



U.S. Department of Health and Human Services

FACT SHEET

FACT SHEET: Medicaid Work Requirements Would Jeopardize Health Coverage and Access to Care for More Than 4 Million Californians

Prior research shows that work reporting requirements reduce enrollment in health coverage, limit access to care, and do not increase employment.

Work requirements would add substantial bureaucratic red tape to Medicaid, putting coverage – and health – at risk for millions of Americans. Only one state has ever fully implemented these policies, and nearly 1 in 4 adults subject to the policy lost their health coverage – including working people and people with serious health conditions—with no evidence of increased employment.¹ In fact, research shows that more than 95% of enrollees subject to the policy already met the requirements or should have qualified for an exemption – but many lost coverage because they couldn’t navigate the red tape.²

According to a recent HHS report analyzing 2021 Census data, the vast majority of working-age Medicaid enrollees are already employed, have a disability, and/or are parents.³ Previous research indicates that among enrollees who aren’t already working, nearly all have disabilities, serious health conditions, childcare or caretaking responsibilities, or are in school.^{4,5}

Nonetheless, the administrative burden for enrollees to report adherence to or exemption from Medicaid work requirements could put many Medicaid beneficiaries in this age group at risk of coverage loss. Administrative churning is a significant issue with Medicaid eligibility redeterminations, and new reporting requirements will compound this problem.⁶ Loss of Medicaid coverage can force patients to change providers, skip medications, or face financial difficulties, and coverage loss has been tied to worse quality of care and worse health.⁷

The table below illustrates the estimated number of people in each California county whose coverage would be at risk under the general work requirements approach proposed recently by House leadership.⁸ The table presents enrollment statistics from the Centers for Medicare & Medicare Services (CMS) as of December 2022 on the number of adults ages 19 to 55 in Medicaid who are *not* enrolled via disability, parent/caretaker, or pregnancy-related eligibility pathways.

It is important to note that, while individuals enrolled through a disability pathway would be excluded from the new requirements, many people with disabilities enroll in Medicaid via the expansion group pathway, and their coverage could be at risk. In addition, our estimates do include parents who enroll through the expansion pathway; while some states may be able to automatically exempt these individuals based on parental status, this will depend on data availability and how states implement the policy.

Instead of making it harder for people to get health insurance, the Biden-Harris Administration is committed to working with states to test new innovative ways to deliver health care, lower costs for Americans, and expand coverage rather than pursue policies that take coverage away from millions of Americans.

TABLE: Number of Medicaid Enrollees Potentially Subject to Work Reporting Requirements, California

County	Total Population	Potentially Subject to Work Reporting Requirements: Medicaid Enrollees, Ages 19-55, not Enrolled via Disability, Pregnancy, or Parent Eligibility Pathways*
STATE TOTAL	39,455,353	4,096,307
Alameda County	1,673,133	143,083
Alpine County	1,344	102
Amador County	40,095	2,614
Butte County	217,884	25,732
Calaveras County	45,349	4,023
Colusa County	21,780	2,639
Contra Costa County	1,161,643	90,961
Del Norte County	27,655	3,325
El Dorado County	190,568	13,334
Fresno County	1,003,150	127,545
Glenn County	28,675	2,964
Humboldt County	137,014	21,880
Imperial County	180,051	24,727
Inyo County	18,804	1,778
Kern County	905,644	118,825
Kings County	151,887	17,248
Lake County	67,749	9,048
Lassen County	32,949	2,384
Los Angeles County	10,019,635	1,251,462
Madera County	156,304	19,030
Marin County	262,387	16,430
Mariposa County	17,225	1,820
Mendocino County	91,534	12,431
Merced County	279,150	37,595
Modoc County	8,723	968
Mono County	13,291	1,326
Monterey County	438,953	46,888
Napa County	138,795	9,803
Nevada County	102,090	9,564
Orange County	3,182,923	294,981
Placer County	400,330	21,266
Plumas County	19,631	1,946
Riverside County	2,409,331	275,476
Sacramento County	1,571,767	161,841
San Benito County	63,329	5,230
San Bernardino County	2,171,071	266,725
San Diego County	3,296,317	287,999
San Francisco County	865,933	72,331
San Joaquin County	771,406	79,217
San Luis Obispo County	282,771	20,800

San Mateo County	762,488	44,768
Santa Barbara County	447,651	42,490
Santa Clara County	1,932,022	125,678
Santa Cruz County	272,138	24,512
Shasta County	181,935	18,546
Sierra County	3,079	205
Siskiyou County	44,151	5,447
Solano County	451,432	36,702
Sonoma County	492,498	38,488
Stanislaus County	550,842	68,392
Sutter County	99,080	10,952
Tehama County	65,345	7,382
Trinity County	15,818	1,766
Tulare County	470,999	63,644
Tuolumne County	55,243	4,473
Ventura County	845,255	68,870
Yolo County	216,703	17,376
Yuba County	80,404	9,275

Sources:

Total state population is from 2021 ACS 5-Year Estimates, Accessed at:

[https://data.census.gov/table?t=Population+Total&g=010XX00US\\$0500000&tid=ACSDT5Y2021.B01003](https://data.census.gov/table?t=Population+Total&g=010XX00US$0500000&tid=ACSDT5Y2021.B01003)

The total Medicaid and CHIP population counts are from the Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data as of April 21, 2023. The counts of adult Medicaid enrollees are from the T-MSIS Analytic File (TAF) Beneficiary Summary File v.7 for December 2022. Information regarding the quality and usability of data for this analysis available at www.medicaid.gov/dq-atlas under Total Medicaid and CHIP Enrollment and Eligibility Group Code topics.

Notes:

* The results include Medicaid enrollees receiving Medicaid and CHIP benefits for the population of adults aged 19-55 excluding those who are eligible for Medicaid due to disability, parent/caretaker, or pregnancy. The sample in this analysis was for adults 19-55 with full-scope / comprehensive benefits enrolled for at least one day during December 2022. Totals exclude enrollees with missing or invalid county codes due to state-submitted data quality issues and may not equal state total on National Fact Sheet.

REFERENCES

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- ³ Lee A, Ruhter J, Peters C, De Lew N, Sommers BD. Medicaid Enrollees Who are Employed: Implications for Unwinding the Medicaid Continuous Enrollment Provision (Issue Brief No. HP-2023-11). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 2023. <https://www.aspe.hhs.gov/reports/employed-medicaid-enrollees>
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- ⁵ Garfield R, Rudowitz R, Guth M, Orgera K, Hinton E. Work Among Medicaid Adults: Implications of Economic Downturn and Work Requirements. Kaiser Family Foundation. February 11, 2021. Accessed at: <https://www.kff.org/reportsection/work-among-medicaid-adults-implications-of-economic-downturn-and-work-requirements-issue-brief/>
- ⁶ Issue Brief No. HP-2022-20. “Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches” Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 19, 2022. Accessed at: <https://www.aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>
- ⁷ Sugar S, Peters C, DeLew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 12, 2021. Accessed at: <https://aspe.hhs.gov/reports/medicaid-churning-continuity-care>
- ⁸ Limit, Save, Grow Act of 2023. Speakers Office. Accessed at: https://www.speaker.gov/wp-content/uploads/2023/04/LSGA_xml.pdf