



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 1 Million Illinoisans

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 Illinois 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.



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

County	Total Population	<i>Potentially Subject to Work Reporting Requirements:</i> Medicaid Enrollees, Ages 19-55, not Enrolled via Disability, Pregnancy, or Parent Eligibility Pathways*
STATE TOTAL	12,821,813	1,407,105
Adams County	65,878	8,521
Alexander County	5,488	1,103
Bond County	16,804	1,540
Boone County	53,592	5,165
Brown County	6,330	648
Bureau County	33,338	3,466
Calhoun County	4,537	506
Carroll County	15,586	1,468
Cass County	13,058	1,620
Champaign County	206,583	20,906
Christian County	34,038	4,044
Clark County	15,587	1,737
Clay County	13,313	1,552
Clinton County	37,048	2,428
Coles County	47,542	7,146
Cook County	5,265,398	656,787
Crawford County	18,825	2,347
Cumberland County	10,528	1,073
DeKalb County	100,922	10,447
De Witt County	15,653	1,656
Douglas County	19,708	1,766
DuPage County	934,094	59,108
Edgar County	16,998	2,461
Edwards County	6,233	668
Effingham County	34,576	2,974
Fayette County	21,514	2,626
Ford County	13,589	1,322
Franklin County	38,068	6,372
Fulton County	34,022	4,293
Gallatin County	5,038	813
Greene County	12,187	1,574
Grundy County	52,364	4,062
Hamilton County	8,021	929
Hancock County	17,750	1,821
Hardin County	3,700	598
Henderson County	6,485	663
Henry County	49,412	4,630
Iroquois County	27,362	2,940
Jackson County	53,676	8,763



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Jasper County	9,324	879
Jefferson County	37,362	5,315
Jersey County	21,533	1,951
Jo Daviess County	21,995	1,349
Johnson County	13,238	1,725
Kane County	518,648	43,783
Kankakee County	108,104	13,687
Kendall County	130,757	8,980
Knox County	50,193	6,695
Lake County	714,484	53,854
LaSalle County	109,986	12,874
Lawrence County	15,465	1,809
Lee County	34,373	3,528
Livingston County	35,902	3,416
Logan County	28,238	3,608
McDonough County	27,743	3,206
McHenry County	310,749	20,886
McLean County	171,455	15,298
Macon County	104,331	15,579
Macoupin County	45,152	5,290
Madison County	266,112	29,747
Marion County	37,781	6,321
Marshall County	11,781	1,178
Mason County	13,225	1,870
Massac County	14,280	2,211
Menard County	12,343	1,023
Mercer County	15,779	1,281
Monroe County	34,732	1,290
Montgomery County	28,482	3,893
Morgan County	33,189	4,638
Moultrie County	14,634	1,253
Ogle County	51,787	4,628
Peoria County	182,439	26,306
Perry County	21,158	2,399
Piatt County	16,664	1,184
Pike County	14,923	1,794
Pope County	3,820	451
Pulaski County	5,279	934
Putnam County	5,638	441
Randolph County	30,632	3,428
Richland County	15,876	2,020
Rock Island County	144,694	17,681
St. Clair County	258,597	34,053
Saline County	23,869	4,031
Sangamon County	196,759	24,769
Schuyler County	6,953	628



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Scott County	4,923	454
Shelby County	21,160	1,964
Stark County	5,436	583
Stephenson County	44,817	5,494
Tazewell County	131,977	13,123
Union County	17,259	2,516
Vermilion County	74,953	12,150
Wabash County	11,414	1,266
Warren County	16,887	1,801
Washington County	13,827	1,138
Wayne County	16,250	1,705
White County	13,959	1,656
Whiteside County	55,932	6,204
Will County	696,403	57,301
Williamson County	67,271	9,171
Winnebago County	285,471	42,809
Woodford County	38,571	2,063

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.



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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