

FACT SHEET: Medicaid Work Requirements Would Jeopardize Health Coverage and Access to Care for More Than 1 Million Pennsylvanians

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 Pennsylvania 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, Pennsylvania

County	Total Population	Potentially Subject to Work Reporting Requirements: Medicaid Enrollees, Ages 19-55, not Enrolled via
		Disability, Pregnancy, or Parent Eligibility Pathways*
Total	12,970,650	1,020,058
Adams County	103,782	5,516
Allegheny County	1,246,116	90,668
Armstrong County	65,967	5,300
Beaver County	168,260	11,558
Bedford County	47,729	4,062
Berks County	426,967	35,747
Blair County	123,132	11,213
Bradford County	60,233	4,566
Bucks County	643,872	33,202
Butler County	192,561	9,181
Cambria County	134,048	11,446
Cameron County	4,596	436
Carbon County	64,792	5,467
Centre County	158,879	6,257
Chester County	531,704	21,492
Clarion County	37,571	2,595
Clearfield County	80,667	6,982
Clinton County	37,824	3,049
Columbia County	65,013	5,078
Crawford County	84,495	6,705
Cumberland County	257,333	14,592
Dauphin County	284,199	27,900
Delaware County	573,883	46,711
Elk County	31,037	1,908
Erie County	271,903	25,653
Fayette County	129,443	13,800
Forest County	7,121	314
Franklin County	155,592	9,941
Fulton County	14,529	955
Greene County	36,248	3,079
Huntingdon County	44,458	2,864
Indiana County	83,620	6,292
Jefferson County	44,491	3,058
Juniata County	23,607	1,410
Lackawanna County	215,529	21,668
Lancaster County	550,480	33,681
Lawrence County	86,311	7,187
Lebanon County	142,486	9,187
Lehigh County	372,492	34,143
Luzerne County	324,825	31,924



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Lycoming County	114,274	8,995
McKean County	40,652	3,357
Mercer County	111,216	8,526
Mifflin County	46,156	3,336
Monroe County	168,128	14,628
Montgomery County	850,890	40,371
Montour County	18,198	928
Northampton County	311,359	18,664
Northumberland County	91,853	7,709
Perry County	45,879	2,315
Philadelphia County	1,596,865	226,549
Pike County	58,345	4,128
Potter County	16,478	1,161
Schuylkill County	143,308	10,678
Snyder County	39,877	1,929
Somerset County	74,331	4,982
Sullivan County	5,935	312
Susquehanna County	38,892	2,886
Tioga County	41,089	2,997
Union County	43,094	1,575
Venango County	50,810	3,777
Warren County	38,791	2,874
Washington County	209,090	13,996
Wayne County	51,244	3,333
Westmoreland County	355,107	21,178
Wyoming County	26,389	1,960
York County	454,605	30,127

Sources:

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

https://data.census.gov/table?t=Population+Total&g=010XX00U\$\$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

¹ 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: https://aspe.hhs.gov/reports/medicaid-demonstrations-impacts-health-coverage-review-evidence

² 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

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. <u>https://www.aspe.hhs.gov/reports/employed-medicaid-enrollees</u>

⁴ 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

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

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: <u>https://aspe.hhs.gov/reports/medicaid-churning-continuity-care</u>

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