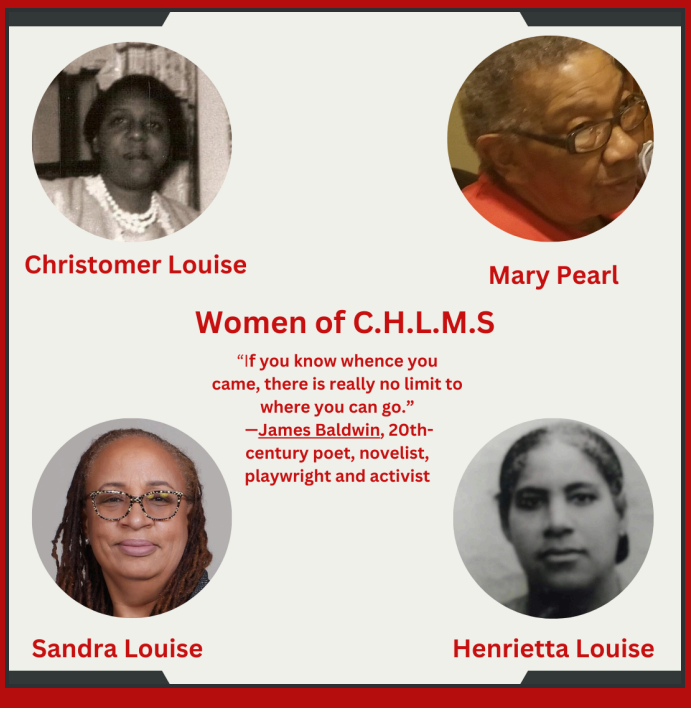
C.H.L.M.S
Medi-Helpz
FOUNDATION

August 2026



"To be an activist is to speak. To be an advocate is to listen. Society can't move forward without both."_ Eva Marie Lewis

In This Issue 🌟

As August arrives and we cross the midpoint of 2026, the nation's healthcare landscape is accelerating with bold changes that directly influence how families, seniors, students, caregivers, and community leaders navigate care every day. This month brings a wave of policy activity aimed at strengthening access, improving affordability, and increasing transparency especially for individuals living with chronic conditions who rely on consistent, reliable support.

Across the country, states are advancing Medicaid work implementation for the chronically ill, a shift that has the potential to reshape how vulnerable patients maintain coverage while managing long-term health needs. At the federal level, lawmakers continue to push for stronger consumer protections through measures like the Lower Costs, More Transparency Act and the Patients Deserve Price Tags Act, both designed to give patients clearer insight into the true cost of care and empower them to make informed decisions.

For seniors and individuals with limited incomes, updates to the Medicare Part D Subsidy program offer meaningful relief by reducing out-of-pocket expenses for essential medications. These changes reflect a growing national commitment to ensuring that prescription access is not determined by financial hardship.

The Lower Costs, More Transparency Act

The Lower Costs, More Transparency Act is a federal bill designed to make healthcare pricing clearer and more accessible for patients. The Act strengthens existing transparency rules by requiring hospitals, ambulatory surgical centers, clinical laboratories, imaging centers, and

health plans to publicly post standardized prices—including cash prices, negotiated rates, and payer-specific charges. It also expands reporting requirements for pharmacy benefit managers (PBMs) to help patients better understand prescription drug costs. Most major provisions are scheduled to take effect January 1, 2028.

Research shows that transparent pricing helps patients make more informed decisions, reduces surprise billing, and can lower overall healthcare spending by steering patients toward cost-effective providers. A Health Affairs analysis found that patients often struggle to estimate the cost of common services, while a JAMA Health Forum study showed that clear pricing improves patient decision-making and reduces unnecessary emergency-department use.

Pros for Patients

- Clearer cost information before receiving care
- Reduced surprise billing and unexpected charges
- Better decision-making when comparing providers
- Improved access for uninsured and underinsured patients
- Potential long-term cost savings through increased competition

Cons for Patients

- Complex data formats that may be difficult to interpret
- Uneven compliance among hospitals and insurers
- Limited insight into total costs for multi-step care
- Digital access barriers for some communities
- Need for patient education to use transparency tools effectively

Overall, the Act aims to give patients clearer information and stronger protections—but transparency alone is not enough. Communities still need patient education, culturally relevant support, and accessible tools to ensure every person can understand and use the information to make confident healthcare decisions.

Patients Deserve Price Tags Act

This bipartisan bill was designed to make healthcare pricing clearer, fairer, and easier for patients, employers, and health plans to understand. The Act strengthens existing federal transparency rules by requiring advanced cost estimates, itemized bills, and publicly posted prices for common services—giving patients the ability to compare expected costs with actual charges and reducing the likelihood of surprise billing.

Building on earlier federal transparency regulations, the Act requires hospitals and health plans to publish machine-readable price files and

maintain consumer-friendly cost tools that help individuals make informed decisions about their care.

Peer-reviewed research strongly supports the need for these reforms. A widely cited study in JAMA Internal Medicine found that early compliance with federal transparency rules revealed large variations in hospital pricing, and that clear, accessible price displays help patients better anticipate their financial responsibility. Another peer-reviewed study in the Journal of Hospital Management and Health Policy reported that only 33.4% of U.S. hospitals were compliant with transparency requirements—underscoring the need for stronger enforcement and accountability, exactly what the Patients Deserve Price Tags Act aims to deliver.

Together, these findings reinforce the Act's central goal: making healthcare prices visible, comparable, and actionable, so patients can navigate care with confidence and clarity.

Medicaid Work Requirements & Chronically Ill Adults: What the Latest Evidence Shows

The latest federal legislation—Public Law 119-21 (H.R. 1, the One Big Beautiful Bill Act) and CMS's June 1, 2026 Interim Final Rule requires certain non-pregnant adults ages 19–64 to meet 80 hours per month of "community engagement" (work, education, job training, or community service) to qualify for or keep Medicaid coverage. Chronically ill adults can be exempted if they are deemed "disabled or medically frail," but the rule narrows this category to conditions that significantly impair the ability to comply with the work requirement, and it requires states to create disease/condition lists and verification processes to prove frailty. States must implement these systems by January 1, 2027, including data checks, documentation rules, and hardship exceptions (for hospitalizations, travel for specialty care, high-unemployment areas, and certain emergencies).

In practice, this means chronically ill adults who do not clearly fit a state's medical frailty criteria—or who struggle with documentation and verification—may still be subject to work requirements, increasing the risk of coverage gaps despite ongoing serious health needs. (cms.gov)

Since Medicaid is a State governed program it is vitally important that if you are or know someone who is a Medicaid receipient you keep a close watch on what conditions are on this list to determine how it impacts you/your loved one.

We will continue to montior this information on a monthly basis to ensure that you are brought the latest information.

Medicare Part D Premium Stabilization Demonstration: What It Is Why It's Ending

The Medicare Part D Premium Stabilization Demonstration was created to protect Low-Income Subsidy (Extra Help) beneficiaries from sudden premium increases. Under normal rules, if a plan's premium rises above the regional benchmark, LIS beneficiaries lose their zero-premium status unless they switch plans. The demonstration temporarily covered the difference so beneficiaries could stay in their current plan without paying a premium.

Why It's Ending: CMS designed the program as a short-term transition tool. It is ending because premiums have stabilized, CMS is returning to standard benchmark rules, and the upcoming 2025 Part D redesign requires consistent policy across all plans. The demonstration successfully prevented disruption during a period of major Part D changes.

Pros After It Ends: • Clearer rules and easier identification of zero-premium benchmark plans • Better alignment with the new 2025 Part D cost-sharing structure • Stronger incentives to choose stable, high-value plans

Cons After It Ends: • Some beneficiaries may lose zero-premium status if their plan rises above the benchmark • More plan switching may be required, leading to new formularies or pharmacy networks • Higher risk of medication access disruptions • Greater need for careful plan review during Open Enrollment

Peer-Reviewed Sources: Hoadley, Cubanski & Neuman (Health Affairs, 2023); Zhu et al. (JGIM, 2022)

We will continue to monitor this rule closely. If you or someone you care about is a Medicare beneficiary, be sure to speak with a licensed insurance agent to confirm that you are—and remain—in the Part D plan that best fits your needs.

Big things are happening at the C.H.L.M.S. Medi-Helpz Foundation.

On August 15th, we will proudly launch our newest initiative — the inaugural Adult Back-to-School Bash, a full-family event created to meet adults exactly where they are during one of the biggest policy shifts in recent years.

Under the One Big Beautiful Bill Act (OBBBA), many adults must now either enroll in school or secure employment to continue receiving public assistance. For countless families, especially single parents, young parents, teen parents, caregivers, and adults returning to school after long gaps, this mandate adds pressure to lives already filled with responsibility. Our community deserves support, not stress — and that is why this event was created.

The Adult Back-to-School Bash is designed to make the path forward clearer, kinder, and more accessible. In one welcoming space, adults can access clinical screenings, mental health support, financial literacy tools, workforce training resources, adult education guidance, nonprofit navigation, and supervised youth programming. Every service is intentionally chosen to remove barriers — childcare, transportation, confusion, fear, and the overwhelming complexity of compliance. Research shows that work-and-learn mandates often increase documentation demands, disrupt benefits, and heighten stress for low-income families. Our event directly responds to these inequities by offering a community-centered hub where adults can receive the health services, education pathways, and compliance support they need. This is health equity in action — reducing literacy barriers, expanding access to training programs, and uplifting families most affected by federal policy changes.

The Adult Back-to-School Bash positions Chicago as a leader in compassionate, community-driven support. Together, we are ensuring adults have the tools, confidence, and dignity they need to meet OBBBA requirements and build stability for the second half of 2026.

Join Our Leadership Team

As our impact grows, so does our need for strong, equity-centered leadership. We are actively seeking Volunteer Board Members who believe in advancing health literacy, strengthening community trust, and expanding access to care.
We are currently recruiting for:

- **Corporate & Donor Development (Hybrid)**
- **Event Planner (Hybrid)**
- **Secretary (Chicago-based)**
- **Treasurer/Finance (Chicago-based)**

Each role is essential in ensuring that individuals and families across our communities can navigate their health journeys with confidence, clarity, and dignity.

We’d love your feedback on our newsletter. Your input helps strengthen our work.

Support Our National Panda Express Online Fundraiser!

Celebrate Black Business Month and National Nonprofit Day (August 17th) by supporting the C.H.L.M.S. Medi-Helpz Foundation through our nationwide Panda Express Online Fundraiser. Every order placed through our special link helps fund adult education, health literacy programs, and community initiatives that uplift families across Chicago and beyond.

This fundraiser is 100% online—anyone, anywhere in the country can participate. Simply place your order using the link below, and Panda Express will donate a portion of your meal to support our mission.

👉 Order here: https://www.community-fundraiser.com/virtual-fundraiser/events/promotions/f38da385-f722-a1fc-c976-9b9cf9af24b0/en/landing

Thank you for helping us expand access, empower adult learners, and strengthen community health. Your support truly makes a difference.

Don't forget to visit our websites at www.medihelpz.com, www.chlmsfoundation.com & our YouTube channel at

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