



# **Navigating the Storm: Medicaid Changes & Impacts on People with Substance Use Disorder**



September 30, 2026

# Housekeeping

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Questions you ask the host and panelists will show up here

Type your question here...

Chat

Q&A



Navigating the Storm: Medicaid Changes & Impacts on People with Substance Use Disorder

3

# Our Program

|            |                                                   |                                                                                                                                                                                        |
|------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12:30 P.M. | <b>Welcome &amp; Introductions</b>                | <i>Julie Burns</i>                                                                                                                                                                     |
| 12:35 P.M. | <b>Opening Remarks</b>                            | <i>Deirdre Calvert</i>                                                                                                                                                                 |
| 12:40 P.M. | <b>Presentation of Findings</b>                   | <i>Dr. Avik Chatterjee</i>                                                                                                                                                             |
| 1:00 P.M.  | <b>MassHealth Updates</b>                         | <i>Abby Akoury</i><br><i>Dr. Swathi Damodaran</i>                                                                                                                                      |
| 1:15 P.M.  | <b>Reaction &amp; Moderator-Facilitated Panel</b> | <i>Lisa Blanchard</i><br><i>Dr. Maria Celli</i><br><i>Dr. Peter Smith</i>                                                                                                              |
| 1:40 P.M.  | <b>Open Q&amp;A with Event Participants</b>       | <i>Dr. Avik Chatterjee</i><br><i>Dr. Swathi Damodaran</i><br><i>Tracey Nicolosi</i><br><i>Abby Akoury</i><br><i>Lisa Blanchard</i><br><i>Dr. Maria Celli</i><br><i>Dr. Peter Smith</i> |
| 2:00 P.M.  | <b>Adjourn</b>                                    | <i>Julie Burns</i>                                                                                                                                                                     |

# Webinar Overview & Learning Objectives

1

Describe the projected effects of Medicaid work requirements on coverage, access to MOUD, and overdose death risk in Massachusetts.

2

Identify actionable steps they can take within their respective roles to protect Medicaid coverage and continuity of MOUD access.

3

Implement proactive outreach and education strategies that inform patients with SUD about the impending changes and help them complete the steps needed to maintain coverage.



# The Estimated Impact of Medicaid Work Requirements on Overdose Deaths and Costs

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Avik Chatterjee, MD, MPH  
Associate Professor



Grayken Center for Addiction  
Training & Technical Assistance  
**Boston Medical Center**

**Navigating the Storm:** Medicaid Changes & Impacts  
on People with Substance Use Disorder

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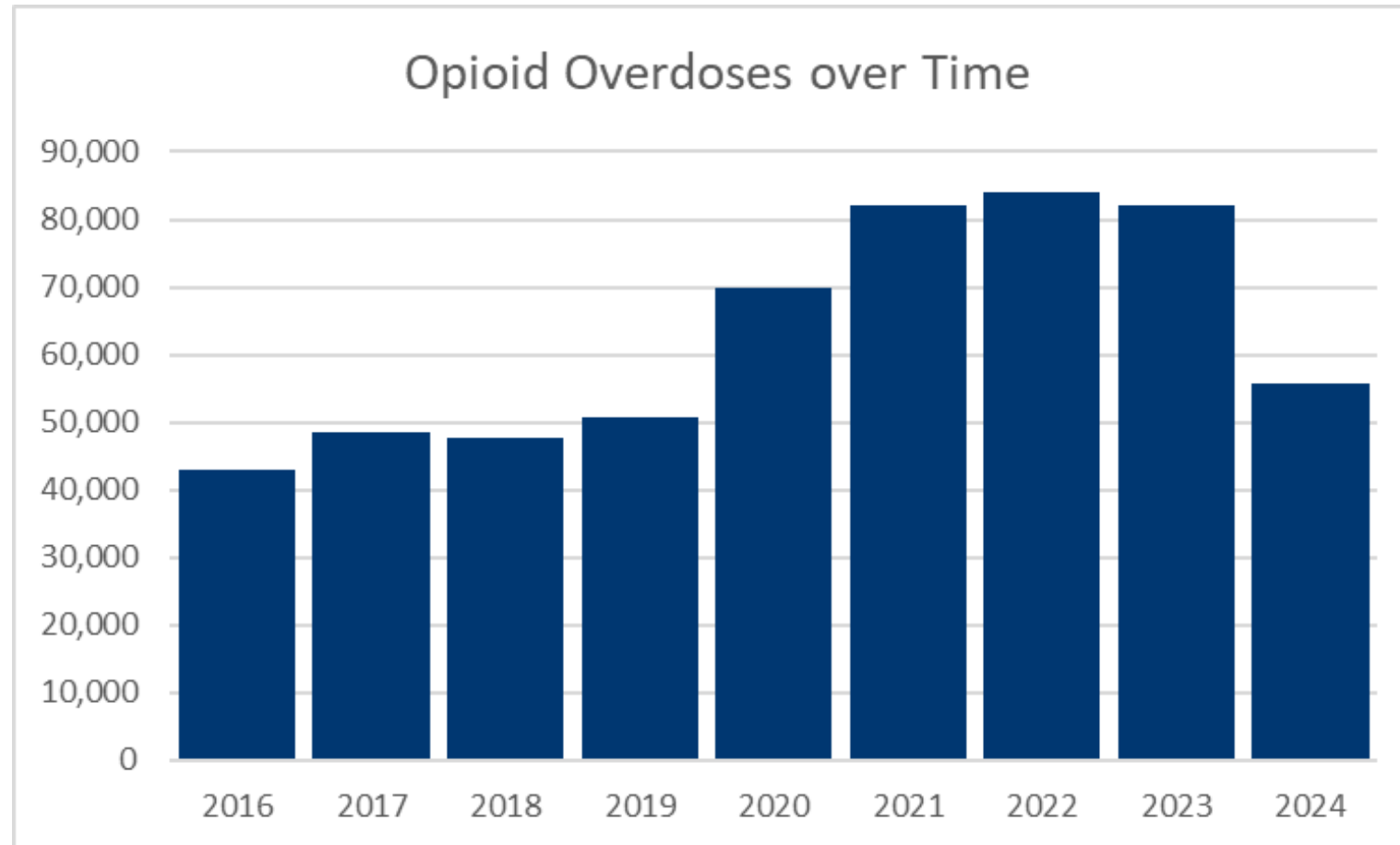
# Declarations and Funding

The presenter has no conflicts of interest to disclose.

This work is funded by NIDA through grants  
**R01DA046527** and **P30DA040500**.

# Background

# US Overdose Deaths



Source: CDC Provisional Drug Overdose Death Counts

# MOUD, Overdose, and Medicaid

Medications for  
Opioid Use  
Disorder (MOUD)  
lower overdose risk

Medicaid covers  
over half of all  
adults who  
receive MOUD

Sources:  
Treitler et al., 2025  
Shen et al., 2025  
KFF report, 2025

# Work Requirements

The One Big Beautiful Bill Act/House Resolution 1 (HR 1) legislates significant restrictions to Medicaid spending largely by imposing **work requirements** on recipients.

# Work Requirements

The One Big Beautiful Bill Act/House Resolution 1 (HR 1) legislates significant restrictions to Medicaid spending largely by imposing **work requirements** on recipients.

Most adults aged 19–64 must complete **at least 80 hours per month** of work or approved activities

OR

Qualify for an exemption (through disability status, pregnancy, or medical frailty).

# Work Requirements Lead to Coverage Loss



HealthAffairs

TOPICS

JOURNALS ▼

FOREFRONT

MORE CONTENT ▼

MEDICAID

FOREFRONT

## Nation's First Medicaid Work Requirement Sheds Thousands From Rolls In Arkansas

J. Craig Wilson and Joseph W. Thompson • October 2, 2018

# SUD Exemption Eligibility

Individuals need to be determined 'eligible' for the SUD exemption to work requirements:

**Auto-Matching  
of Claims or  
Diagnosis Data**



**Self-Attestation  
of Reason  
for Exemption**

**Note: Guidance on exact pathways for exemption determination have not yet been established.**

# Interim Rules

- **Before 1/1/28:** Self-attestation ("under penalty of perjury") may be sufficient for exemption in first year, at any time
- **1/1/28 and after:**
  - Self-attestation can be used once during a continuous enrollment episode
  - At each subsequent renewal, "the individual's medically frail status must be verified using reliable information available to the state or documentation submitted by the individual"

# Proposed Mechanism



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# Aim

Use simulation modeling to estimate impacts of HR1 on:



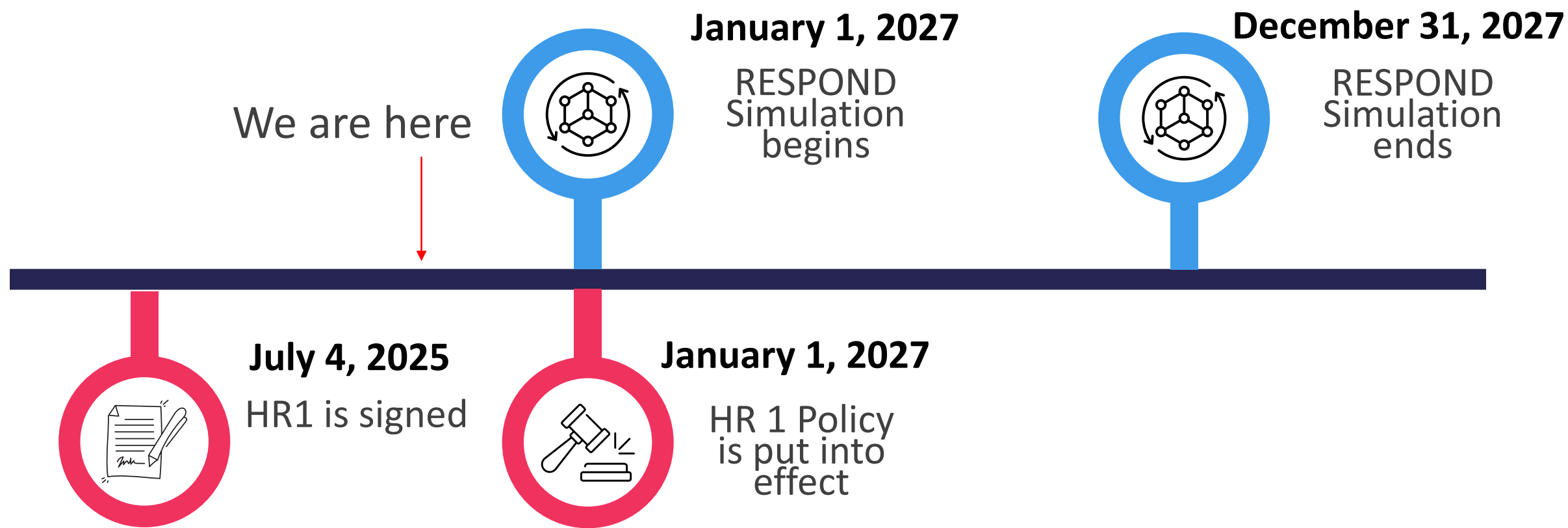
Opioid overdose deaths



Costs to the healthcare sector  
and carceral settings

# Methods

# Timeline



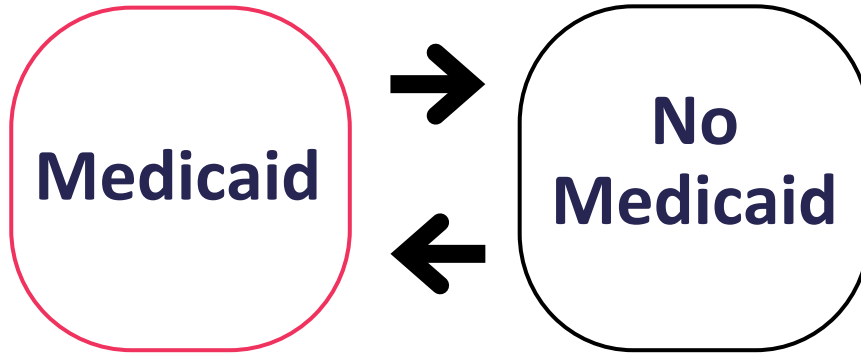
# Models

## Coverage Estimation Model

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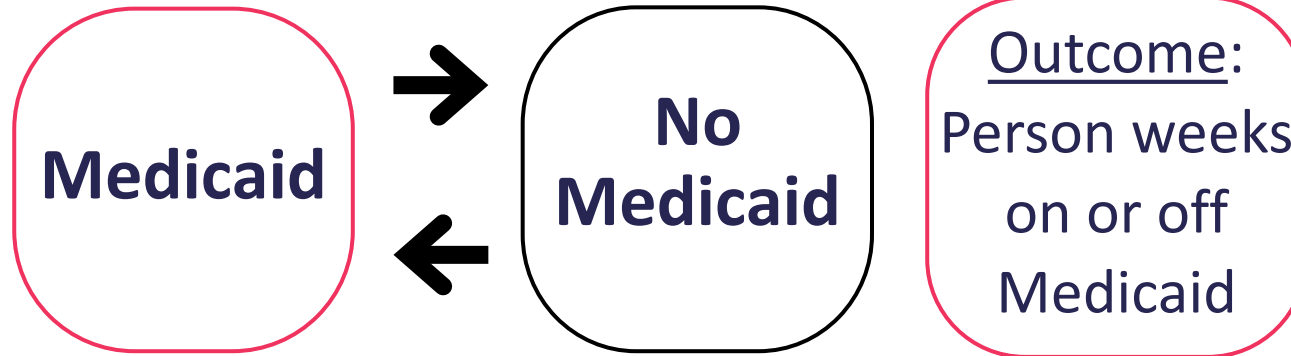
# Models

**Coverage  
Estimation  
Model**



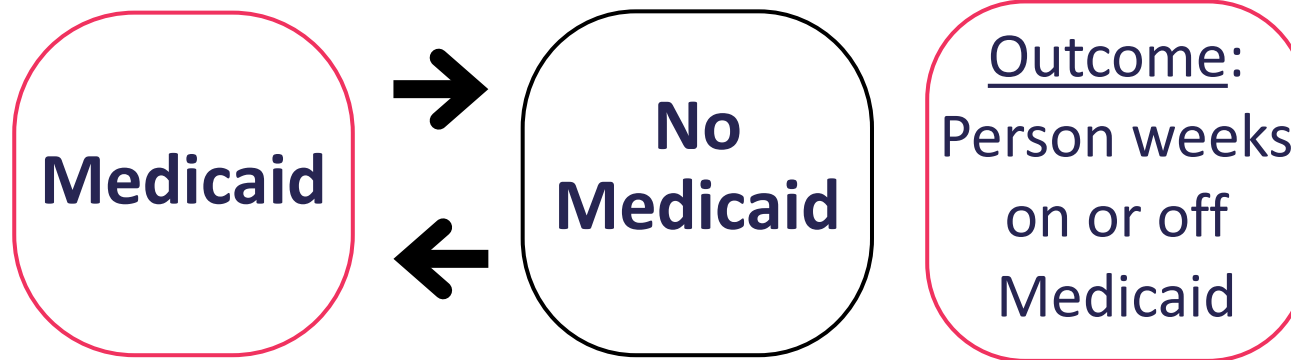
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# Models

**Coverage  
Estimation  
Model**

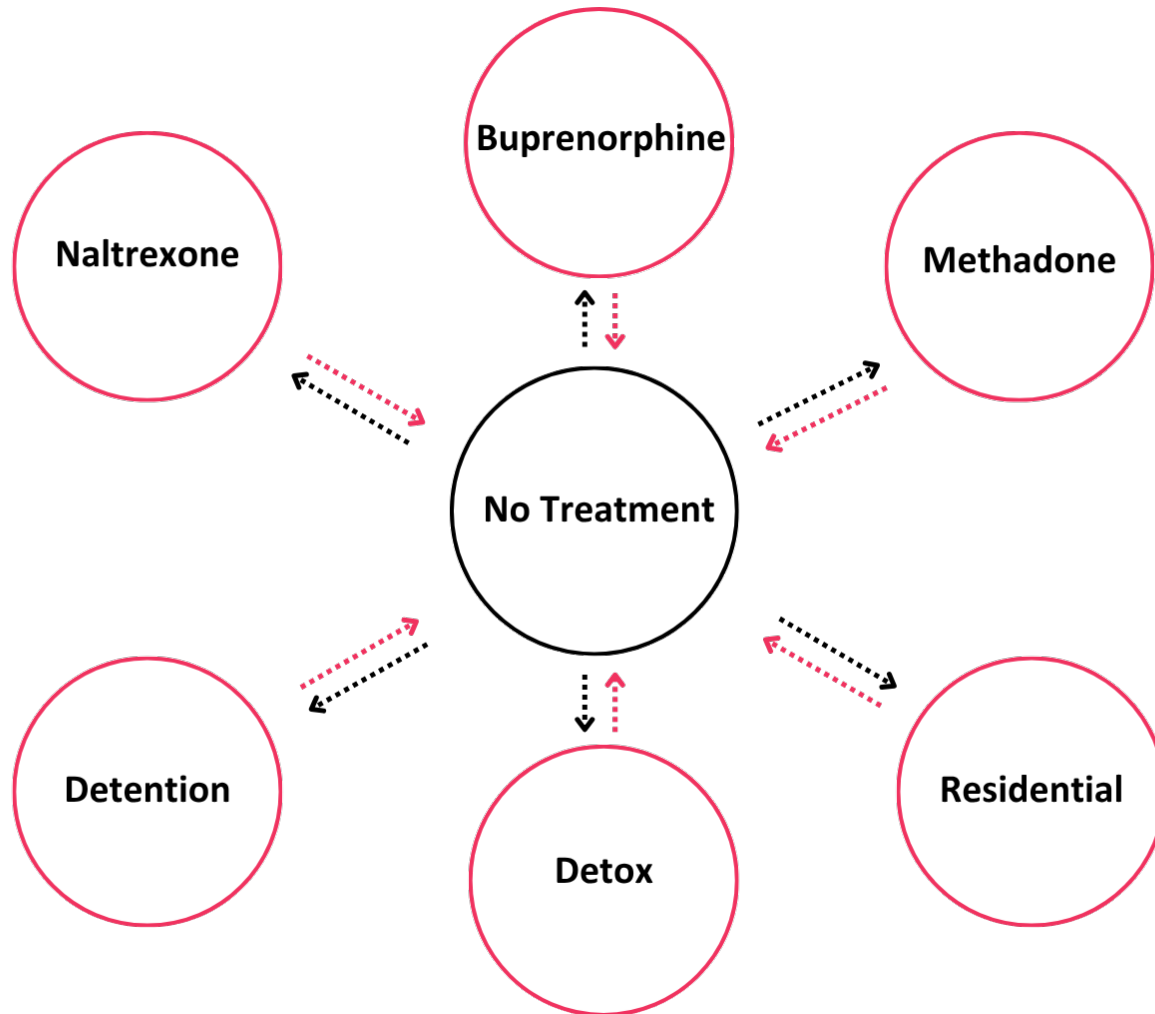


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**RESPOND  
Model**

# The RESPOND Model

## (Researching Effective Strategies to Prevent Opioid Death)



> [JAMA Netw Open](#). 2024 Oct 1;7(10):e2437233. doi: 10.1001/jamanetworkopen.2024.37233.

### Health and Economic Outcomes of Offering Buprenorphine in Homeless Shelters in Massachusetts

Avik Chatterjee<sup>1</sup>, Emily A Stewart<sup>2</sup>, Sabrina A Assoumou<sup>2</sup>, Stavroula A Chrysanthopoulou<sup>3</sup>, Hana Zwick<sup>2</sup>, Rebecca Arden Harris<sup>4</sup>, Ryan O'Dea<sup>2</sup>, Bruce R Schackman<sup>5</sup>, Laura F White<sup>6</sup>, Benjamin P Linas<sup>2</sup>

> [JAMA Netw Open](#). 2025 Jun 2;8(6):e2517095. doi: 10.1001/jamanetworkopen.2025.17095.

### Health and Economic Outcomes of Addressing Encampments of Individuals Using Opioids

Hana Zwick<sup>1</sup>, Ryan O'Dea<sup>1</sup>, Joshua A Barocas<sup>2</sup>, Juliet Miko Flam-Ross<sup>3</sup>, Avik Chatterjee<sup>4 5</sup>, Alexander Y Walley<sup>4 5</sup>, Rebecca Arden Harris<sup>6</sup>, Bruce R Schackman<sup>7</sup>, Laura F White<sup>8</sup>, Stavroula A Chrysanthopoulou<sup>9</sup>, Sabrina A Assoumou<sup>1 4</sup>, Sean M Murphy<sup>8</sup>, Jake R Morgan<sup>4</sup>, Dimitri Baptiste<sup>1</sup>, Matthew Carroll<sup>1</sup>, Benjamin Paul Linas<sup>1 4</sup>

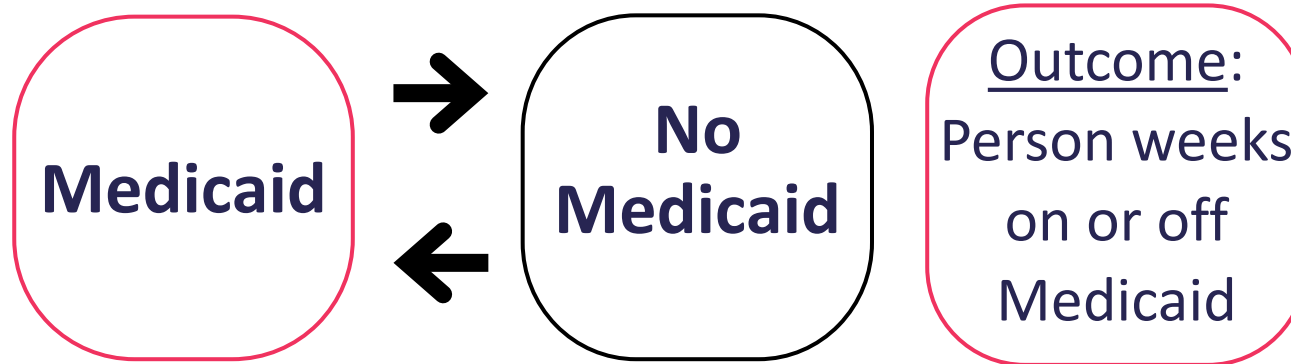
> [JAMA Netw Open](#). 2023 Apr 3;6(4):e237036. doi: 10.1001/jamanetworkopen.2023.7036.

### Estimated Costs and Outcomes Associated With Use and Nonuse of Medications for Opioid Use Disorder During Incarceration and at Release in Massachusetts

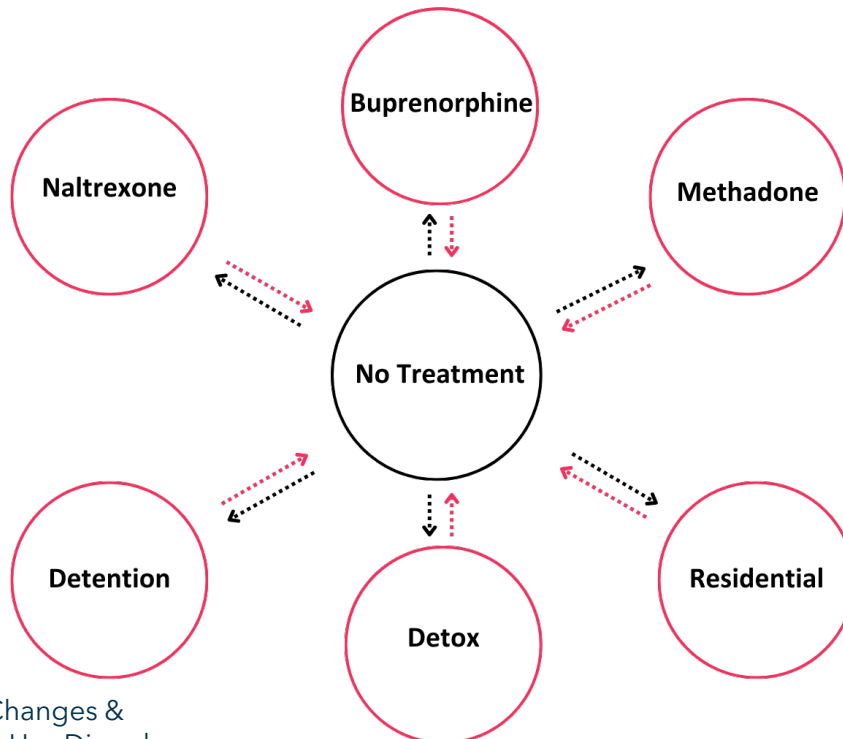
Avik Chatterjee<sup>1</sup>, Michelle Weitz<sup>2</sup>, Alexandra Savinkina<sup>3</sup>, Alexandria Macmadu<sup>4</sup>, R W M A Madushani<sup>2</sup>, Ruth A Potee<sup>5</sup>, Danielle Ryan<sup>6</sup>, Sean M Murphy<sup>6</sup>, Alexander Y Walley<sup>1</sup>, Benjamin P Linas<sup>2</sup>

# Models

## Coverage Estimation Model

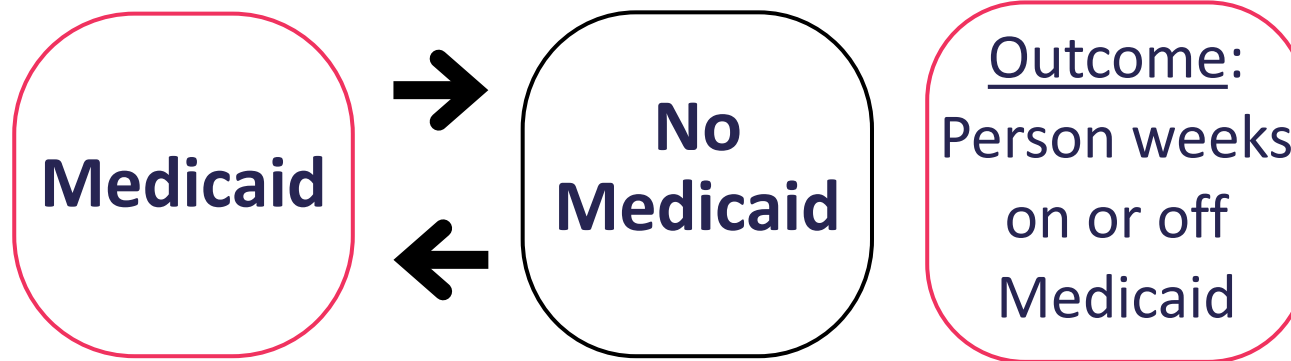


## RESPOND Model

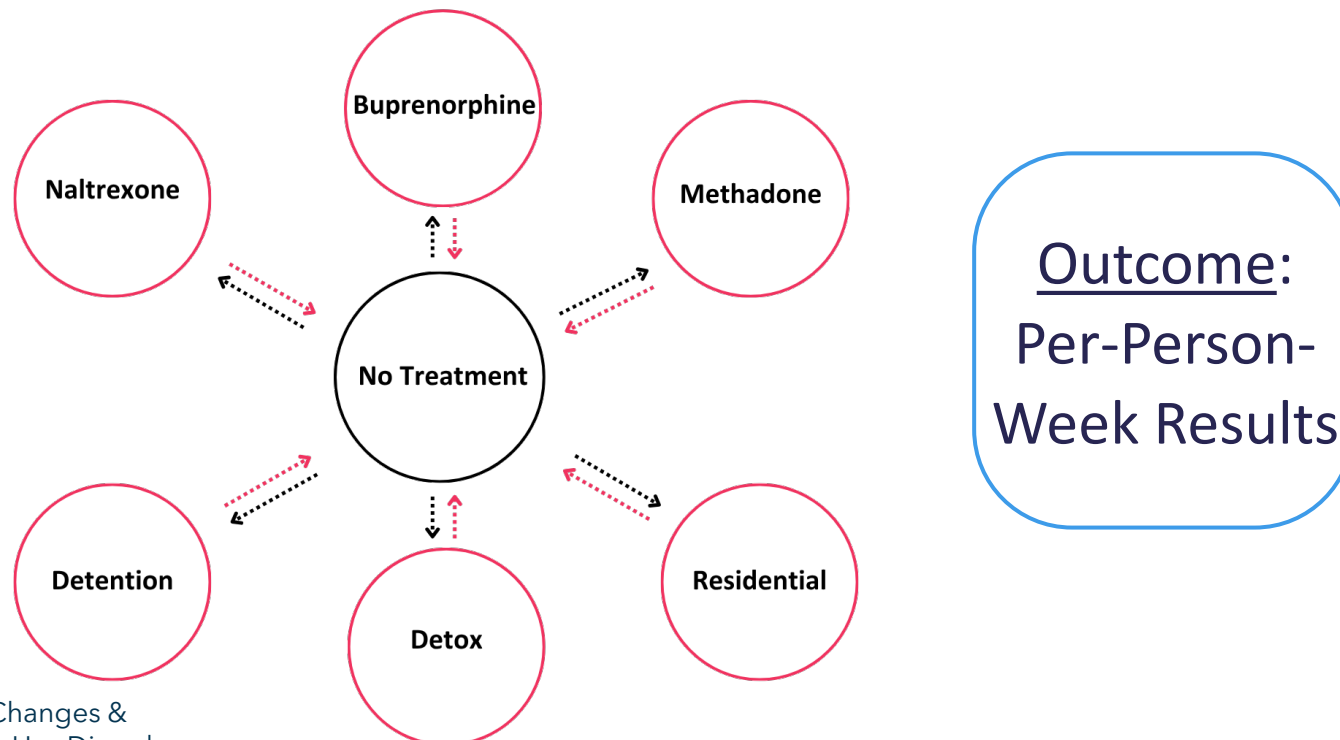


# Models

## Coverage Estimation Model



## RESPOND Model



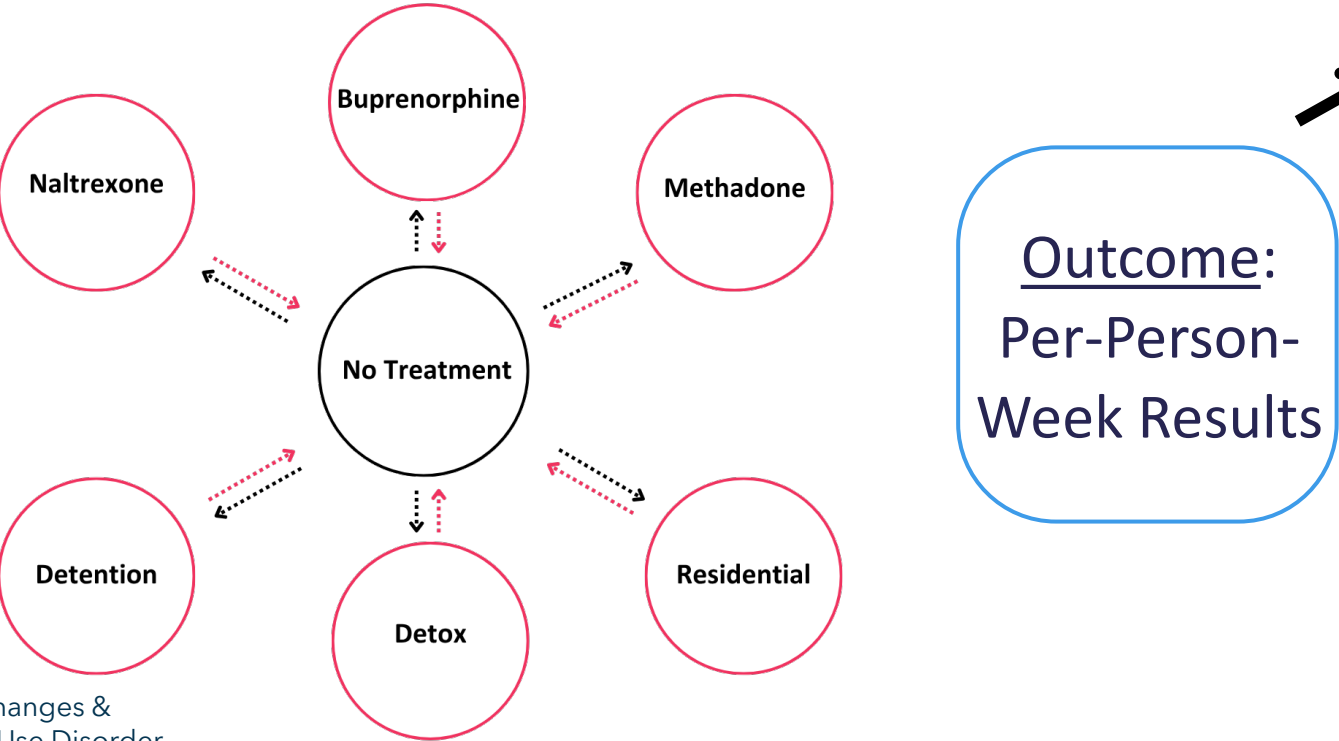
# Models

## Coverage Estimation Model

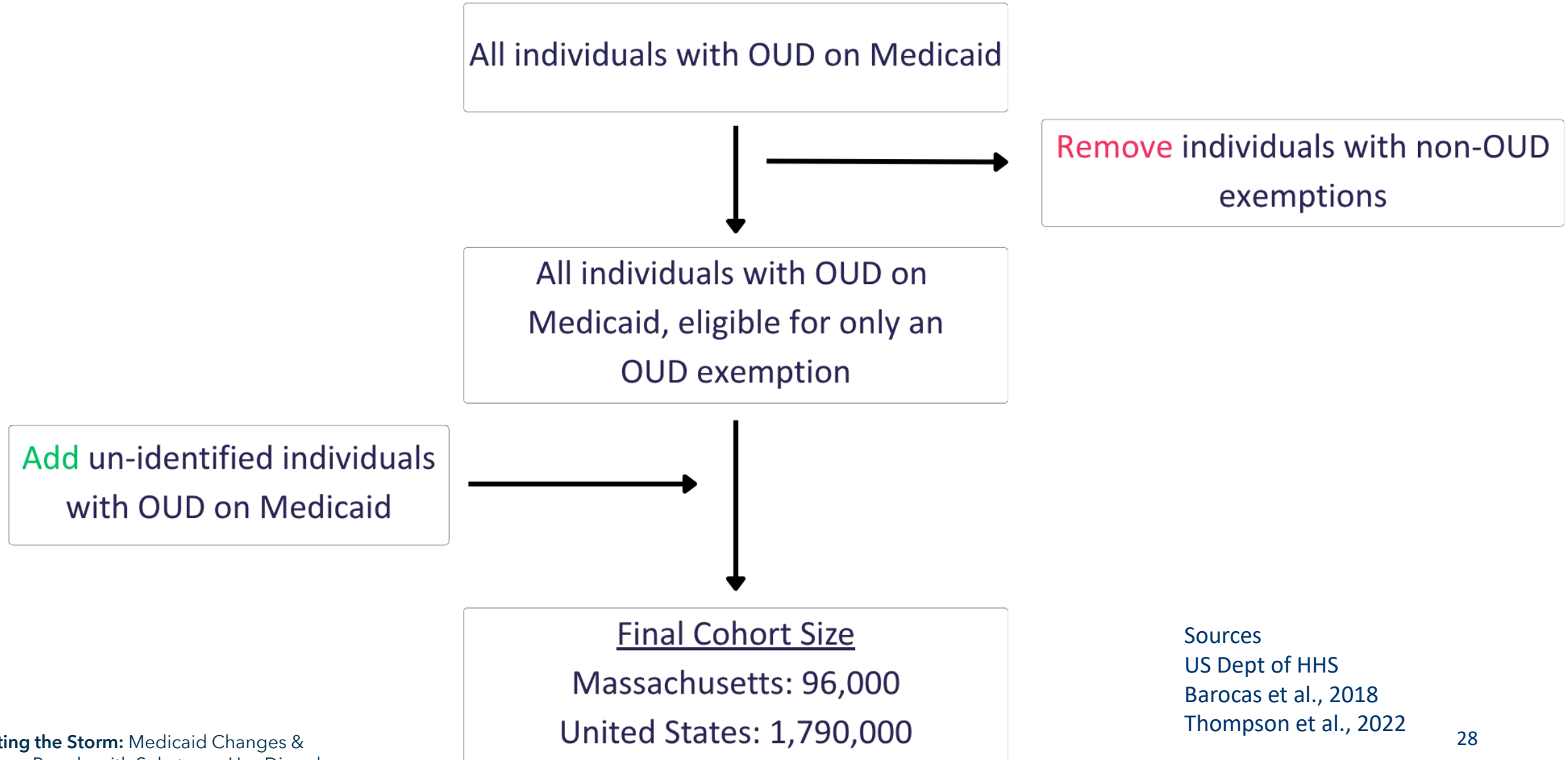


- Overall Outcomes:
- Person-Weeks on MOUD
  - Fatal and Nonfatal Overdoses
  - Total Costs

## RESPOND Model



# Cohort Estimation



Sources  
US Dept of HHS  
Barocas et al., 2018  
Thompson et al., 2022

# Scenarios

|                                          |                                       | No<br>HR1 | HR1 | Low<br>Coverage | High<br>Coverage |
|------------------------------------------|---------------------------------------|-----------|-----|-----------------|------------------|
| Eligibility<br>Determination<br>Strategy | Identified<br>OUD<br>(Claims)         |           |     |                 |                  |
|                                          | Un-Identified<br>OUD<br>(Self-Report) |           |     |                 |                  |

\* Kaiser Family Foundation (KFF) analysis of potential coverage losses

\*\*KFF report from experiences in Georgia/Arkansas

Assuming 40% of individuals in every  
scenario and group are working 29

# Scenarios

|                                          |                                       | No<br>HR1 | HR1 | Low<br>Coverage | High<br>Coverage |
|------------------------------------------|---------------------------------------|-----------|-----|-----------------|------------------|
| Eligibility<br>Determination<br>Strategy | Identified<br>OUD<br>(Claims)         | 0% loss   |     |                 |                  |
|                                          | Un-Identified<br>OUD<br>(Self-Report) | 0% loss   |     |                 |                  |

\* Kaiser Family Foundation (KFF) analysis of potential coverage losses

\*\*KFF report from experiences in Georgia/Arkansas

Assuming 40% of individuals in every scenario and group are working <sup>30</sup>

# Scenarios

|                                          |                                       | No<br>HR1 | HR1               | Low<br>Coverage | High<br>Coverage |
|------------------------------------------|---------------------------------------|-----------|-------------------|-----------------|------------------|
| Eligibility<br>Determination<br>Strategy | Identified<br>OUD<br>(Claims)         | 0% loss   | <b>10% loss*</b>  |                 |                  |
|                                          | Un-Identified<br>OUD<br>(Self-Report) | 0% loss   | <b>70% loss**</b> |                 |                  |

\* Kaiser Family Foundation (KFF) analysis of potential coverage losses

\*\*KFF report from experiences in Georgia/Arkansas

Assuming 40% of individuals in every scenario and group are working <sup>31</sup>

# Scenarios

|                                          |                                       | No<br>HR1 | HR1               | Low<br>Coverage | High<br>Coverage |
|------------------------------------------|---------------------------------------|-----------|-------------------|-----------------|------------------|
| Eligibility<br>Determination<br>Strategy | Identified<br>OUD<br>(Claims)         | 0% loss   | <b>10% loss*</b>  | 20% loss        |                  |
|                                          | Un-Identified<br>OUD<br>(Self-Report) | 0% loss   | <b>70% loss**</b> | 80% loss        |                  |

\* Kaiser Family Foundation (KFF) analysis of potential coverage losses

\*\*KFF report from experiences in Georgia/Arkansas

Assuming 40% of individuals in every scenario and group are working <sup>32</sup>

# Scenarios

|                                          |                                       | No<br>HR1 | HR1               | Low<br>Coverage | High<br>Coverage |
|------------------------------------------|---------------------------------------|-----------|-------------------|-----------------|------------------|
| Eligibility<br>Determination<br>Strategy | Identified<br>OUD<br>(Claims)         | 0% loss   | <b>10% loss*</b>  | <b>20% loss</b> | <b>0% loss</b>   |
|                                          | Un-Identified<br>OUD<br>(Self-Report) | 0% loss   | <b>70% loss**</b> | <b>80% loss</b> | <b>60% loss</b>  |

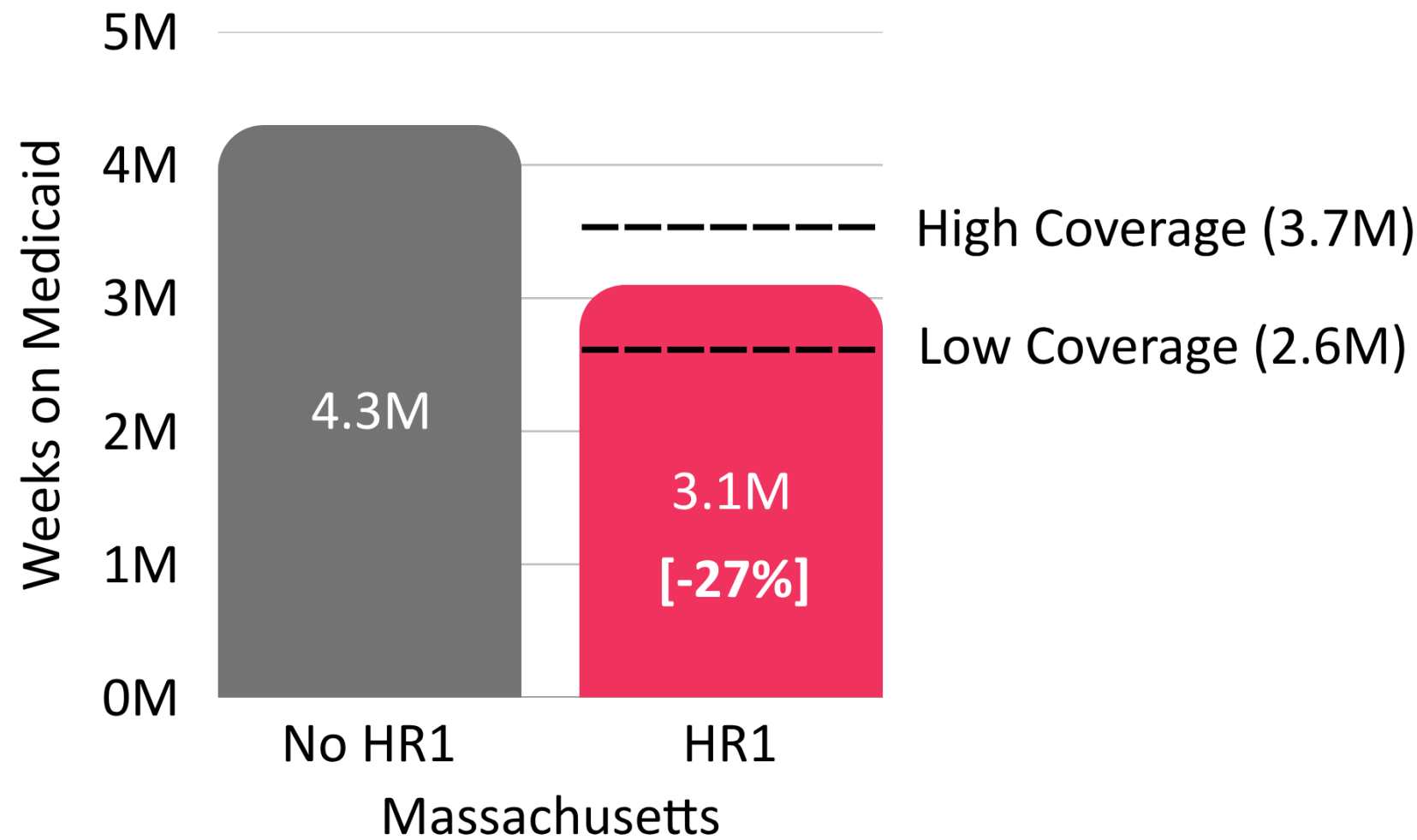
\* Kaiser Family Foundation (KFF) analysis of potential coverage losses

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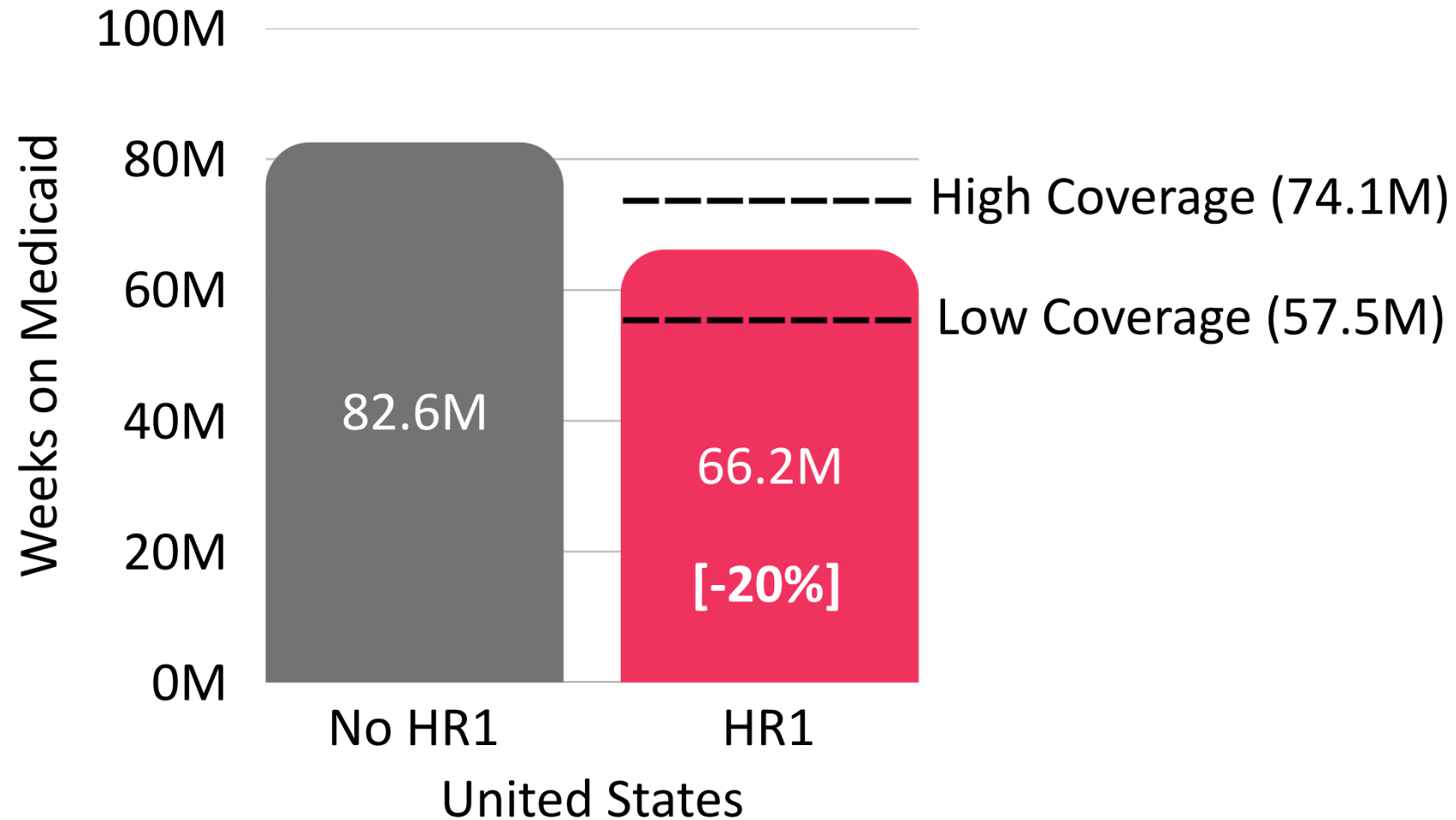
Assuming 40% of individuals in every  
scenario and group are working <sup>33</sup>

# Results

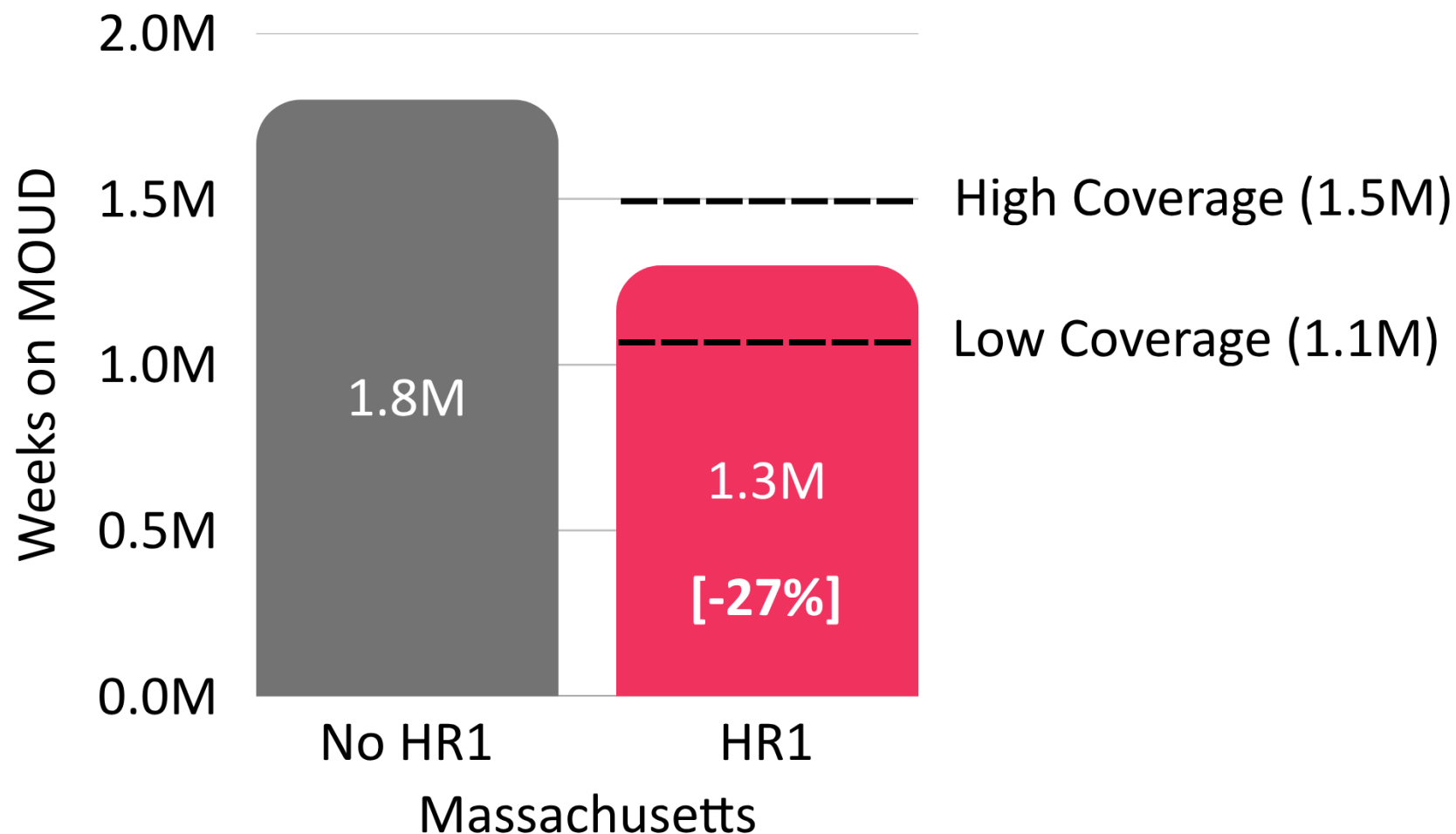
# Fewer Weeks with Medicaid Coverage



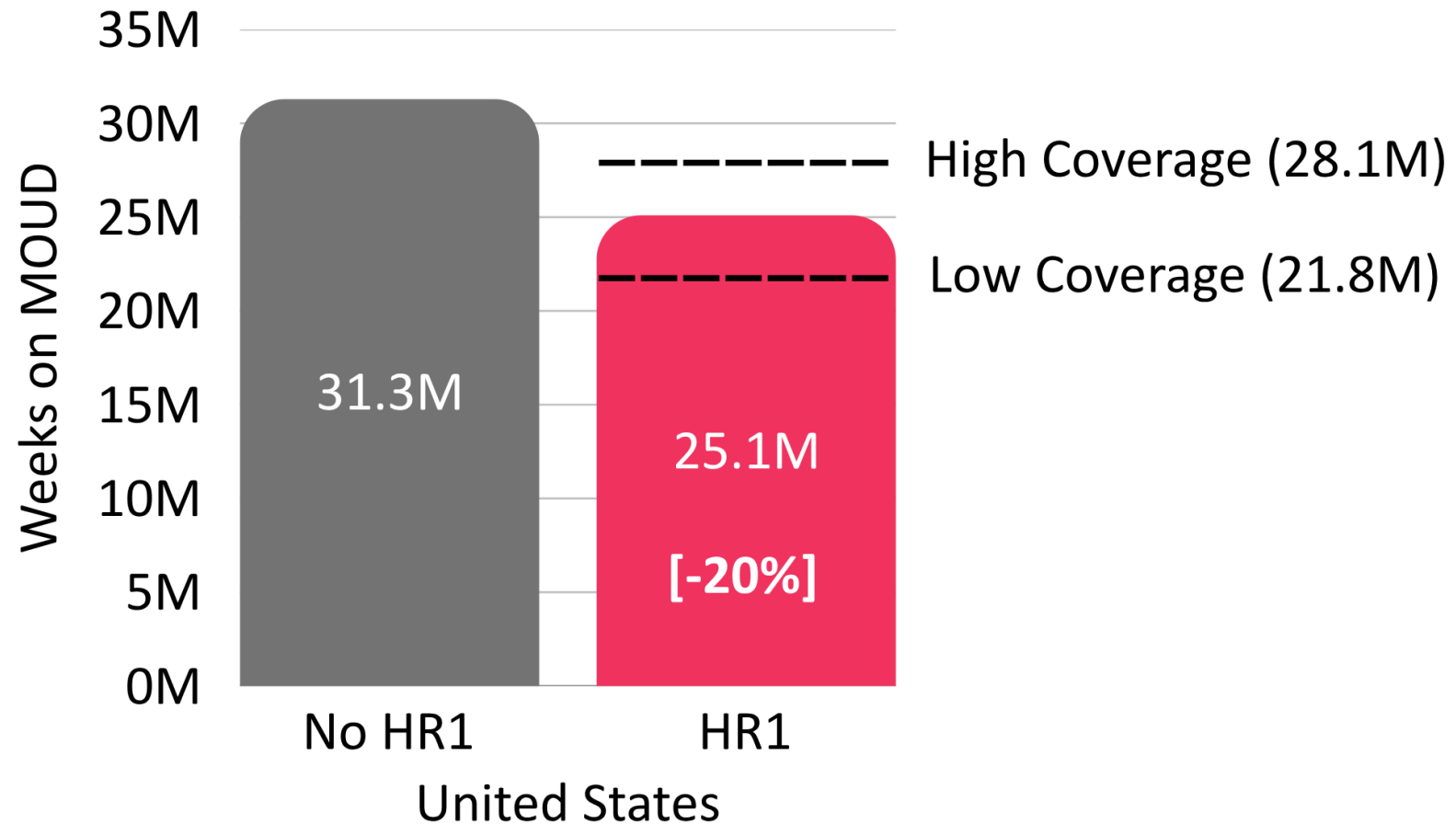
# Fewer Weeks with Medicaid Coverage



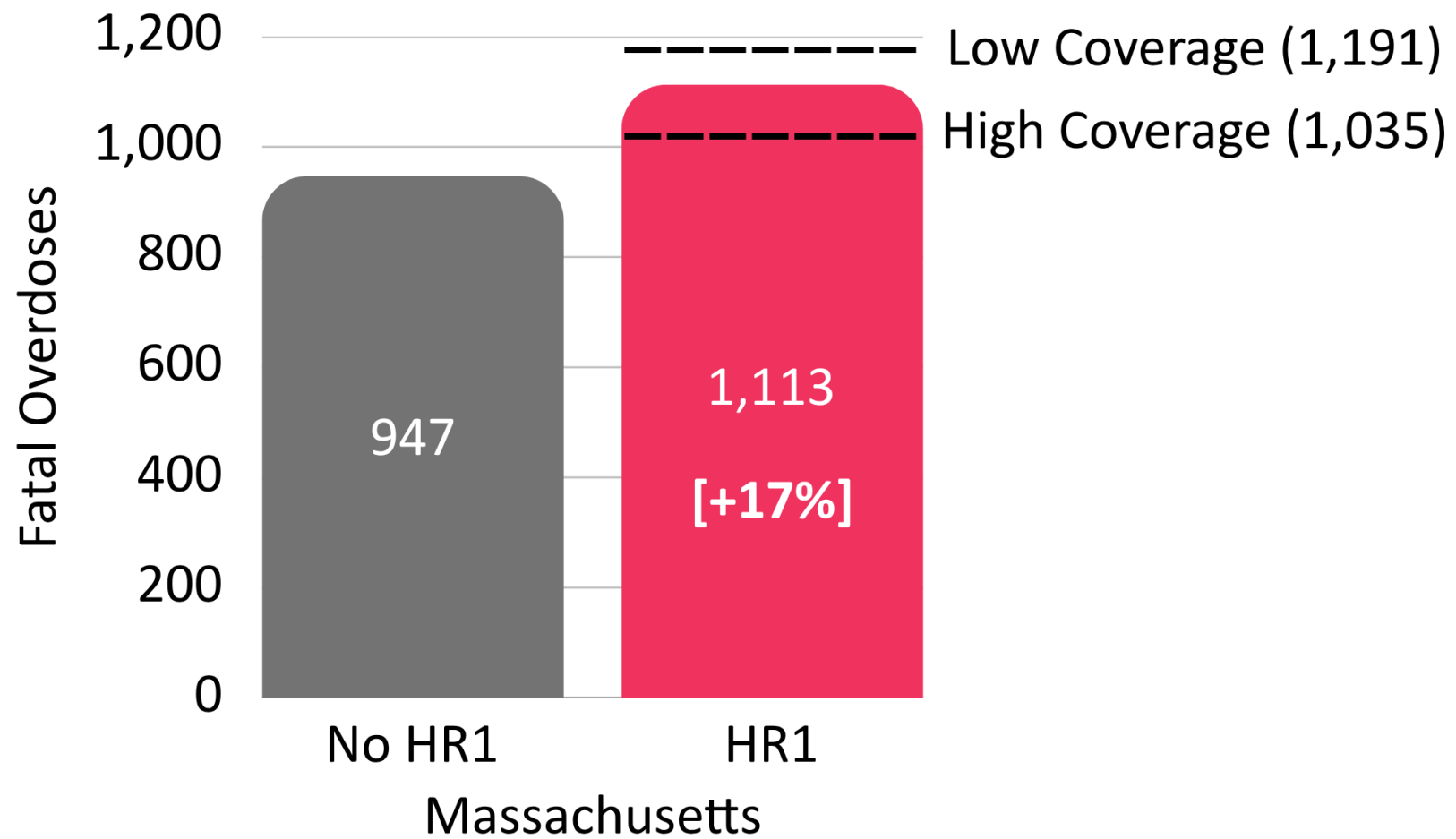
# Fewer Weeks on MOUD



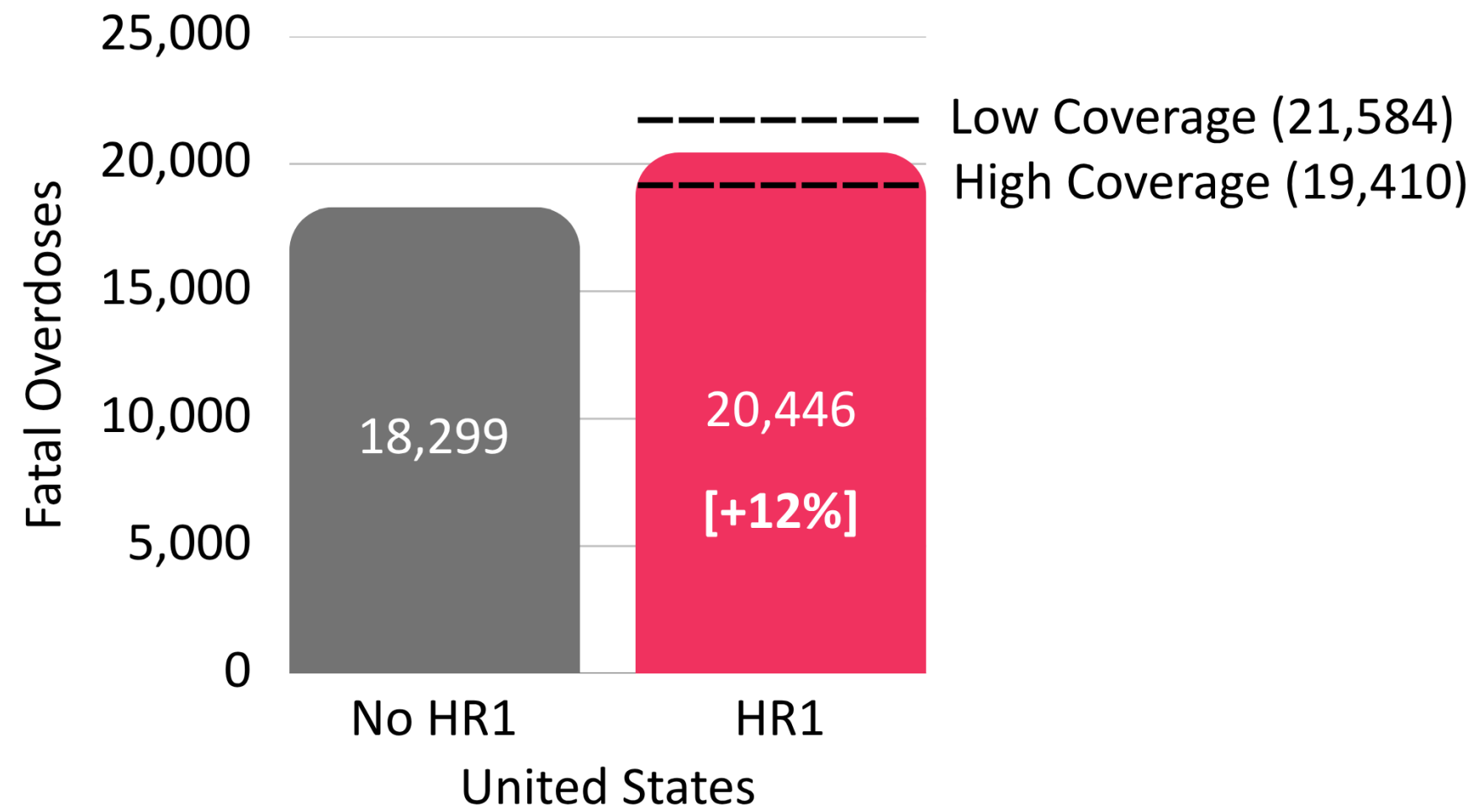
# Fewer Weeks on MOUD



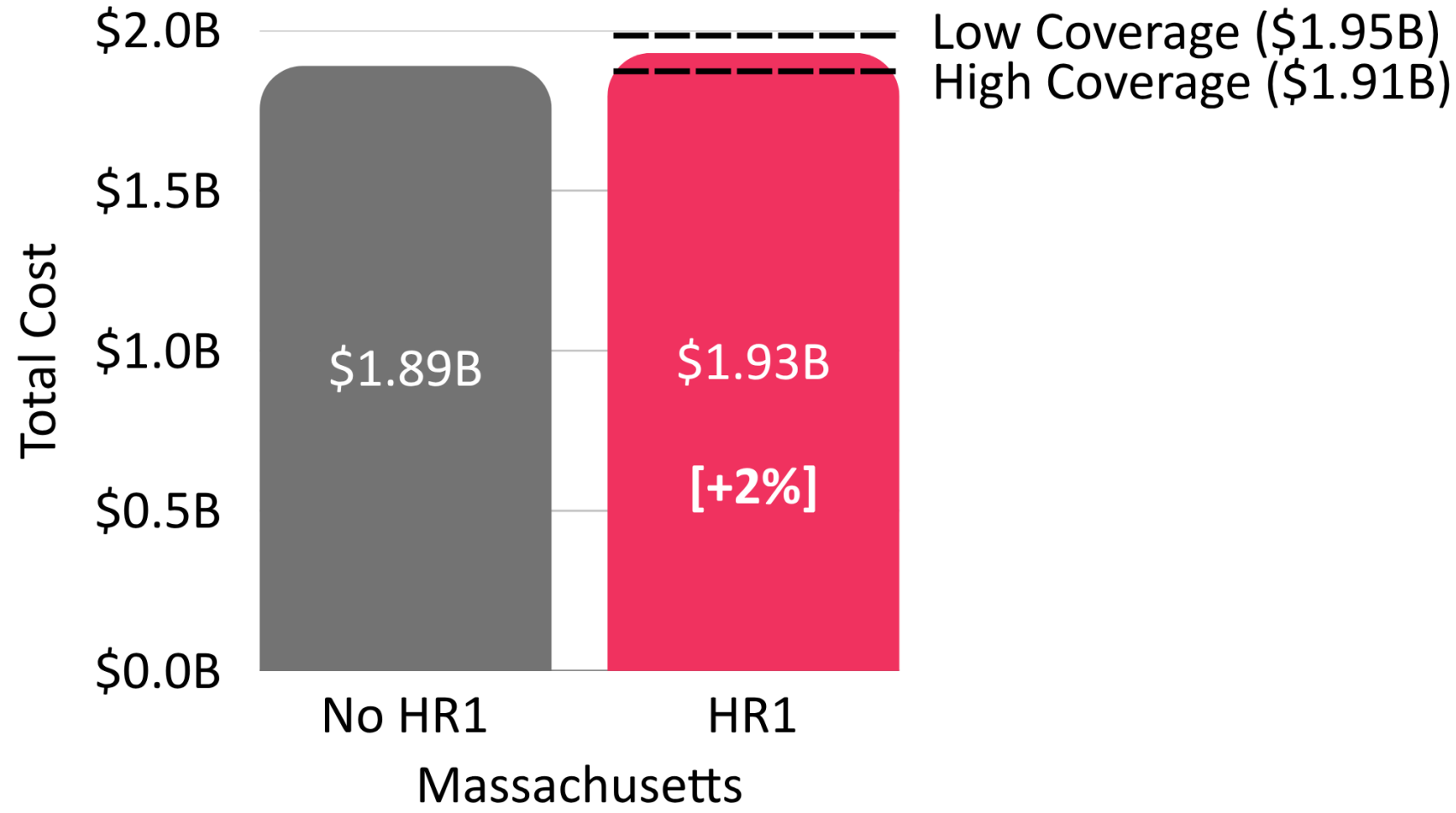
# Increased Fatal Overdoses



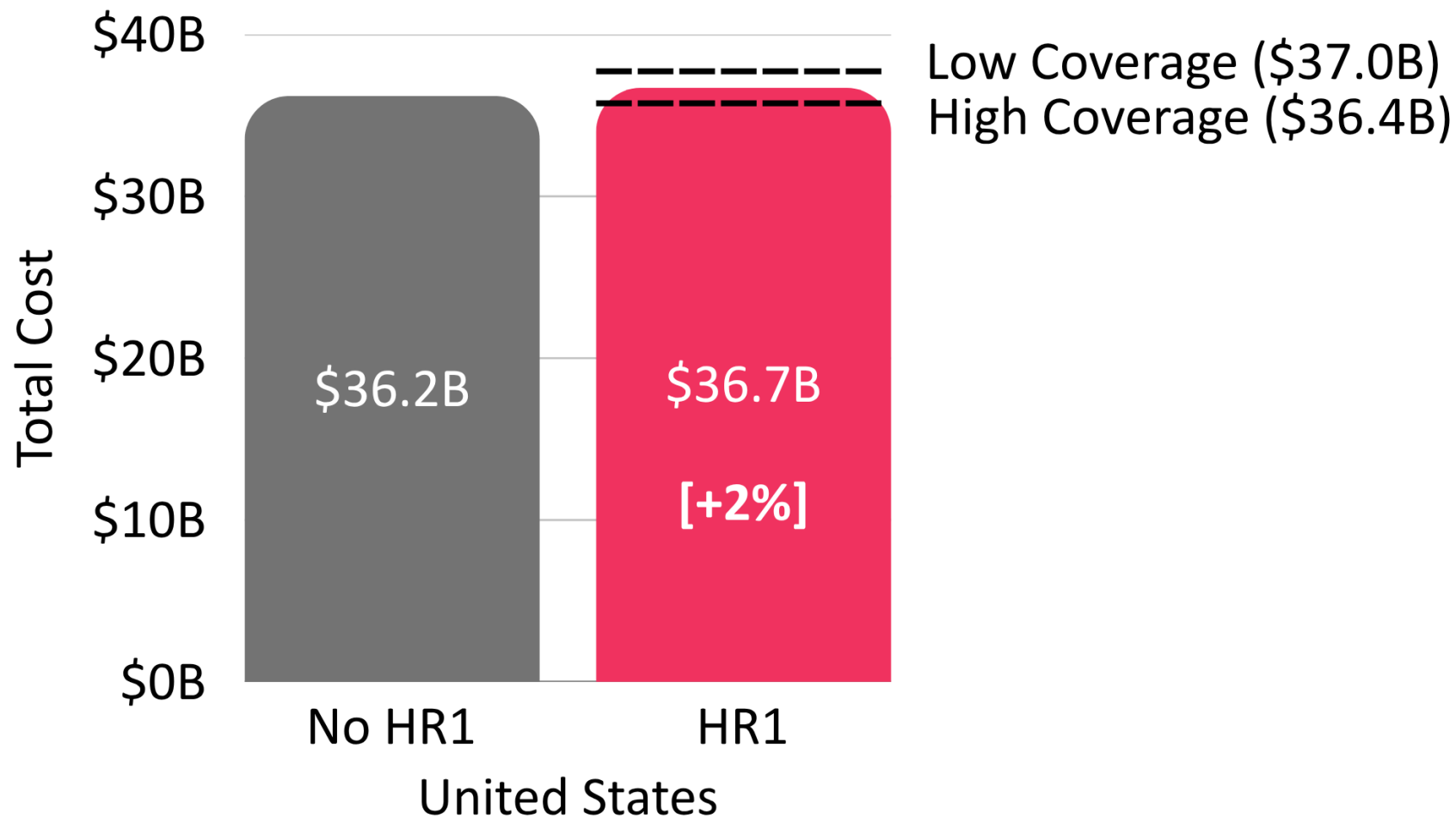
# Increased Fatal Overdoses



# Increased Costs



# Increased Costs



# Discussion

# Bottom Line

**We project that HR1 will reduce Medicaid enrollment, decrease access to opioid use disorder treatment, result in more overdose deaths, and increase costs in the U.S.**

# States can limit harm

State-level implementation opportunities can limit disenrollment and mitigate excess mortality from this policy choice.

**Worst case scenario projections increased mortality 30% compared to best case.**

# Acknowledgement

Our modeling outcomes represent what ***could*** happen under HR1.

We present a range of potential outcomes, acknowledging that exact details of policy implementation are still being worked out. We would like to express gratitude that we live in a state where our policymakers are taking efforts to mitigate the harms that could potentially arise as a result of this policy implementation.

[Home](#) | [JAMA Health Forum](#) | Vol. 7, No. 5

## Viewpoint



### Implementing Medical Frailty Exemptions Under HR 1 Clinical Considerations From Medicaid Medical Directors

Christopher Chen, MD, MBA<sup>1</sup>; Clara E. Filice, MD, MPH, MHS<sup>2,3</sup>; Janelle White, MD, MHCM<sup>4</sup>

» [Author Affiliations](#) | [Article Information](#)

# Clinic/Provider Strategies

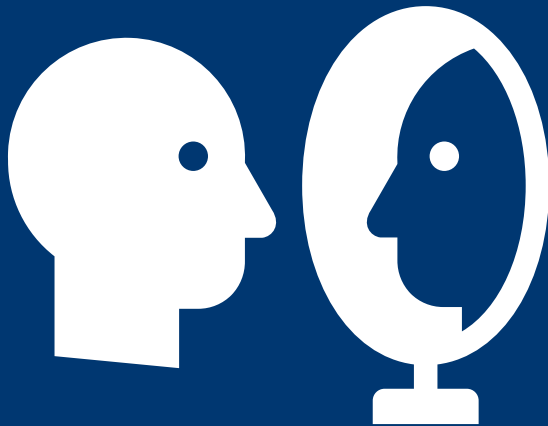


Increase frontline  
staff/outreach to facilitate  
enrollment/renewal



Maximize documentation of SUD  
diagnoses and associated impact on  
employment  
(e.g., methadone visits as a barrier  
to community engagement)

# Clinic/Provider Strategies



Proactively contact  
individuals ahead of  
need to re-  
determine eligibility



Document SUD with  
severity and other  
medical frailty

# Community Member Strategies



Check your mail for  
info from  
MassHealth



Go to your provider  
to discuss SUD and  
how it impacts your  
life to determine  
exemption



Renew every 6  
months

# Limitations and Future Work

The estimates may be different than what actually happens



Collecting real-time data once HR1 is implemented

No individual-level projections



Differential impact by race, gender

Uncertainty of how specific strategies may mitigate harm



Evaluate individual implementation strategies

# Conclusions

Medicaid work requirements in the HR 1 may **substantially increase overdose deaths and costs**

States can mitigate projected increases in overdose deaths and costs by **optimizing strategies to verify Medicaid eligibility**

# Thank you!



Benjamin Linas, MD, MPH  
Boston Medical Center



Sarah Gordon, PhD  
Boston University



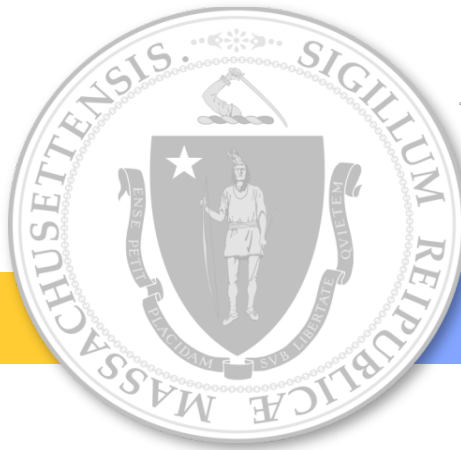
Avik Chatterjee MD, MPH  
Boston University



Hana Zwick, MSc  
Boston Medical Center



Jocelyn Vititow, BS  
Boston Medical Center



# OB3: Federal Changes Impacting MassHealth

Executive Office of Health and Human Services

**RIZE Massachusetts Foundation**  
**September 30, 2026**

# OB3 Changes to Medicaid

# What Are the Biggest Eligibility\* Changes from OB3?

## Upcoming Changes to MassHealth Eligibility Due to OB3

|                                                                                     |                |                                                                                                             |
|-------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------|
|    | <b>OCT '26</b> | <b>Coverage Changes for Certain Immigrants</b>                                                              |
|    | <b>JAN '27</b> | <b>Retroactive Coverage is Shortened</b><br>Reduced to 1 month for expansion adults and 2 months for others |
|    | <b>JAN '27</b> | <b>Renewals Every 6 Months</b><br>For certain adults, age 19 to 64                                          |
|    | <b>JAN '27</b> | <b>Work and Education Requirements</b><br>For certain adults, age 19 to 64 (with significant exemptions)    |
|  | <b>OCT '28</b> | <b>Cost Sharing</b><br>For certain adults, age 19 to 64, with income above 100% FPL                         |

*\*There are additional changes to Medicaid due to OB3; these are the largest eligibility changes for Medicaid*

## Work and Education Requirements

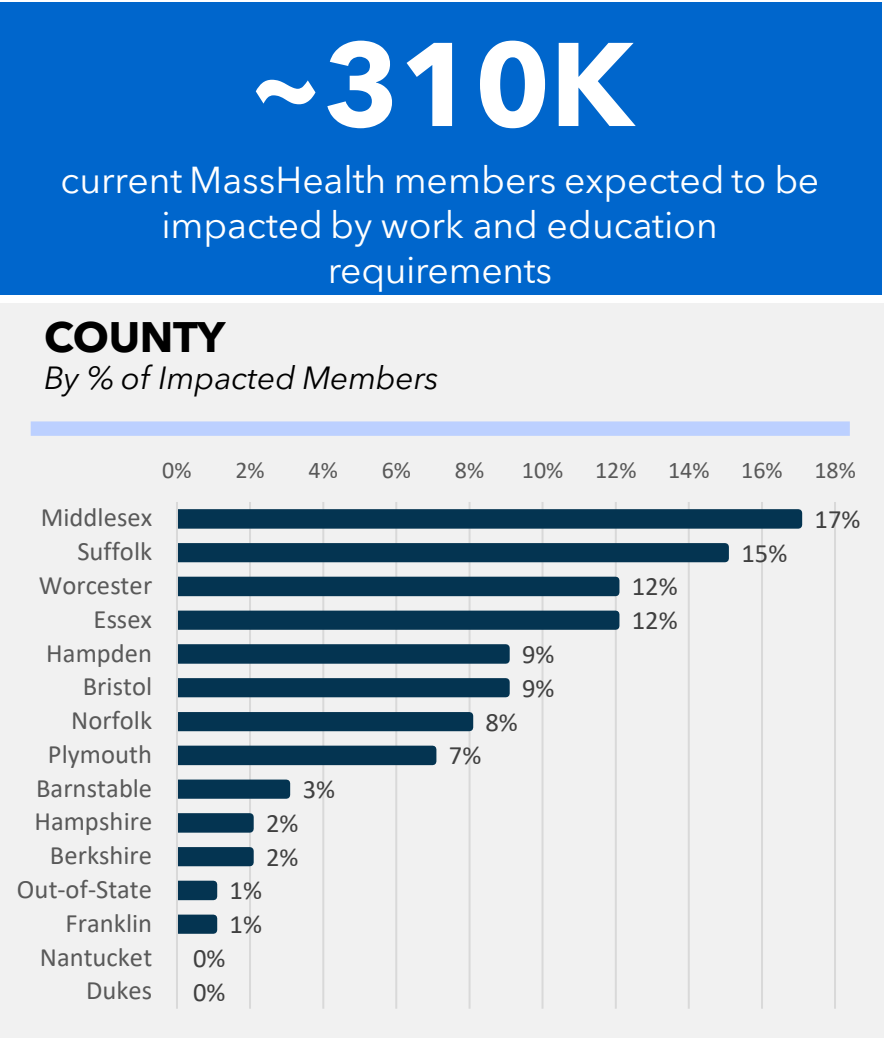
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| When does this happen?                                     | January 1, 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Who do we think is affected, based on current information? | <p><b>Certain adults who are not disabled, ages 19 to 64.</b></p> <p>However, members <b>do not have</b> to meet this requirement if they meet an exemption, which includes:</p> <ul style="list-style-type: none"> <li>• They are pregnant or postpartum (that is, they've been pregnant in the last 12 months, no matter how the pregnancy ended);</li> <li>• They are a parent, guardian, or caregiver who is caring for a child under age 14 or someone with a disability;</li> <li>• They have a medical condition or a substance use disorder that “significantly impairs” their ability to work, go to school, or volunteer (referred to as “medical frailty”)</li> <li>• They are in a substance use disorder treatment program; or</li> <li>• They are meeting work requirements through TAFDC (cash benefits), or subject to work requirements through SNAP (food stamps).</li> </ul> |
| What is the change?                                        | <p><b>Affected members will need to do one of the following activities to keep their MassHealth coverage:</b></p> <ul style="list-style-type: none"> <li>• <b>Work or volunteer</b> 80 or more hours in a month;</li> <li>• Participate in a <b>work program</b> for 80 or more hours in a month;</li> <li>• Be enrolled in an <b>educational program</b> at least half-time;</li> <li>• Do a <b>combination</b> of the above activities for 80 or more hours in a month; or</li> <li>• <b>Earn at least \$580 in a month</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                        |

**Note:** Members subject to work and education requirements will generally need to renew their coverage every six months (instead of once per year) starting in 2027.

# **Work and Education Requirements: Population and Member Journey**

# Population Analysis and Notifying Impacted Members

The below data describes members who are likely subject to work and education requirements based on available data. However, some of the ~310K members below will have individual-level exemptions, such as having a complex medical condition or caring for a person with a disability.



In August, MassHealth sent notices to the ~310,000 members who may be impacted by new federal work and education requirements.



After notices are sent, we will also send members reminders via email, text, and automated phone call.

# How do members prove they are exempt from work and education requirements?



## Does everyone need to take action to prove they are exempt?

No. Whenever possible, MassHealth **will use available data** to automatically verify if members meet work and education requirements.

If members need to show they are exempt from work and education requirements, what will they have to do?

### If members are “medically frail” in 2027\*

They will need to answer new questions on their application or renewal and reply to a Request for Information (RFI) with more detailed information.

1. Check the box for certain medical conditions
2. Select the month(s) when they had those conditions
3. They will receive an RFI asking them to complete a form to self-attest to further details about their condition and that their condition significantly impairs their ability to work. **This form can be completed by the member.**

### If members qualify for another exemption in 2027\*

They will need to answer new questions on their application or renewal.

1. Check the box for certain exemptions
2. Select the month(s) when they qualified for those exemptions

**They will not need to provide any additional documentation in 2027 for these other exemptions.**

*\*In 2028, federal rules limit self-attestation. As a result, parts of this process will change. MassHealth will share more information closer to 2028.*

## How do members prove they are meeting work and education requirements?



### Does everyone need to take action to show they are meeting work and education requirements?

No. Whenever possible, MassHealth **will use available data** to automatically verify if they meet work and education requirements.

If members need to show they are meeting work and education requirements, what will they have to do?

### If members work, attend school or a work program, or volunteer in 2027:

#### Members will need to answer new questions on their application or renewal

1. Select the activities they completed
2. Select the month(s) when they did the activities
3. Enter the number of hours spent doing the activity (or activities)

In 2027, members will **not** have to have provide additional documentation showing they are compliant with work and education requirements.

**This will change in 2028.**

*\*In 2028, federal rules limit self-attestation. As a result, parts of this process will change. MassHealth will share more information closer to 2028.*

# **Work and Education Requirements: How the State is Minimizing Coverage Loss**

# MassHealth Strategies for Implementing Work and Education Requirements

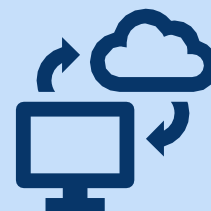
1



## Communicate Clearly

People know what's changing, where to learn more, and where to get help.

2



## Use Available Data

Fewer people need to act to keep their health coverage.

3



## Work in Partnership

People get the information and support they need from the state and trusted partners.

## Member Facing Webpage

# Federal changes affecting MassHealth (Medicaid) members

The Trump Administration is making changes to Medicaid programs across the country. Learn how they affect MassHealth members.



At [Mass.gov/MassHealthMemberChanges](https://Mass.gov/MassHealthMemberChanges) you can...

- ☐ Find updated information on federal changes
- ☐ Complete our quick work and education requirements screener to see if you or those who support are likely to be impacted by work and education requirements
- ☐ Download communications toolkit in the top 9 languages
- ☐ Learn where members can get help
- ☐ Learn how members can update their information with MassHealth
- ☐ Sign up for our newsletter



Learn more at MassHealth's OB3 website for members  
[Mass.gov/MassHealthMemberChanges](https://Mass.gov/MassHealthMemberChanges)

## What Do Members Need to Do? How Can They Prepare?

MassHealth members should take these actions to keep getting the best coverage available:



### **Make sure we have your current information.**

Tell us if you move, get a new number, are pregnant, or have another change that could affect your coverage.



### **Continue to get care, refill prescriptions, and go to your appointments.**

You will hear directly from MassHealth before anything changes about your coverage.



### **Always read and reply to letters or messages from MassHealth.**

[Create a MyServices](#) account to see eligibility notices, and be on the lookout for more information this Summer.



### **If you have questions or need help, contact us!**

Call us at (800) 841-2900, TDD/TTY: 711, visit a [MassHealth Enrollment Center](#), or find an [assister](#) near you.

# Reaction & Panel Discussion



**Lisa Blanchard**  
*Chief Medical Officer*  
Spectrum Health Systems



**Maria Celli, PsyD**  
*Chief Executive Officer*  
Brockton Neighborhood  
Health Center



**Peter Smith, MD, MSc**  
*Chief Medical Officer*  
Boston Health Care for  
the Homeless Program