

#### FACT SHEET: Medicaid Work Requirements Would Jeopardize Health Coverage and Access to Care for 21 Million Americans

# 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.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> 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.<sup>4,5</sup>

Nonetheless, the administrative burden for enrollees to report adherence to or exemption from Medicaid work requirements could put 21 million 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.<sup>6</sup> 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.<sup>7</sup>

The tables below illustrate the estimated number of people in each state and respective counties whose coverage would be at risk under the general work requirements approach proposed recently by House leadership.<sup>8</sup> The tables only include states that have expanded Medicaid under the Affordable Care Act, since the proposed policy would likely affect much smaller numbers of people in non-expansion states.<sup>\*</sup> The tables present enrollment statistics from the Centers for Medicare & Medicare Services (CMS) as of December 2022 (the most recent available data) 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.

<sup>\*</sup> Nearly all Medicaid enrollees in this age group in non-expansion states are enrolled via eligibility pathways as parents / caretakers, pregnant, or having a disability; depending on implementation of the policy, these groups would likely be automatically exempted from the work requirements reporting requirement.



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## TABLE: Number of Medicaid Enrollees Potentially Subject to Work Reporting Requirements, By State(Medicaid Expansion States Only)

State	Total State Population	Total Medicaid and CHIP Population	Potentially Subject to Work Reporting Requirements:
			Medicaid Enrollees, Ages 19-55, not Enrolled via Disability, Pregnancy, or Parent Eligibility Pathways*
Total	228,365,217	69,996,284	21,223,507
Alaska	735,951	263,656	72,087
Arizona	7,079,203	2,291,196	596,855
Arkansas	3,006,309	1,041,085	414,346
California	39,455,353	14,078,007	4,098,506
Colorado	5,723,176	1,699,630	641,351
Connecticut	3,605,330	1,008,718	312,676
Delaware	981,892	300,480	82,892
District of Columbia	683,154	292,727	93,910
Hawaii	1,453,498	459,261	150,871
Idaho	1,811,617	452,903	132,556
Illinois	12,821,813	3,788,584	1,427,125
Indiana	6,751,340	2,011,078	500,869
lowa	3,179,090	850,906	227,106
Kentucky	4,494,141	1,618,816	574,002
Louisiana	4,657,305	1,896,206	673,054
Maine	1,357,046	367,372	100,697
Maryland	6,148,545	1,685,151	437,308
Massachusetts	6,991,852	1,977,039	445,027
Michigan	10,062,512	3,048,240	930,133
Minnesota	5,670,472	1,380,680	309,033
Missouri	6,141,534	1,453,302	291,746
Montana	1,077,978	324,866	110,221
Nebraska	1,951,480	390,562	76,528
Nevada	3,059,238	870,550	308,532
New Hampshire	1,372,175	249,906	85,880
New Jersey	9,234,024	2,202,958	700,580
New Mexico	2,109,366	884,416	282,336
New York	20,114,745	7,408,878	2,349,525
North Dakota	773,344	130,665	33,775
Ohio	11,769,923	3,365,244	890,387
Oklahoma	3,948,136	1,294,297	326,344
Oregon	4,207,177	1,380,287	606,337
Pennsylvania	12,970,650	3,674,072	1,025,768
Rhode Island	1,091,949	362,512	94,047
Utah	3,231,370	482,074	128,076
Vermont	641,637	192,634	64,628
Virginia	8,582,479	2,003,672	655,359



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Washington	7,617,364	2,168,482	753,246
West Virginia	1,801,049	645,172	219,788

#### 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

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 <a href="https://www.medicaid.gov/dq-atlas">www.medicaid.gov/dq-atlas</a> under Total Medicaid and CHIP Enrollment and Eligibility Group Code topics.

#### Notes:

\* The results include Medicaid enrollees receiving Medicaid and CHIP benefits at the state level 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 state codes due to state-submitted data quality issues.



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#### REFERENCES

<sup>1</sup> Issue Brief No. HP-2021-03. "Medicaid Demonstrations and Impacts on Health Coverage: A Review of the Evidence." https://aspe.hhs.gov/pdf-report/medicaid-demonstrations-andimpacts. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. March 2021. Accessed at: <u>https://aspe.hhs.gov/reports/medicaid-demonstrations-impacts-health-coverage-review-evidence</u>

<sup>2</sup> Sommers BD, Goldman AL, Blendon RJ, Orav EJ, Epstein AM. Medicaid Work Requirements - Results from the First Year in Arkansas. N Engl J Med. 2019;381(11):1073-1082. doi:10.1056/NEJMsr1901772

<sup>3</sup> 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

<sup>4</sup> Goldman AL, Woolhandler S, Himmelstein DU, Bor DH, McCormick D. Analysis of Work Requirement Exemptions and Medicaid Spending. JAMA Intern Med. 2018;178(11):1549–1552. doi:10.1001/jamainternmed.2018.4194

<sup>5</sup> 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/

<sup>6</sup> 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: <u>https://www.aspe.hhs.gov/reports/unwinding-medicaidcontinuous-enrollment-provision</u>

<sup>7</sup> 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

<sup>8</sup> Limit, Save, Grow Act of 2023. Speakers Office. Accessed at: <u>https://www.speaker.gov/wp-content/uploads/2023/04/LSGA\_xml.pdf</u>