



# New Restrictions on Medicaid Eligibility Are Unreasonably Harsh and Will Be Life-Threatening for Certain Patients

A Medicaid rule makes it harder for people who are medically frail – including those with cancer – to be exempt from the work requirements.

June 2, 2026 By American Cancer Society Cancer Action Network

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WASHINGTON, D.C. – The U.S. Centers for Medicare & Medicaid Services (CMS) released on June 1 an interim final rule on work requirement implementation in Medicaid. This rule makes it more difficult for people who are medically frail – including people with cancer – to be exempt from the work requirements as Congress intended as part of the One Big Beautiful Bill Act. The American Cancer Society Cancer Action Network (ACS CAN) previously [urged CMS](#) to issue timely guidance that established strong protections for cancer patients and survivors to minimize coverage loss and ensure the process to qualify for an exemption or meet the work requirement is manageable.

Below is a comment from Lisa Lacasse, president of the American Cancer Society Cancer Action Network (ACS CAN):

“We are incredibly concerned by the impact this rule could have on those struggling with cancer. One of the most significant factors in whether someone survives a cancer diagnosis is whether they have health insurance coverage. Knowing 1 in 3 children diagnosed with the disease and 1 in 10 people with a history of cancer currently count on Medicaid for their health insurance, this coverage is a matter of life or death for millions of people nationwide.

“The new restrictions link the definition of medical frailty to a person’s ability to work. This would mean cancer patients and survivors who are suffering from debilitating side effects of the disease or treatment would have to officially prove they can’t work, in a process that is likely to be difficult and take a long time. Cancer patients who can still work – and many want to, for example, when they are well enough to work in between chemo rounds – will have to choose between losing their Medicaid coverage, working the required 80 hours per month, or giving up working altogether to qualify for an exemption.

“Further, this rule limits the ability of states to accept self-reporting, or ‘self-attestation,’ of key details of work or medical frailty starting in 2028. With this decision, CMS is piling on additional documentation and logistical challenges for individuals who need to enroll or maintain their

coverage and clinicians who are already overburdened. Cancer will not wait while Medicaid offices sift through paperwork.

“ACS CAN will continue to engage policymakers and government agencies at the federal and state level, including through the open comment period, to minimize harm among our patient population — and anyone who needs cancer screenings and preventive services — as work requirements are implemented. We call on officials at every level of government to clearly communicate to Medicaid enrollees these new requirements to minimize confusion and coverage loss for individuals who remain eligible. Ending cancer as we know it, for everyone, means making sure everyone can successfully navigate these new requirements.”

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