MassHealth officials knew thousands would lose coverage under Trump requirements. It's worse than they initially thought.

By **Marin Wolf** Globe Staff, Updated June 27, 2026, 4:14 a.m.

State officials are trying to keep 110,000 particularly vulnerable MassHealth members from losing their health insurance coverage. SUZANNE KREITER/GLOBE STAFF

MassHealth officials knew some 300,000 residents could lose coverage under tough new Trump administration requirements. But it's worse than they initially thought.

Program officials recently learned that up to another 110,000 people — parents, children, elderly adults, and people with disabilities — will have to take extra steps to continue their health insurance.

People on two federal safety-net programs aimed at extremely poor families with kids, the disabled, and the elderly have long automatically been enrolled in MassHealth, but that will end starting this fall. Over the next year, these MassHealth members will have to fill out additional paperwork to prove they are eligible for the state's low-income health insurance. Legal experts worry that this particularly vulnerable group may not know about or be able to navigate the new requirements in time to maintain their coverage.

"No one anticipated that [the Centers for Medicare & Medicaid Services] would look at low-income families with children and elderly and disabled people in cash-assistance programs and say, 'Oh yeah, there might be a few [who could work] in there, so the whole group now has to'" comply with the work requirement process, said Victoria Pulos, senior health attorney at the Massachusetts Law Reform Institute, an advocacy group.

"We are very concerned that, at best, this means delaying access to care, or at worst it means eligible people losing benefits for paperwork reasons," she said.

The Centers for Medicare & Medicaid Services did not respond to a request for comment.

For decades, the state's MassHealth program has automatically enrolled recipients of two financial assistance programs — Transitional Aid to Families with Dependent Children and Emergency Aid to the Elderly Disabled and Children. The programs are for children, caregivers, and older adults who earn very little. To qualify for TAFDC, a family of four who live in private housing cannot make more than $1,043 per month, or $12,500 annually. Both programs require vetting, including an interview with a state employee.

"This is supposedly the gold standard that benefit programs are seeking," Pulos said. "It's more than enough for another agency to also determine you qualify for them, instead of making you go through all that red tape and paperwork twice."

MassHealth quietly announced the change in early June, shortly after the release of long-awaited Centers for Medicare & Medicaid Services guidance on how states should determine who is exempt from proving they work or volunteer at least 80 hours a month in order to maintain their health insurance. Those guidelines proved to be far more onerous than officials and policy experts had anticipated.

"President Trump and Republicans in Congress passed a law that is now making MassHealth members jump through administrative hoops to keep their health care coverage," a MassHealth spokesperson said in a statement. "We will do everything we can to communicate these changes and support members through the application process so that they can keep the coverage they are eligible for and rely on for their health and wellbeing."

Many of the people participating in the financial assistance program already qualify for work requirement exemptions: They're pregnant, caring for young children, are 65 or older, or are medically frail.

MassHealth will stop automatically enrolling new recipients of the cash assistance programs this fall. Then, starting in 2027, current MassHealth recipients will need to complete an application to prove their eligibility to maintain their coverage.

The program plans to reach out to affected members in the late summer or early fall of this year to explain how to stay covered. Members who have not already applied will also receive a MassHealth application in 2027, a MassHealth spokesperson said.

Proving someone is medically frail, however, is going to be particularly difficult. People between age 19 and 64 who largely received Medicaid through the Affordable Care Act's coverage expansion will have to receive a qualifying diagnosis and confirmation from a health care provider that they're too sick to work. It will create extra work both for MassHealth applicants and clinicians.

"We don't do employability assessments. That's not a regular part of our job," said Dr. Benjamin Sommers, a Harvard health economist and primary care physician, following the release of the CMS guidelines earlier this month. "It would take a lot of staff hours, and again, we're not really trained for this."

In order to phase out the automatic enrollment pathway, MassHealth must receive federal approval. As a part of that process, the state agency is accepting public comment through July 6, according to a MassHealth document.

Pulos, with the Massachusetts Law Reform Institute, said her organization and other advocacy groups plan to submit comments with ideas on how MassHealth and the state Department of Transitional Assistance can minimize the risk of people losing coverage, like connecting people to staff who can help them.

Executing these ideas, however, could prove to be too much for the state offices that are already navigating significant federal changes. The Department of Transitional Assistance has recently struggled to keep up with high call volumes related to the Supplemental Nutrition Assistance Program, often called food stamps, leading to a drop in enrollment.

Department of Transitional Assistance spokesperson Cecille Avila said the agency is in close coordination with MassHealth and is working to assure financial assistance recipients are supported through the transition.

Pulos said she hopes the state will be open to the public's ideas.

"Expectations were reversed with very short notice," Pulos said. "Given the speed with which massive agencies like MassHealth and DTA move, I don't think they've worked through all the implications."

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