

Protecting Survivors' Access to Healthcare Under HR1: State Strategies

April 2026

HR. 1 became law on July 4, 2025. This law makes sweeping changes to Medicaid for adults covered under the Affordable Care Act (ACA) Medicaid expansion.

Starting no later than January 1, 2027, Medicaid expansion adults are required to complete 80 hours of *community engagement* activities each month, unless they are exempted, in order to apply for and maintain their Medicaid health insurance. States must verify an individual's compliance at the time of the application and at least every six months thereafter.

Purpose of this Paper¹

This paper provides an overview of the bill and its impacts on survivors of domestic and sexual violence, as well as opportunities for advocates and policymakers to help victims and survivors maintain access to health insurance. Advocacy is important because of the short time frame that states have to implement HR 1 and the anticipated challenges that survivors may experience in meeting these requirements. It also includes information about key concepts in HR 1 such as Medicaid expansion adults, community engagement activities, exemptions, short-term hardship exemptions, verification/non-compliance, and the implementation timeline, to provide background for those not deeply steeped in the legislation.

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Key Concepts

>> Medicaid Expansion Adults

Under the ACA states were given the option to expand Medicaid to low-income adults, ages 19-64 with incomes below 138% of the Federal Poverty Level (FPL). For a single person that amounts to \$21,597 in 2025 dollars.

Forty states along with the District of Columbia, choose to become Medicaid expansion states.² Two states, Georgia and Wisconsin are partial expansion states. Eight states are non-expansion states. These states are Alabama, Florida, Kansas, Mississippi, South Carolina, Tennessee, Texas, and Wyoming.

The community engagement requirements do not apply to the eight non-expansion states. However, they do apply to Georgia and Wisconsin, the District of Columbia, and the other forty Medicaid expansion states. The number of adults who will be impacted by the community engagement requirements within HR 1 is quite extraordinary. The Kaiser Family Foundation (KFF) estimates that more than 20 million people across the country are “Medicaid expansion adults.”

>> Mandatory 80-Hour Monthly Community Engagement Requirement

Medicaid expansion adults must complete 80 hours of *community engagement* activities each month unless exempted. Individuals meet the 80-hour requirement by:

- Working at least 80 hours,
- Completing at least 80 hours of community service,
- Participating in work programs for at least 80 hours,
- Attending an educational program at least part-time, or
- Engaging in a combination of the above activities for at least 80 hours a month.

Community engagement also can be met by:

- Having an income of at least \$580 a month.
- Being a seasonal worker and making an average monthly income of at least \$580 a month over a 6-month period.³

Statutory Definitions of Community Engagement Activities

HR 1 defines what constitutes a work program⁴ and an education program.⁵ However, the statute does not define *community service*. It may be that the US Department of Health and Human Services (HHS) will provide guidance on what constitutes community service, but that guidance may not be published until the summer and states are beginning to interpret this term now. As an example, the California Department of Health Care Services (DHCS) has noted in their materials

that community service “should be organized and something you can prove you did with a letter or a form.” As discussed further below, the lack of a statutory definition or guidance by HHS at this juncture, provides DV/SA programs with an opportunity to help craft a definition of community service that would benefit survivors.

>> Exemptions

Not everyone who is part of the Medicaid expansion population must meet the 80-hour requirement. HR 1 provides exemptions.

Exempted individuals include:

- Individuals under 19 years of age,
- Parents, guardians, and caretakers⁶ with child under age 14,
- Parents, guardians, and caretakers who care for a disabled individual,
- Individuals who are pregnant or receive postpartum medical coverage,
- Foster youth and former foster youth under age 26,
- Individuals participating in Substance Use Disorder (SUD) programs,
- Individuals who are meeting SNAP or TANF work requirements,⁷
- American Indian and Alaska Native people eligible for the Indian Health Service,
- Veterans with a disability rating as total,
- Incarcerated individuals or individuals released from incarceration within 90 days,
- Individuals enrolled in Medicare Part A/Medicare Part B,
- Individuals who are participating in a drug addiction or alcoholic treatment and rehabilitation program,⁸ and
- Individuals who are *medically frail* or have *special medical needs*.
 - Note: These terms will be defined by the Secretary of HHS but, according to the law, includes an individual:
 - Who is blind or disabled,
 - With a substance use disorder (SUD),
 - With a disabling mental disorder,
 - With a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, and
 - With a serious or complex medical condition.

There may be some state discretion in defining who qualifies as *medically frail* or who is an individual with *special medical needs*. The statute sets a minimum of 5 pathways that must be part of the definition and leaves room for the Secretary of HHS to define additional pathways. It may be that the Secretary will give the states discretion to define these additional pathways. This is another area where DV/SA advocates and programs can bring their expertise to the forefront.

>> Short-Term Hardship Exemptions

HR 1 also gives states **discretion** to provide short-term hardship exemptions. These short-term hardship exemptions are:

- An individual who receives inpatient hospital services, nursing facility services, services in an intermediate care facility, inpatient psychiatric hospital services, or such other services of similar acuity,
- An individual who resides in a county where a federally-declared emergency or national disaster exists,
- An individual who resides in an area where the unemployment rate is high, and
- An individual or their dependent who must travel outside of their community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition.

Note: It does not appear that states have the ability to include other events as short-term hardships. However, there may be an opportunity to work with Congress in the coming years to expand the list of short-term hardship exemptions.

>> Verification Requirements/Non-Compliance

HR 1 requires states to verify compliance with the 80-hour requirement:

- At the time of **application** (at least a 1-month lookback but states may require up to 3 months).
- At least every 6 months during **redeterminations** but states may require more frequent checks.
- Note: In the redetermination process, states must verify that current enrollees continue to meet the requirements for at least one month within each six-month eligibility review period. However, states can choose to look back more consecutive or non-consecutive months to verify compliance.

States must attempt to use existing data sources to verify compliance with the community engagement requirements. If the state cannot verify compliance, it must send a **notice of noncompliance**. Individuals have 30 days to resolve the issue. Medicaid coverage ends if individuals cannot prove compliance or exemptions. Importantly, individuals disenrolled due to noncompliance become ineligible for ACA subsidies, creating large gaps in insurance and increasing risk of untreated injury, trauma, and/or chronic conditions.

>> Implementation Timeline – January 2027

States must implement the community engagement requirements on January 1, 2027. However, they can opt to start earlier. Also, states can request an extension until December 31, 2028. However, they must show that they are making a good faith effort to implement the requirements.

Advocacy Opportunities for DV/SA Programs

The community engagement requirements and verification rules in HR 1 will likely create significant barriers for survivors of domestic violence and sexual assault. All too often survivors face:

- Safety concerns that make it difficult to work, volunteer or attend job training programs in public or maintain steady work schedules,
- Abusers who intentionally sabotage employment, child care, transportation, and/or paperwork to keep the victim/survivor financially dependent on them,
- Unstable housing that may lead to missed notices,
- Trauma, physical injury, behavioral health issues, or caregiving demands that can interrupt compliance,
- Inconsistent work schedules that complicate documentation and compliance, and informal or unpaid labor that may be difficult to document.

DV/SA programs can help survivors by urging their states to impose strong state-level protections to help survivors obtain and maintain their healthcare. Below are state-level advocacy recommendations for your consideration. It is important to note that some of these strategies may also have unintended consequences for certain survivors, so as with all policies relative to survivors *they should be options but never requirements*.

Recommendation: Urge State to Support Definitions and Interpretations of Terms that Are Inclusive of Survivors' Experiences and Needs

- Adopt of a broad definition of *community service* that includes participation in DV programs and common survivor activities (e.g., caregiving, safety-planning, mutual aid).
- Champion broad definitions of *medically frail* and *special medical needs* that reflect trauma, behavioral health, chronic conditions, and disability resulting from abuse.
- Ensure individuals in DV shelters, counseling, SUD treatment, or recovery programs qualify for applicable exemptions.

Recommendation: Urge State to Reduce Administrative Barriers

Short-term Hardship Exemptions

- Include short-term hardship exemptions in states' implementation of the community engagement requirements.

Timeline

- Request the two-year extension so implementation of the community engagement activities begins on COB December 31, 2028.

Process

- Implement a clear, simple, and streamlined process to apply for and maintain Medicaid.
- Maintain a highly trained and robust Medicaid customer service office to help Medicaid customers apply for and keep their health insurance and ensure they provide full accessibility assistance to meet the needs of all recipients.
- Make sure all materials and forms are clear, comprehensive and fully accessible.

Verification and Attestation

- Require verification systems to use existing state data sources first, avoiding unnecessary documentation from survivors.
- Allow self-attestation to verify compliance throughout the process.
- Impose the least onerous verification timeline. This would mean:
 - Limit verification at the time of application to a one-month look back.
 - Limit redeterminations to once every six months with a one-month compliance check.

Recommendation: Urge State to Provide Safe, Confidential Pathways to Verification

- Require accessible, digital submission systems.
- Ensure survivors without stable housing or mailing addresses can safely receive notices.
- Ensure all forms and systems protect survivor confidentiality, including safe mailing options and trauma-informed communication.

Recommendation: Urge State to Partner with Survivor-Serving Organizations

- Urge state agencies to formally consult DV/SA organizations during implementation.

For more information about Futures Without Violence and our work see:

<https://futureswithoutviolence.org>

To share feedback related to his paper, contact Karen A. Herrling, Senior Policy Advisor, at kherrling@futureswithoutviolence.org

¹ This paper relies upon the expertise and resources from the Kaiser Family Foundation (KFF), the Medicaid and CHIP Payment and Access Commission, the National Health Law Project, and State Health & Value Strategies at Princeton University as well as the expertise of Lena O'Rourke of O'Rourke Health Policy Strategies.

² See KFF's tracking and analysis of Medicaid expansion: <https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions/>

³ HR 1 notes that seasonal worker is defined under 26 U.S.C. 45R(d)(5)(B), with an average monthly income over the preceding 6 months that is not less than the federal minimum wage multiplied by 80 hours, would also meet the monthly "community engagement requirements." 1 Pub. L. No. 119-21, Section 71119(a)(2)(G), 139 Stat. 72 (2025).

⁴ According to HR 1 the *term work program* has the same meaning as the term in the Food and Nutrition Act of 2008. See <https://www.govinfo.gov/content/pkg/COMPS-10331/pdf/COMPS-10331.pdf>

⁵ The *term educational program* includes an institution of higher education (as defined in section 101 of the Higher Education Act of 1965 and a program of career and technical education (as defined in section 3 of the Carl D. Perkins Career and Technical Education Act of 2006).

⁶ HR 1 incorporates the definition of *family caretaker* from section 2 of the RAISE Family Caregivers Act. See <https://www.congress.gov/bill/115th-congress/house-bill/3759/text>

⁷ It is not clear yet if individuals who have the Family Violence Option (FVO) for TANF will be deemed compliant with the Medicaid community engagement requirements. The Secretary of HHS may provide guidance in this area. Absent guidance, states may provide their own interpretation.

⁸ According to HR 1 *drug addiction or alcoholic treatment and rehabilitation program* has the same definition as section 3(h) of the Food and Nutrition Act of 2008. See <https://www.govinfo.gov/content/pkg/COMPS-10331/pdf/COMPS-10331.pdf>.