, particularly for individuals supporting people with chronic, disabling, or fluctuating conditions such as those that affect a person's eyesight and visual functioning.

Prevent Blindness specifically recommends CMS recognize informal and unpaid caregiving arrangements such as those wherein the caregiver is a relative, household member, and other individual who provide substantial support; adopt a functional definition of caregiving that includes assistance with activities of daily living, transportation to care, medication management, care coordination, appointment support, supervision or safety monitoring, and account for episodic and intermittent caregiving. We also recommend that CMS preserve opportunities for self-attestation and simplified verification where formal documentation is unavailable or difficult to obtain, recognize shared caregiving arrangements between several members of a household, and avoid frequent re-verification for ongoing caregiving arrangements where the care recipient is facing long-term conditions.

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Conclusion
We appreciate the opportunity to engage in this very important matter, and Prevent Blindness stands ready to work with CMS. If you would like to discuss this matter further, please contact Sara Everett Brown, Senior Director of Government Affairs, (severettbrown@preventblindness.org).

Sincerely,

Jeff Todd
President & CEO
Prevent Blindness