Congress of the United States

Washington, DC 20515

November 18, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Administrator Oz,

We appreciate the Centers for Medicare and Medicaid Services (CMS) work to implement the *Accelerating Kids' Access to Care Act* (Section 6101 of Public Law 119-75). Our most vulnerable kids and their families deserve a health care system that coordinates care and produces healthier outcomes, rather than one that requires them to navigate excessive bureaucracy and red tape. Our law will improve health care access for children with complex medical conditions by simplifying out-of-state Medicaid screening and enrollment processes for pediatric care providers, all while retaining key safeguards to preserve the integrity of the program. We request that CMS expeditiously initiate the rulemaking ahead of the three-year implementation deadline and issue guidance to State Medicaid Agencies (SMAs) advising them on current law and regulations in the interim.

On average, children with complex medical needs see five to six specialists and up to as many as 20 to 30 health professionals.[1] Children and families often experience delays getting medically necessary specialty care outside their home states. Timely specialty care requires coordination between out-of-state and in-state providers, along with Medicaid officials. Parents are often overwhelmed by caring for their children's complex health care needs, including navigating providers, appointments, and insurance coverage. Helping these families remove bureaucratic barriers is critical, especially with advancements in care, including cell and gene therapies that can only be administered at a limited number of specialized sites.

Our law established a streamlined pathway for eligible providers caring for children with complex medical needs to enroll in out-of-state Medicaid programs without facing duplicative processes. Eligibility is limited only to providers who are enrolled in good standing in Medicare or their home state Medicaid program, and who have not been prohibited from participating in any federal health care programs. This law passed Congress with tremendous bipartisan support and the backing of hundreds of health care providers and provider organizations, patient advocacy groups, and other entities. Once implemented, it will remove impediments that delay access to time-sensitive care and reduce unnecessary administrative costs and burdens for children with complex medical needs and their families.

To ensure timely implementation, we request that CMS issue guidance urging SMAs to prepare for upcoming rulemaking and encourage them to take early state-level action to prepare for its implementation. Any guidance should remind states of current laws, regulations, and guidance that allow and encourage them to avoid duplicative screens. We request that CMS

[1] Berry, J., Agrawal, R., Cohen, E., Kuo, D. (2013). The Landscape of Medical Care for Children with Medical Complexity. Children's Hospital Association.

concurrently begin work on rulemaking to implement the provisions of the law. We request CMS transmit a proposed timeline for the planned implementation actions, including any guidance, rulemaking, or other formal communications to SMAs.

In addition to advancing the rulemaking, we recommend you consider the following to ensure implementation results in streamlined and timely specialized care for children with complex medical needs:

- **Establish best practices for facility-level screening, enrollment, and payment**: When a child travels out-of-state for complex medical care, they often see multiple specialists – many of whom cannot be identified until the patient arrives. Requiring every individual clinician at the same facility to independently navigate an out-of-state Medicaid agency's screening, enrollment, and billing process creates administrative bottlenecks that delay care. To streamline this process, CMS should allow pediatric specialty providers at the same facility to enroll and enter into agreements as a single facility-level entity on behalf of their eligible providers, or another alternative approach that reduces administrative burden. Under this model, the facility would manage the administrative requirements, receive out-of-state Medicaid reimbursement, and distribute funds – ensuring children receive immediate care without administrative delays, while maintaining robust program integrity. We encourage CMS to enable this as an option for providers.

- **Allow State Medicaid Agencies to issue letters of good standing or similar certifications to help verify a provider's eligibility status**: This would enable an out-of-state provider's home Medicaid agency to help verify that a provider is in good standing in their state. CMS could specify the data elements needed for these letters or certifications and produce a recommended template to ensure a standardized approach. This recommendation should not stand in the way of a state's additional program integrity safeguards.

- **Establish minimum necessary data elements**: CMS could also issue "the minimum necessary (data) for such State to provide payment to an eligible out-of-State provider" along with a standardized format as outlined in our law. Taking this approach would enable states to seamlessly transmit the data necessary to support out-of-state provider enrollment between one another.

In addition, we request that CMS provide a work plan and milestones to Congress about its ongoing Provider Enrollment, Chain and Ownership System (PECOS) modernization work. In CMS's fiscal year 2026 budget justification document, the agency said it planned to resume modernization of PECOS, which has been paused to give CMS time to evaluate and implement the best technical approach moving forward.[2] In addition, in CMS' fiscal year 2027 budget justification document, the agency said it would use discretionary and mandatory funding to continue modernization of PECOS, including improving the provider enrollment experience, transitioning to a cloud-based platform, and improving provider enrollment processing.[3] We

[2] Centers for Medicare and Medicaid Services (CMS), "Justification of Estimates for Appropriations Committees," Fiscal Year 2026, https://www.cms.gov/files/document/fy-2027-justification-estimates-appropriations-committees.pdf.
[3] Centers for Medicare and Medicaid Services (CMS), "Justification of Estimates for Appropriations Committees," Fiscal Year 2027, https://www.cms.gov/files/document/fy-2027-justification-estimates-appropriations-committees.pdf.

understand the PECOS modernization work has the opportunity to enhance *Accelerating Kids' Access to Care Act* efforts.

We are grateful that the *Accelerating Kids' Access to Care Act* is now law. We urge CMS to move forward expeditiously with the necessary rulemaking and implementation work, so that its benefits can be felt by children with complex medical needs and their families. We look forward to working with you on this important matter.

Sincerely,

Michael F. Bennet
United States Senator

Sincerely,

Charles E. Grassley
United States Senator

Lori Trahan
Member of Congress

Mariannette J. Miller-Meeks, M.D.
Member of Congress