



U.S. Department of Health and Human Services FACT SHEET

FACT SHEET: Medicaid Work Requirements Would Jeopardize Health Coverage and Access to Care for Nearly 1 Million Ohioans

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 Ohio 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, Ohio

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	11,769,923	889,506
Adams County	27,564	2,784
Allen County	102,462	8,396
Ashland County	52,658	2,961
Ashtabula County	97,869	8,609
Athens County	62,933	5,171
Auglaize County	46,282	1,780
Belmont County	67,077	4,838
Brown County	43,694	3,557
Butler County	387,830	27,269
Carroll County	26,866	1,527
Champaign County	38,678	2,338
Clark County	136,032	12,533
Clermont County	207,650	10,901
Clinton County	42,046	3,113
Columbiana County	102,331	7,684
Coshocton County	36,621	3,026
Crawford County	41,939	3,578
Cuyahoga County	1,263,667	120,762
Darke County	51,839	2,835
Defiance County	38,329	2,373
Delaware County	211,121	5,169
Erie County	75,560	5,130
Fairfield County	157,622	10,111
Fayette County	28,897	2,359
Franklin County	1,313,598	115,999
Fulton County	42,709	1,951
Gallia County	29,369	2,878
Geauga County	95,408	2,654
Greene County	167,043	9,419
Guernsey County	38,542	3,516
Hamilton County	826,790	66,176
Hancock County	75,139	3,908
Hardin County	30,738	1,961
Harrison County	14,623	1,025
Henry County	27,618	1,268
Highland County	43,162	3,496
Hocking County	28,180	2,296
Holmes County	44,166	999
Huron County	58,583	4,100



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Jackson County	32,531	3,052
Jefferson County	65,620	6,389
Knox County	62,399	3,735
Lake County	232,202	11,654
Lawrence County	58,570	6,343
Licking County	177,454	10,915
Logan County	45,997	2,616
Lorain County	311,737	20,789
Lucas County	431,212	39,866
Madison County	43,947	2,253
Mahoning County	229,044	23,799
Marion County	65,515	6,672
Medina County	181,448	7,117
Meigs County	22,361	2,121
Mercer County	42,154	1,537
Miami County	107,899	6,335
Monroe County	13,514	1,080
Montgomery County	536,136	49,340
Morgan County	13,955	1,090
Morrow County	34,892	2,051
Muskingum County	86,346	7,990
Noble County	14,166	908
Ottawa County	40,479	2,081
Paulding County	18,858	1,045
Perry County	35,439	3,020
Pickaway County	58,458	3,763
Pike County	27,271	3,151
Portage County	161,897	10,687
Preble County	41,027	2,507
Putnam County	34,395	1,017
Richland County	124,504	9,926
Ross County	77,205	7,676
Sandusky County	59,013	3,975
Scioto County	74,392	9,351
Seneca County	55,166	3,528
Shelby County	48,307	2,503
Stark County	374,712	27,757
Summit County	540,567	44,221
Trumbull County	202,199	17,929
Tuscarawas County	93,025	5,654
Union County	61,769	1,949
Van Wert County	28,808	1,568
Vinton County	12,853	1,162
Warren County	239,556	7,877
Washington County	59,942	4,030
Wayne County	116,858	6,376



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Williams County	37,026	2,321
Wood County	131,930	5,270
Wyandot County	21,933	1,060

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>
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- ⁸ Limit, Save, Grow Act of 2023. Speakers Office. Accessed at: https://www.speaker.gov/wp-content/uploads/2023/04/LSGA_xml.pdf