Society for Maternal-Fetal Medicine
High-risk pregnancy experts

July 29, 2026

The Honorable Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via Regulations.gov

RE: Medicaid Program; Community Engagement Requirement for Certain Individuals (CMS-2454-IFC)

Dear Administrator Oz,

The Society for Maternal-Fetal Medicine (SMFM) appreciates the opportunity to submit comments on the interim final rule, hereinafter referred to as "the IFR," which implements Medicaid community engagement requirements under Public Law No: 119-112 (commonly known as the One Big Beautiful Bill Act or OBBBA) and was published in the Federal Register on June 3, 2026.[1]

Founded in 1977, SMFM is the medical professional society for maternal-fetal medicine subspecialists, who are obstetrician-gynecologists with additional training in high-risk pregnancies. The Society represents more than 6,500 members and serves as the voice for clinicians and researchers with expertise in high-risk pregnancy care. SMFM and our members lead the evidence-based practice of high-risk pregnancy care by providing education, promoting research, and advocating for our members and their patients. Through that work, SMFM seeks to advance optimal health outcomes for both mothers and infants.

Our members care for patients who require more complex care during pregnancy, many of whom rely on Medicaid for health insurance coverage. We write to raise concerns about the IFR's treatment of the pregnancy exemption from community engagement requirements, particularly its lack of clarity regarding pregnancy self-attestation.

Medicaid Coverage Is Essential to Protecting and Improving Maternal Health
Medicaid is the single largest payor of pregnancy-related care in the United States, supporting 41% of births nationally.[2] It also plays a substantial role in supporting pregnancy

in rural areas, financing nearly half (47%) of all births in rural communities and helping sustain obstetric units in hospitals already facing staffing and financial strain.[3]

Exemption Verification Processes for Pregnant and Postpartum Individuals are Ambiguous

Recognizing the unique needs of pregnant and postpartum individuals, OBBBA excludes these populations from community engagement requirements. This exclusion is grounded in section 1902(xx)(9)(A)(ii)(IX) of the Social Security Act (SSA),[4] as added by section 71119 of OBBBA,[5] and is implemented as a Specified Excluded Individual (SEI) category at 42 CFR § 435.554(c)(10).

The IFR outlines the processes by which individuals exempt from community engagement requirements can claim such exemptions. Specifically, section 1902(xx)(5) of the SSA directs states to use reliable information to verify SEI status, including pregnancy, without requiring additional information from the individual where possible and sets no cutoff date on that flexibility. The IFR's preamble reflects this standard at 42 CFR § 435.956(e), directing states to accept a pregnancy self-attestation unless the state has information that is not reasonably compatible with it.[6] We support this standard and the flexibility it provides to states.

However, another part of the IFR's preamble introduces ambiguity regarding the verification requirements that states should follow. Beginning January 1, 2028, where reliable information is inconsistent with what an individual has provided, the preamble states that "the State must require documentation or other information if documentation is not reasonably available."[7]

Because the verification requirements at § 435.557 apply to all exceptions and exclusions,[8] it is unclear whether the 2028 documentation standard applies only to the listed exceptions or also to the pregnancy-specific standard at § 435.956(e). Nothing in the statute requires this standard to apply to pregnancy verification, so this ambiguity is a product of the IFR's drafting, not a statutory constraint. ***SMFM urges CMS to state explicitly that the pregnancy-specific attestation standard at § 435.956(e) is not subject to the 2028 documentation requirement,*** and that states may accept pregnancy self-attestation without additional documentation whenever no other reliable information is available, with no expiration date on that flexibility.

Self-Attestation Must Remain Available Without Additional Documentation Burdens

Nearly a quarter of pregnant patients do not attend their first prenatal visit until after 14 weeks,[9] and claims take additional time to process once a visit occurs.[10] As such, ex parte verification relying on claims data often may not reflect a pregnancy until well after clinical confirmation and months into a pregnancy. Without the ability to self-attest, patients risk losing coverage or facing work requirements they should be exempt from. ***SMFM urges CMS to preserve self-attestation as a reliable pathway to the pregnancy exemption.***

If states read § 435.557 to require documentation for pregnancy status starting in 2028, patients and clinicians will bear the cost. This would lead to delayed confirmation of exemption status, added appeals and follow-up work for state agencies, and coverage gaps that would limit access to prenatal care essential to health pregnancies. ***SMFM urges CMS to weigh these administrative and clinical costs before finalizing the IFR with this ambiguity unresolved.***

Again, SMFM appreciates the opportunity to comment. Clarification would ensure the pregnancy exemption functions as Congress intended, reduce unnecessary administrative burden on states, and prevent pregnant Medicaid enrollees from being inadvertently subjected to work requirements during a critical period of their care.

Thank you for considering these comments. Please do not hesitate to contact Rebecca Abbott, SMFM's Senior Director of Advocacy, at rabbott@smfm.org should you have questions.

Sincerely,

Alison G. Cahill, MD, MSCI
President

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[1] Centers for Medicare & Medicaid Services. Medicaid program; community engagement requirement for certain individuals; interim final rule with comment period. Fed Regist. 2026;91:33348-33482. https://www.federalregister.gov/documents/2026/06/03/2026-11094/medicaid-program-community-engagement-requirement-for-certain-individuals

[2] Ranji U, Salganicoff A, Tolbert J, Frederiksen B, Gomez I. 5 key facts about Medicaid and pregnancy. KFF. Published May 29, 2025. https://www.kff.org/medicaid/5-key-facts-about-medicaid-and-pregnancy/

[3] Alker J, Osorio A. Medicaid plays a key role for maternal and infant health in rural communities. Georgetown University Center for Children and Families. Published May 15, 2025. https://ccf.georgetown.edu/2025/05/15/medicaid-plays-a-key-role-for-maternal-and-infant-health-in-rural-communities/

[4] Social Security Act § 1902(xx)(9)(A)(ii)(IX), 42 USC § 1396a(xx)(9)(A)(ii)(IX), as added by One Big Beautiful Bill Act, HR 1, 119th Cong § 71119(a)(2025)(enacted as Pub L No. 119-21).

[5] HR 1, 119th Congress (2025-2026): An Act to Provide for Reconciliation Pursuant to Title II of H Con Res 14, § 71119. July 4, 2025. https://www.congress.gov/bill/119th-congress/house-bill/1/text

[6] 42 CFR § 435.956(e). https://www.ecfr.gov/current/title-42/part-435/section-435.956#p-435.956(e)

[7] Centers for Medicare & Medicaid Services. Medicaid program; community engagement requirement for certain individuals. Fed Regist. 2026;91(106):33400.

[8] Centers for Medicare & Medicaid Services. Medicaid program; community engagement requirement for certain individuals. Fed Regist. 2026;91(106):33474.

[9] Osterman MJK, Martin JA. Changes in timing of prenatal care initiation: United States, 2021-2024. NCHS Data Brief No. 550. National Center for Health Statistics; 2026. https://www.cdc.gov/nchs/data/databriefs/db550.pdf

[10] Medicaid and CHIP Payment and Access Commission. Time required for complete TAF data. Data Brief #3051. Published June 2025. https://www.medicaid.gov/dq-atlas/downloads/supplemental/3051-TAF-Data-Run-Out.pdf