

ENERGY & COMMERCE

COMMITTEE DEMOCRATS

RANKING MEMBER FRANK PALLONE, JR.

Red Tape Requirements: Republicans' Scheme to Take Health Care Away to Make the Rich Richer

*Burdensome Reporting Requirements
Don't Increase Employment but are Instead
Designed to Kick Millions Off Medicaid –
Making Americans Sicker*

DEMOCRATIC STAFF REPORT | MAY 2025

"In the absence of Medicaid, [A.M.] could not afford the cost of [his] prescriptions and so did not pick them up. His health conditions then flared up, causing him to miss several days of work, and [his employer] fired him for his absences.

"He thus lost his Medicaid coverage and his job."

Gresham v. Azar, 363 F. Supp. 3d 165, 168 (D.D.C. 2019)

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Introduction

Medicaid is the source of comprehensive health coverage for 80 million Americans.¹ Nationally, 41.7 million adults and 37.6 million children rely on Medicaid for a wide range of health care needs, ranging from prenatal and pediatric care to long-term and end-of-life care.²

Congress established Medicaid alongside Medicare and, for 60 years, it has protected the health and well-being of millions of Americans.³ When Congress established Medicaid as a state-federal partnership, it gave states substantial flexibility in designing their programs—within certain federal parameters. While states’ specific eligibility rules vary, they are generally based on an applicant’s age, household income, immigration status, and factors like disability and pregnancy status.⁴

Congress has never conditioned Medicaid eligibility on whether a beneficiary is or is not in the workforce. However, in January 2018, the first Trump Administration issued unprecedented guidance allowing states to implement burdensome Medicaid work reporting requirements at the state level.⁵ This guidance encouraged states to submit “waivers” or “demonstrations” under Section 1115 of the Social Security Act. Once approved and implemented, these waivers would allow states to strip health coverage from Medicaid-eligible adults who did not successfully meet a work reporting requirement.⁶

This was by design. These burdensome red tape requirements have a singular aim: to allow states to cut people from their Medicaid rolls and reduce Medicaid spending—not to encourage or increase employment. On January 12, 2018—the day after the Trump Administration told states that it would begin approving state-level work reporting requirements—the Administration approved its first work reporting requirement from Kentucky

¹ As of October 2024, 79.4 million Americans were enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). See Centers for Medicare & Medicaid Services, *October 2024: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot* (Jan. 15, 2025).

² Centers for Medicare & Medicaid Services, *October 2024: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot* (Jan. 15, 2025).

³ See Centers for Medicare & Medicaid Services, *History* (<https://www.cms.gov/about-cms/who-we-are/history>) (accessed Feb. 7, 2025); 42 U.S.C. § 1396.

⁴ Georgetown University Center for Children and Families, *Medicaid Eligibility and Enrollment Rule Explainer* (Apr. 2024).

⁵ Letter from Brian Neale, Director, Center for Medicaid and CHIP Services, to State Medicaid Directors (Jan. 11, 2018). Section 1115 of the Social Security Act gives the Secretary of Health and Human Services the authority to approve experimental, pilot, or demonstration projects that promote the objectives of Medicaid. Under this authority, the Secretary may waive certain provisions of the Medicaid law. See generally Kaiser Family Foundation, *Medicaid Section 1115 Waivers: The Basics* (Jan. 24, 2025) (www.kff.org/medicaid/issue-brief/medicaid-section-1115-waivers-the-basics/).

⁶ Letter from Brian Neale, Director, Center for Medicaid and CHIP Services, to State Medicaid Directors (Jan. 11, 2018); Kaiser Family Foundation, *Medicaid Section 1115 Waivers: The Basics* (Jan. 24, 2025) (www.kff.org/medicaid/issue-brief/medicaid-section-1115-waivers-the-basics/).

Medicaid.⁷ In its proposal, Kentucky estimated that 95,000 enrollees would lose their care, while touting a potential savings of \$2.5 billion over five years.⁸ The Trump Administration’s approval of Kentucky’s work reporting requirements was later struck down by a federal district court. While the Trump Administration paraded the cost-saving effects of granting Kentucky’s waiver, the judge lambasted the Administration for ignoring the “95,000 people [who] would lose coverage” in the process.⁹

In total, the Trump Administration approved 13 waivers, allowing work reporting requirements to take effect for the first time in Medicaid’s history.¹⁰ Eventually, like Kentucky’s, all 13 waivers approved by the Trump Administration were set aside by courts, rescinded by the Biden Administration, or halted by the states themselves—in some cases, as a result of buyer’s remorse.¹¹ Only two states, Arkansas and Georgia, implemented work reporting requirements and terminated beneficiaries’ coverage for failure to comply—with harsh consequences for those individuals and their families.¹²

Now, as part of their efforts to finance tax breaks for America’s billionaires and big corporations, Congressional Republicans are considering imposing burdensome federal red tape requirements on tens of millions of Medicaid enrollees—leaving millions of them uninsured. In 2023, the nonpartisan Congressional Budget Office (CBO) determined that, if Congress were to impose work reporting requirements as a condition of Medicaid eligibility, it would only serve to increase the number of people who are uninsured and have no effect on

⁷ Kaiser Family Foundation, *A Guide to the Lawsuit Challenging CMS’s Approval of the Kentucky HEALTH Medicaid Waiver* (Jan. 29, 2018).

⁸ *Stewart et al. v. Azar*, 313 F. Supp. 3d 237, 270-71 (D.D.C. 2018).

⁹ *Id.* at 262 (rejecting the Trump Administration’s argument that imposing work requirements to create savings was allowable, even if the savings were re-allocated towards enrollees who remained covered under Kentucky’s waiver).

¹⁰ Kaiser Family Foundation, *An Overview of Medicaid Work Requirements: What Happened Under the Trump and Biden Administrations?* (May 3, 2025). The thirteen states with work reporting requirements approved under the first Trump Administration were: Arizona, Arkansas, Georgia, Indiana, Kentucky, Maine, Michigan, Nebraska, New Hampshire, Ohio, South Carolina, Utah and Wisconsin. *Id.* Nine additional states have or had submitted work reporting requirement waived to CMS: Alabama, Idaho, Kansas, Mississippi, Montana, Oklahoma, South Dakota, Tennessee and Virginia. *Id.*

¹¹ Kaiser Family Foundation, *An Overview of Medicaid Work Requirements: What Happened Under the Trump and Biden Administrations?* (May 3, 2025); Urban Institute, *New Hampshire’s Experience with Medicaid Work Requirements: New Strategies, Similar Results* (Feb. 2020).

¹² *Id.* In addition to Arkansas and Georgia, New Hampshire also implemented work reporting requirements for a brief period. After just two months, data showed extremely low compliance rates; only about 8,000 (or 32 percent) of the implicated 25,000 Granite Advantage enrollees were in compliance with the 100-hour target. The state quickly suspended the program and shortly thereafter it was halted by a federal court. See *Philbrick v. Azar*, 397 F. Supp. 3d 11 (D.D.C. 2019).

employment or hours worked by people with Medicaid. It is clear that these requirements would increase the number of uninsured Americans and have a corrosive effect on the workforce.¹³

The 13 states that received the Trump Administration's approval of red tape requirements tell a cautionary tale. In the states that took initial steps to implement these requirements, many Medicaid enrollees were buried in red tape via impossible-to-meet paperwork requirements, and many lived in fear of losing their health coverage.¹⁴ In Arkansas and Georgia, burdensome red tape requirements have demonstrated a singular effect: taking away low-income, working-class Americans' health coverage.¹⁵

Republican red tape requirements not only *fail* to improve workforce participation; they risk *destabilizing* the entire workforce.



Access to health care makes it easier for people to work, especially if they have chronic health conditions and need ongoing care. Millions of workers losing their coverage—be it for unstable hours or being buried under red tape—means a sicker workforce, creating the possibility of attrition, labor shortages, and, ultimately, higher costs for American consumers.

National Health Law Program, *Medicaid Cuts Would Destabilize the U.S. Workforce* (Feb. 2025)

Despite this experience demonstrating the coverage-cutting effect of such requirements, Congressional Republicans are scheming to craft federal policy that is even more draconian, would cut even more people off of their coverage, and would be mandatory for all states. CBO estimated that Republicans' 2023 proposal to establish nationwide reporting requirements would have decreased federal expenditures by \$109 billion, which would have cut funding Medicaid coverage for 1.5 million people.¹⁶ Committee Democrats asked CBO to update its score of that 2023 bill, but apply the reporting requirement when someone applies for Medicaid (as Georgia has done), thereby preventing anyone who cannot get through the maze of red tape from ever enrolling in Medicaid. **CBO's preliminary estimate is that this change alone would result in a \$260 billion cut to Medicaid and would leave 2.5 million Americans uninsured.**¹⁷ This number could be much higher if states

¹³ Letter to Rep. Frank Pallone Jr., Ranking Member, House Committee on Energy and Commerce, to Phillip L. Swagel, Director, Congressional Budget Office (Apr. 26, 2023).

¹⁴ See note 11.

¹⁵ Georgia Budget & Policy Institute, *Georgia's Pathways to Coverage Program: The First Year in Review* (Oct. 2024); Kaiser Family Foundation, *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees* (Dec. 2018).

¹⁶ See note 13.

¹⁷ Email from Congressional Budget Office to Energy & Commerce Committee Democratic Staff on April 7, 2025.

implement their reporting requirements as harshly as Georgia, where after 18 months, less than three percent of eligible Georgians were able to get coverage.

Case Study: Arkansas Stripped More than 18,000 People of their Health Care Within Months of Phasing in Burdensome Red Tape Requirements

From June 2018 until early 2019, Arkansas began phasing in its red tape requirement under the banner of “Arkansas Works.” Every month, the state required Medicaid enrollees aged 30-49 to report that they completed 80 hours of work or work-like activities. Individuals aged 18-29 were phased into the program at the tail end, in January 2019. Individuals who were exempt from the reporting requirements because they were, for example, caring for an incapacitated person or were medically frail, often had to prove to the state that they were exempt and regularly report information to the state to maintain their exemption.¹⁸ By the time Arkansas Works was halted by a federal judge, more than 18,000 people had already lost their health coverage.¹⁹ Although Arkansas Works was only briefly in effect, its harmful impact on access to health care—and nonexistent impact on employment and opportunities for work—is clear.

- **More than 95 percent of affected Arkansans aged 30-49 were meeting the work standards or should have qualified for an exemption, but uninsured rates for this group increased 7.1 percent:** A study of 30–49-year-old Arkansans—the group subjected to red tape requirements under Arkansas Works for the duration of the program’s phased implementation—found that just 5 percent of them did not meet the work standards or qualify for an exemption. Nonetheless, 1 in 4 of the entire group subject to the work reporting requirements lost coverage.²⁰

“These requirements in Arkansas only ended up making people sicker.”



“People will tell you that the government threatening people’s health care will keep them working. But it’s the opposite. People need health care to start jobs without fearing they’ll be laid off if they get sick.”

- Pastor P.A., Little Rock, AR (2025)

¹⁸ Medicaid and CHIP Payment and Access Commission, *Arkansas Waiver: Arkansas Works* (Mar. 2020) (www.macpac.gov/wp-content/uploads/2020/03/Arkansas-Waiver-Arkansas-Works.pdf).

¹⁹ Center of Budget and Policy Priorities, *Pain But No Gain: Arkansas’ Failed Medicaid Work Reporting Requirements Should Not Be a Model* (Aug. 2023).

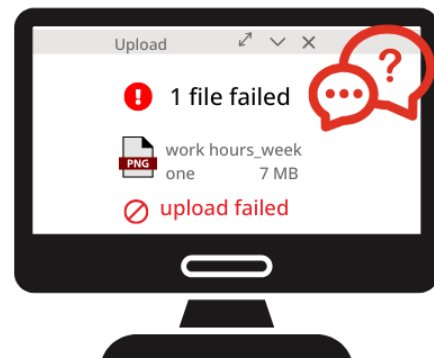
²⁰ Benjamin D. Sommers, Lucy Chen, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, *Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care*, Health Affairs (Sept. 8, 2020).

- **Arkansas Works made no improvements to rates of work or community engagement:** Despite the significant downward swings in coverage rates while Arkansas Works was in effect, there was no significant change in employment, community engagement status, or number of hours worked among Arkansans aged 30-49 relative to comparable groups in other states.²¹
- **Arkansans subjected to red tape requirements were not aware of the need to report or struggled to do so:** Of the enrollees who were required to report compliance, only 12 percent reported compliance with the 80 hours of qualifying activities. Given the vast majority of affected Arkansans were meeting minimum work standards or qualified for an exemption (approximately 95 percent of affected 30-49 year olds),²² this low reporting rate highlights the bureaucratic barriers that stood in the way of individuals meeting the reporting requirements.²³

In focus groups, people subjected to the work reporting requirements stated that they were not aware of the specifics of the new red tape requirements, if they were aware of them at all.²⁴ Of

those who *were* aware of the requirements and tried to set up online accounts, a majority encountered difficulty: they reported a persistent inability to get in touch with state agency staff, long hold periods, or an inability to navigate the

“My mom said I need to go online and do this and do that... I was on the phone with a lady trying to, she said I needed to do something with my hours...”



“Well I was on the phone with the lady for like an hour, then she sent me to someone else, then she sent me to someone else. So it just...I just gave up from trying to report my hours worked.”

-Arkansas Focus Group Participant from Monticello, AR

Kaiser Family Foundation, *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees* (Dec. 18, 2018)

²¹ *Id.*

²² *Id.*

²³ Kaiser Family Foundation, *February State Data for Medicaid Work Requirements in Arkansas* (Mar. 25, 2019).

²⁴ Kaiser Family Foundation, *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees* (Dec. 18, 2018); *see* note 17.

online portal.²⁵ In one focus group, the majority of participants reported finding out their coverage had been terminated when they were seeking care or attempting to fill a prescription.²⁶

- **Arkansas health officials characterized kicking residents off of Medicaid as “savings”:** On July 30, 2018—as 18,000 Arkansans on Medicaid began being purged of their health coverage—Arkansas’s Director of Human Services touted a “historic year” in state savings.²⁷ She noted that annual savings were “unprecedented in Arkansas,” characterizing “declining enrollment in the Arkansas Works program” as an indicator of “great progress” towards reducing Medicaid spending by \$22 million over the prior fiscal year.²⁸

In March 2025, Arkansas re-submitted its request to impose red tape requirements on certain Medicaid enrollees. The State projects over \$165 million in total savings over five years, on the backs of low-income Arkansans likely to lose their health coverage.²⁹

- **Arkansans subjected to red tape requirements were saddled with thousands of dollars in medical debt:** Half of Arkansans who lost health coverage in 2019 reported having serious problems paying off medical debt. Fifty-six percent delayed needed care because of the cost, and 64 percent delayed taking their medications because of the cost. Arkansans who lost health coverage in 2019 experienced an average medical debt of \$2,261.³⁰

Case Study: Georgia is Depriving Hundreds of Thousands of People of Health Care Under the Guise of Creating “Pathways to Coverage”

In July 2023, Georgia launched its red tape requirements program called “Georgia Pathways to Coverage.” This program provides Medicaid coverage to adults with incomes under 100 percent of the federal poverty level but only if they first manage to meet the state’s onerous

²⁵ Kaiser Family Foundation, *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees* (Dec. 18, 2018).

²⁶ Urban Institute, *Lessons from Launching Medicaid Work Requirements in Arkansas* (Oct. 2019).

²⁷ Letter from Cindy Gillespie, Director, Arkansas Department of Human Services to Governor Asa Hutchinson (July 30, 2018).

²⁸ *Id.*

²⁹ See Department of Human Services, State of Arkansas, *Request to Amend the ARHOME Section 1115 Demonstration Project* (Jan. 28, 2025) (anticipating that 25% of individuals subject to Arkansas’s ARHOME work reporting requirement will be suspended for “failure to cooperate” each year).

³⁰ See note 17.

work reporting requirement.³¹ Georgians must complete a minimum of 80 hours of qualifying activities each month and demonstrate compliance *before* enrolling in the program.

Critically, Georgia is one of ten states that has not adopted the Affordable Care Act (ACA) Medicaid expansion, which enables states to cover adults ages 19-64 with incomes below 138 percent of the federal poverty level (or \$35,632 a year for a family of three).^{32,33} Had Georgia expanded Medicaid, more than 450,000 uninsured adults—including the population eligible for Georgia Pathways to Coverage—would have comprehensive health coverage, with 90 percent of the cost covered by the federal government.³⁴

Data from Georgia reveals that these burdensome red tape requirements are failing to enable meaningful access to health care for low-income Georgians. Ironically, Medicaid expansion was adopted in the ACA *because* low-income workers are the least likely to have jobs that provide them with health coverage.

- **After 18 months, only 6,503 of the more than 240,000 Georgians potentially eligible under “Georgia Pathways to Coverage” managed to enroll — that’s less than 3 percent of potentially eligible Georgians:**³⁵ Georgia has the third highest uninsured rate in the country among adults ages 19-64—accounting for more than 1 million uninsured people.³⁶ Yet, during Georgia’s first year of implementation of the Georgia Pathways to Coverage program, on average, just 437 Georgians enrolled each month. For example, in Webster County, Georgia, one in every five residents is uninsured; yet, one year after implementation, not one county resident was enrolled in the program.³⁷

³¹ Centers for Medicare & Medicaid Services, *Georgia Pathways to Coverage* (<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81441>) (accessed Feb. 7, 2025).

³² Kaiser Family Foundation, *Status of State Medicaid Expansion Decisions* (Nov. 12, 2024) (<https://www.kff.org/status-of-state-medicaid-expansion-decisions/>); Medicaid and CHIP Payment and Access Commission, *Income as a Percentage of the Federal Poverty Level (FPL) for Various Family Sizes (2024)* (Dec. 2024).

³³ Medicaid and CHIP Payment and Access Commission, *MACStats: Medicaid and CHIP Data Book* (Dec. 2024) (https://www.macpac.gov/wp-content/uploads/2024/12/MACSTATS_Dec2024_WEB-508.pdf).

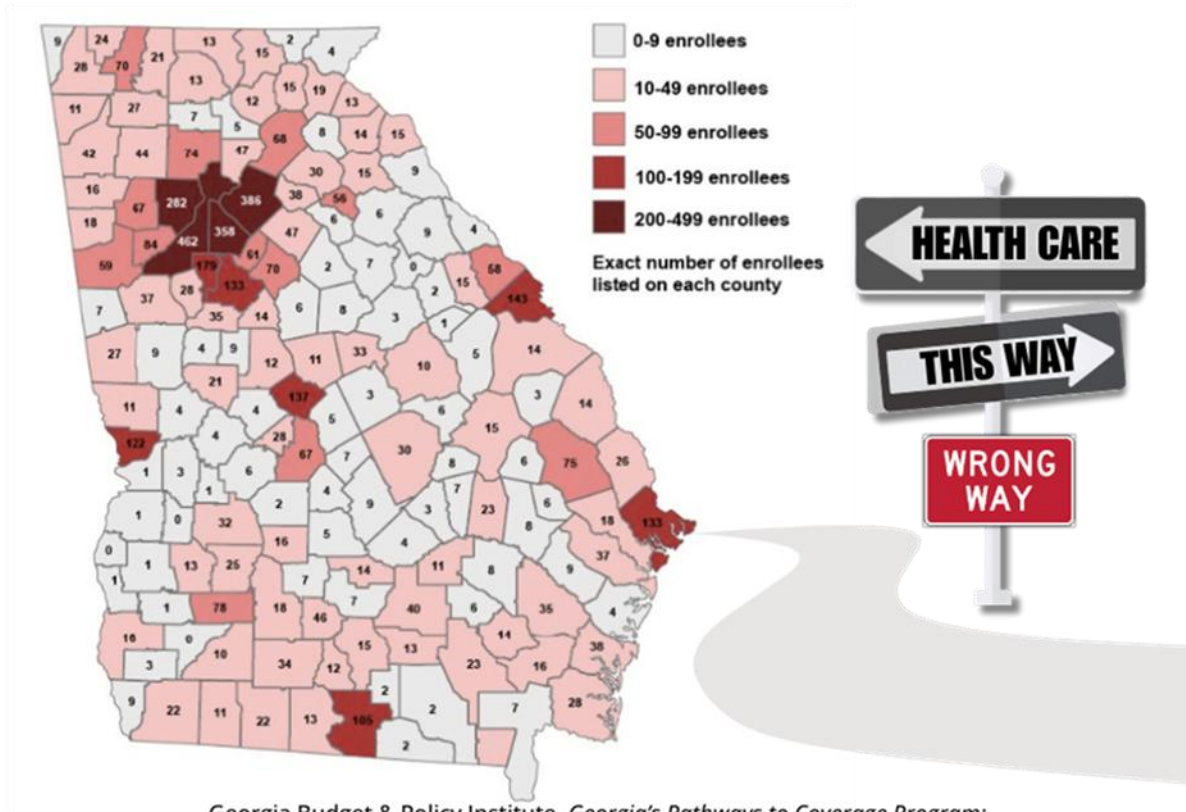
³⁴ Kaiser Family Foundation, *Who Could Medicaid Reach with Expansion in Georgia* (<https://files.kff.org/attachment/fact-sheet-medicaid-expansion-GA>) (accessed Feb. 5, 2025).

³⁵ [Georgiapathways.org](https://www.georgiapathways.org), *Data Tracker* (<https://www.georgiapathways.org/data-tracker>) (accessed Feb. 5, 2025).

³⁶ Kaiser Family Foundation, *Health Insurance Coverage of Adults Ages 19-64* (<https://www.kff.org/other/state-indicator/adults-19-64/>) (accessed Feb. 6, 2025).

³⁷ Georgia Budget & Policy Institute, *Georgia’s Pathways to Coverage Program: The First Year in Review* (Oct. 2024).

Georgia Pathways to Coverage Cumulative Enrollment by County, (July 2023-June 2024)



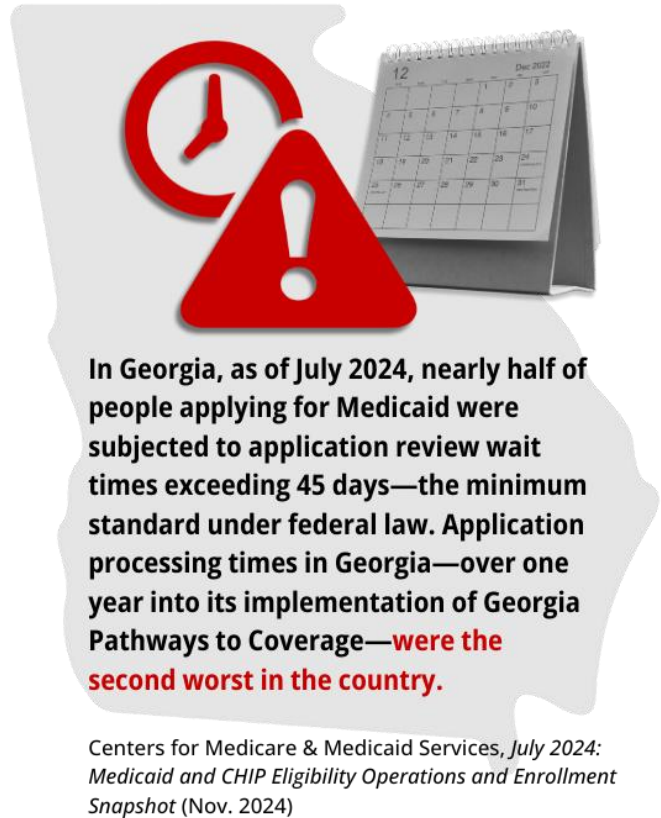
Georgia Budget & Policy Institute, *Georgia's Pathways to Coverage Program: The First Year in Review* (Oct. 2024)

- In the first year, 56 percent of people who managed to apply for coverage under “Georgia Pathways to Coverage” were denied:** Of the 110,000 Georgians who demonstrated interest in receiving Medicaid through the Georgia Pathways to Coverage program during its first year, only five percent—4,321 applicants—successfully enrolled in coverage.³⁸ Notably, Georgia requires applicants to demonstrate qualifying hours before enrolling in Medicaid coverage under the program. Applicants also are required to agree to a contract to adhere to these requirements, verify them monthly, and comply with random and periodic audits.³⁹ It is likely that the potential threat of being subject to legal action creates a chilling effect for applicants, who may fear losing a shift at work, becoming ill, or losing their job.

³⁸ *Id.*

³⁹ Georgia Pathways to Coverage, *How to Apply for Georgia Pathways to Coverage* (<https://pathways.georgia.gov/how-apply>) (accessed April 18, 2025).

- **More than 80 percent of spending on the “Georgia Pathways to Coverage” program is going to administration—not health care:** Of the nearly \$80 million of known federal and state expenditures on Georgia Pathways to Coverage as of September 2024, just under \$14 million—less than 18 percent—had been spent on health care coverage. Of the nearly \$68 million in federal expenditures, less than \$5 million—not even eight percent—had been spent on health care coverage.⁴⁰ The overwhelming majority of funds are being spent on designing, developing, and updating the state’s complex online portal—funds that are reportedly funneled to eligibility and enrollment system contractors.⁴¹



Georgia’s example shows how reporting requirements can be weaponized to virtually eliminate and/or greatly reduce coverage under the Medicaid expansion, with fewer than 3 percent of potentially eligible individuals below the poverty line able to jump the necessary bureaucratic hoops to get access to coverage. The Democratic Committee staffs’ correspondence with CBO makes clear that as Republicans make their national work requirements policy more draconian and unreasonable to dial up their savings to fund tax cuts for billionaires, they will kick more and more people off coverage, causing more damage to the health of the American people.

⁴⁰ See note 33. This figure does not include expenses related to preparing and submitting the 1115 waiver, expenses related to the two Pathways to Coverage lawsuits filed by the state, or funding for a pilot media campaign that ran in early 2024.

⁴¹ Kaiser Family Foundation, *Georgia’s Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment* (Mar. 20, 2024) (<https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>).

"[The Georgia Pathways to Coverage Program is] fiscally foolish and anti-family..."

"A lot of taxpayer money has been wasted and not [spent] on health care for people who need it."

-Joan Alker, Executive Director,
Georgetown University Center for
Children and Families



Kaiser Family Foundation, *Georgia's Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment* (March 20, 2024)

Meet the Working-Class Americans Who Stand to Lose their Health Coverage—and Lives—so Republicans Can Give Tax Breaks to the Wealthy

Energy and Commerce Committee Democratic staff reviewed public reporting and court filings by 51 plaintiffs across five federal challenges to state Medicaid programs' work reporting requirements from 2018 to 2020.⁴² Together, these stories demonstrate the harmful impact of burdensome red tape requirements on over 100 individuals—including the children, spouses, and parents of those whose Medicaid coverage was lost or put at risk. Staff also reviewed first-person testimony from focus groups by the Georgia Budget and Policy Institute, Urban Institute, and the Kaiser Family Foundation from their reports on Medicaid in Arkansas and Georgia.⁴³

Finally, staff interviewed state-level advocates with first-hand experience assisting those who faced barriers to health care—barriers Republicans are now trying to establish nationwide.

⁴² See *Gresham v. Azar*, 950 F.3d 93 (D.C. Cir. 2020), *aff'g*, 363 F. Supp. 3d 165 (D.D.C. 2019); *Philbrick v. Azar*, 397 F. Supp. 3d 11 (D.D.C. 2019); *Stewart v. Azar*, 313 F. Supp. 3d 237 (D.D.C. 2018); *Stewart v. Azar*, 366 F. Supp. 3d 125 (D.C.C. 2019), *Rose v. Azar*, 1:19-cv-02848 (D.D.C. Sept. 23, 2019); *Young v. Azar*, 1:19-cv-03526 (D.D.C. Nov. 22, 2019).

⁴³ See note 17; note 24; note 23.

Burdensome Red Tape Requirements Steal Health Care from Workers Doing Their Best to Make Ends Meet

A.Y.'s Story: A Home Health Care Worker in her 50s from Ann Arbor, Michigan⁴⁴

In 2019, A.Y. was a health care worker, a library assistant, and a student. Her primary job was at a residential care facility for elderly and disabled Michiganders, where she made \$14.20 an hour. Her eight-hour shifts involved caring for facility residents, as well as several administrative tasks. Occasionally, A.Y. also worked as a library assistant at the community college where she was getting her bachelor's degree.

A.Y. worked two jobs, but her hours were irregular. At the care facility, she often worked two eight-hour shifts each week. Some weeks, however, only one shift was available. Other weeks, late shifts were available, but she was unable to take them; the last bus from Avalon back to A.Y.'s home did not run past 11 pm, but the evening shifts at Avalon would often go far later. For her job at the library, A.Y. often had to turn down shifts that conflicted with her classes and could not work when the library was closed for school holidays or breaks.

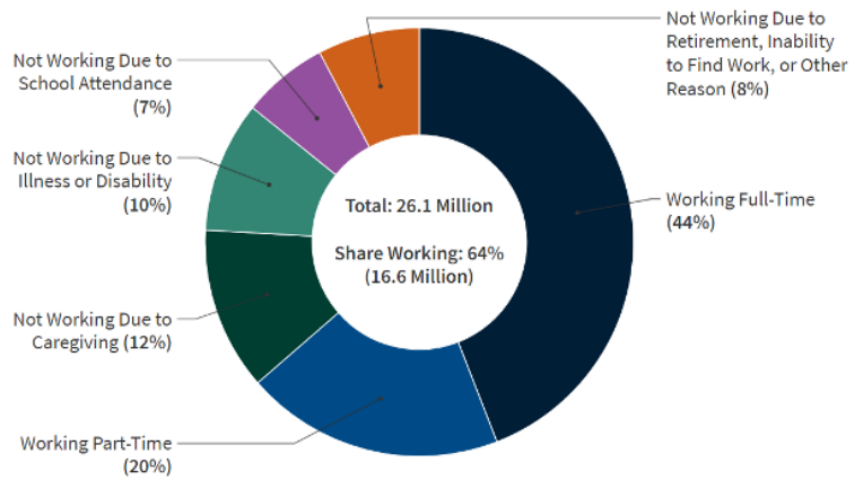
A.Y. suffered from several chronic skeletomuscular conditions. When she was younger, she severely injured both of her arms while working at an auto plant. Her

Republicans claim that red tape requirements are necessary to promote work—but



Work Status & Barriers to Work Among Medicaid Adults, 2023

Includes Medicaid covered adults (age 19-64) who do not receive benefits from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and are not also covered by Medicare.



Kaiser Family Foundation, *Understanding the Intersection of Medicaid and Work: An Update* (Feb. 4, 2025)

⁴⁴ Adapted from Plaintiffs' Class Action Compl. for Declaratory and Injunctive Relief, (Nov. 22, 2019), *Young et al. v. Azar*, D.D.C. (No. 1:19-cv-03526).

left arm was hit by a hub, and her other arm developed “frozen shoulder” after she was transferred to a “one-arm job.”⁴⁵

A.Y. had been enrolled in Medicaid since 2017. With Medicaid, she was able to complete physical therapy and receive ongoing pain management care. By 2019, she still had limited mobility. She could not lift more than ten pounds at once, drive a car, or make repetitive movements. But her ongoing care allowed her to manage her pain, and she continued working at the care facility and at the library.

In 2019, Michigan’s Department of Health and Human Services told A.Y. that if she did not begin reporting that she had worked 80 hours each month, she would be kicked off Medicaid. A.Y.’s hours continued to vary week to week. She rarely worked three shifts in a week, and, to finish school, she often had to turn down shifts to complete classes. She would have to choose between her job, her degree, her health, and health care.

*M.Y.’s Story: A Teacher in her 50s from Norway, Michigan*⁴⁶

For over a decade, M.Y. taught children in kindergarten and “loved watching them learn and grow.”⁴⁷ Over time, M.Y. developed several chronic health conditions, including a concussion and coronary artery spasms that made it hard to be in front of a classroom for three full days—let alone a five-day school week.

By 2008, M.Y.’s condition had deteriorated. She decided to leave the full-time workforce and become a substitute teacher. From 2008 onward, M.Y. mostly worked at three schools in her area. Even though she juggled working at three different schools, M.Y. was widely admired, and teachers often requested her specifically when they needed to take time off.

M.Y. was enrolled in Medicaid. Through Medicaid, M.Y. was able to see specialists for her complex cardiac and neurological needs. Medicaid also covered medication for her heart condition, her Gastroesophageal Reflux Disease, and a continuous positive airway pressure machine. Because of Medicaid, she could continue teaching as a substitute and working with children. She accepted shifts whenever she was well enough to work.

In October 2019, the Michigan Department of Health and Human Services told M.Y. that her Medicaid coverage would soon be contingent on reporting at least 80 working hours monthly. But M.Y. could not consistently teach as a substitute for 80 hours each month. Substitute teachers work at the request of the schools, and while it is possible, some months, to work 80 hours, other months a substitute teacher will fall short. Days off for snow and inclement

⁴⁵ Plaintiffs’ Compl. for Declaratory and Injunctive Relief ¶ 156 (Aug. 14, 2018), *Gresham et al. v. Azar*, D.D.C. (No. 1:18-cv-01900).

⁴⁶ Adapted from Plaintiffs’ Class Action Compl. for Declaratory and Injunctive Relief (Nov. 22, 2019), *Young et al. v. Azar*, D.D.C. (No. 1:19-cv-03526).

⁴⁷ Plaintiffs’ Class Action Compl. for Declaratory and Injunctive Relief ¶ 165 (Nov. 22, 2019), *Young et al. v. Azar*, D.D.C. (No. 1:19-cv-03526).

weather are common for the area of Michigan where M.Y. worked. Meanwhile, M.Y. could not be in front of a classroom for more than two full days in a row due to her health conditions. She often experienced intense pain, which she described as a tightness in her chest that made her feel like she was dying.

When M.Y. found out she was at risk of losing her care, she reported that her anxiety had gotten so bad that it soon became even harder for her to work more shifts. Without Medicaid, she believed she “might as well make her final arrangements.”⁴⁸

C.A.’s Story: A Mechanic in his 40s from Siloam Springs, Arkansas⁴⁹

Since age 25, C.A. had worked as a welder, using heavy equipment to join, repair, or cut heavy metals. For most of this time, he did not have health insurance. Without consistent medical treatment, C.A. developed severe carpal tunnel, arthritis, and vision issues on the job.

In 2017, C.A.’s doctors found a baseball-sized tumor on the side of his body. By then, C.A. had enrolled in Medicaid. His coverage allowed him to have his tumor removed and treat the various skeletomuscular conditions he developed at work. After his surgery and follow-up treatment, he returned to work as a self-employed handyman.

In May 2018, Arkansas’s Department of Human Services (DHS) told C.A. that, beginning in June, he would have to start reporting at least 80 hours of monthly work to the state; if he didn’t, he would lose his coverage. C.A.’s income and hours fluctuated. During the high season, he would work 20 hours a week. But, during cold weather or other low-demand periods, work would be slower.

Though C.A. worked 80 hours in June, he was unable to report his hours; C.A. could not figure out Arkansas’s online submission portal. The next month, he received a note from DHS that he was out of compliance. In July, C.A. went to the DHS office in-person, where he reported 80 hours of monthly work as part of his Medicaid eligibility paperwork. However, he had not received confirmation that these submissions—which were related to his general Medicaid eligibility—rendered him compliant with July’s work requirement. By November, C.A. had yet to receive confirmation that his July or September hours were accepted. He also did not know his compliance status for August.

In October, C.A. worked fewer than 80 hours. He did not expect to be able to get 80 hours of work every month, and if he did, he feared he would be unable to report his hours on Arkansas’s portal, leaving him, knowingly or unknowingly, without health coverage.

⁴⁸ *Id.* at ¶ 180.

⁴⁹ Adapted from Plaintiffs’ Amended Compl. for Declaratory and Injunctive Relief (Nov. 5, 2018), *Gresham et al. v. Azar*, D.D.C. (No. 1:18-cv-01900); Plaintiffs’ Compl. for Declaratory and Injunctive Relief (Aug. 14, 2018), *Gresham et al. v. Azar*, D.D.C. (No. 1:18-cv-01900).

Burdensome Reporting Requirements Bury Americans in Nearly Impossible-to-Meet Red Tape—and Punish Them When They Fail to Pass the Test

A.M.'s Story: A Chicken Plant Worker in his 40s from Pea Ridge, Arkansas⁵⁰

A.M., a worker at a food service company in Arkansas, suffered from several serious medical conditions, including severe chronic obstructive pulmonary disease. Though A.M. did not receive health insurance through his job, he was covered by Medicaid. Therefore, he was able to manage his chronic lung disease, pick up prescription drugs at the pharmacy, and regularly see his physician.

Arkansas's work reporting requirement took effect in June 2018, and initially, A.M. did not anticipate problems. The first month, he diligently reported his set of hours. Three months later, he went to fill his prescription at the local pharmacy. That was when A.M. learned—for the first time—that his Medicaid coverage had been cancelled.

A.M. had to—unbeknownst to him—regularly report his compliance with the work standards. Without even knowing it, he was already delinquent on his reporting, and, as a result, was barred from re-enrolling in Medicaid for the remainder of the calendar year.

Faced with a bill of \$800 for his prescription, A.M. left the pharmacy empty-handed. Without his medication, his lungs started to deteriorate, and A.M. ended up in the hospital multiple times. Eventually, he was not healthy enough to perform his job and was fired. By late 2018, A.M. had \$4,000 in medical debt.

A.B.'s Story: A Dishwasher in her 30s from Little Rock, Arkansas⁵¹

In 2018, A.B. was working 24 hours each week as a dishwasher. With the help of her pastor, A.B. had been able to enroll in Medicaid years earlier. When Arkansas implemented its work reporting requirements, A.B. was living in a room in an apartment, and it was one of the few times in the past eight years that she was not homeless.

When Arkansas's red tape requirements went into effect in 2018, A.B. successfully reported her hours, but she was constantly worried she was “hanging on to her health care by a

⁵⁰ Adapted from Plaintiffs' Amended Compl. for Declaratory and Injunctive Relief, (Nov. 05, 2018), *Gresham et al. v. Azar*, D.D.C. (No. 1:18-cv-01900-JEB); Plaintiffs' Compl. for Declaratory and Injunctive Relief (Aug. 14, 2018), *Gresham et al. v. Azar*, D.D.C. (No. 1:18-cv-01900); PBS News, *With New Work Requirement, Thousands Lose Medicaid Coverage in Arkansas* (Nov. 19, 2018) (www.pbs.org/newshour/show/with-new-work-requirement-thousands-lose-medicaid-coverage-in-arkansas).

⁵¹ Adapted from Plaintiffs' Amended Compl. for Declaratory and Injunctive Relief, (Nov. 05, 2018), *Gresham et al. v. Azar*, D.D.C. (No. 1:18-cv-01900-JEB); PBS News, *With New Work Requirement, Thousands Lose Medicaid Coverage in Arkansas* (Nov. 19, 2018) (www.pbs.org/newshour/show/with-new-work-requirement-thousands-lose-medicaid-coverage-in-arkansas).

thread.”⁵² A resident of the state with the lowest household internet access rate in the country, A.B. did not even have a computer. She therefore had to rely on her pastor—who, years earlier, had helped her get coverage—to submit her hours on Arkansas’s online-only portal, which shut down every night at 9 p.m. and did not reopen until 7 a.m.

*R.R.’s Story: A Caregiver in her 50s from Shelbyville, Kentucky*⁵³

In 2018, R.R. was a family caregiver. She had four children, including her 13-year-old daughter who lived with her, alongside her sick husband and her 18-year-old grandson. R.R. used to work for the state government. However, she later became a caretaker to her sick family members, including her daughter, who suffered from silent seizures, and her husband, who was on disability after complications from knee surgery. R.R., too, had significant health issues, including high blood pressure and recurring seizures. R.R.’s family income was \$20,580 annually, which came entirely from her husband’s disability payments.

When Kentucky began to implement its work reporting requirements, R.R. believed she would be eligible for an exception. But she was not able to confirm her eligibility. She described her struggles:

When I called the Medicaid office in Frankfort to find out whether I qualified for an exemption, they directed me to contact my local Medicaid office. When I contacted my local Medicaid office, the worker there informed me that I would not qualify for an exemption as the primary caregiver of my daughter because the exemption did not apply to school-age children, only children younger than six. And, the worker told me that I would need to provide documentation showing that my husband's disability required me to be his caregiver. The worker was not able to tell me what kind of documentation I would need to provide.⁵⁴

R.R. did not think she could meet the 80-hour work standard. Alongside her caretaking responsibilities, R.R. continued to have seizures, which had become more frequent since Kentucky’s requirements were approved in January 2018. After one of them, for example, she was not permitted to drive for 90 days. In the past, R.R. and her husband had to declare bankruptcy from all the unpaid hospital bills resulting from treatment of her seizures. She nervously waited to hear whether she was granted an exemption, praying the days of going into severe medical debt for treatment were behind her.

⁵² PBS News, *With New Work Requirement, Thousands Lose Medicaid Coverage in Arkansas* (Nov. 19, 2018) (www.pbs.org/newshour/show/with-new-work-requirement-thousands-lose-medicaid-coverage-in-arkansas).

⁵³ Adapted from Plaintiffs’ First Amended Class Action Compl. for Declaratory and Injunctive Relief (Jan. 14, 2019), *Stewart et al. v. Azar*, D.D.C. (No. 1:18-cv-00152-JEB); R.R. Decl. (Jan. 17, 2019), *Stewart et al. v. Azar*, D.D.C. (No. 1:18 CV 00152).

⁵⁴ R.R. Decl. ¶ 14 (Jan. 17, 2019), *Stewart et al. v. Azar*, D.D.C. (No. 1:18 CV 00152).

Red Tape Requirements Are Punitive and Do Not Take Into Consideration Caregiving for Family Members

K.V.'s Story: A Mother in her 30s from Laconia, New Hampshire⁵⁵

K.V. lived with her husband and their three children, ages 5, 7 and 11. For many years, she worked as an in-home caregiver, helping elderly community members bathe, get ready for bed, and shop for groceries. She regularly volunteered with her church. K.V. suffered from a progressive neurological disease, which caused the discs in her spine to break down. Her pain had become so bad that it became hard for her to walk or, sometimes, swallow food. By 2018, K.V.'s health had deteriorated so much that she had to stop working.

K.V., her husband, and their three children had \$1,800 worth of expenses each month—only about \$12 per day per family member. K.V. would obtain clothing for her children through a local church. She would sometimes call the pastor's wife to bring them basic groceries like meat and cereal. To save money, she had not purchased cable or internet, which meant that she would often submit her family's Medicaid enrollment paperwork in person even though she did not have a reliable car.

New Hampshire gave K.V. notice that, when her daughter turned six years old, K.V. would be subject to Medicaid work reporting requirements. K.V.'s health conditions had not changed. She was still in chronic back pain, still could not walk, and still could not reliably swallow food.

K.V. was worried about what losing care would mean for her children. K.V. had lost coverage before and knew from personal experience that, without care, she was one emergency medical expense away from having to delay paying bills, miss a car payment, or miss paying rent. "If parents do not have Medicaid and do not have health care," she wrote, "children also suffer the consequences throughout their lives."⁵⁶

Most parents with Medicaid coverage are in the workforce—72%—and the most common reason that non-working Medicaid adults cited for not being in the workforce was caregiving.



Kaiser Family Foundation
Understanding the Intersection of Medicaid and Work: An Update (Feb. 4, 2025)

⁵⁵ Adapted from Plaintiffs' Class Action Compl. for Declaratory and Injunctive Relief (Mar. 20, 2019), *Philbrick et al. v. Azar*, D.D.C. (No. 1:19-cv-00773-JEB); K.V. Decl. (May 16, 2019), *Philbrick et al. v. Azar*, D.D.C. (No. 19-773 CV 00773).

⁵⁶ K.V. Decl. ¶ 24 (May 16, 2019), *Philbrick et al. v. Azar*, D.D.C. (No. 19-773 CV 00773).

K.V. would have lost Medicaid coverage once her daughter turned six. On July 29, 2019, New Hampshire's work requirement was struck down by a federal district court—two days before her daughter's sixth birthday.

Lisa, age 54, and her husband live at home together. Medicaid makes that possible. Lisa's husband is in stage four kidney failure and has suffered multiple strokes. Lisa used to work full time as a florist while balancing other jobs to make ends meet, but keeping a job is impossible now that she is her husband's sole caregiver. Without Lisa, her husband likely would be forced to go into a nursing facility.

Lisa assumes that, if a red tape requirement took effect, she would at least have the chance to try to qualify for an exemption—but even then, she cannot imagine more paperwork or how she could document and report the hours she spends caring for her husband.

Justice in Aging, *Work Requirements Would Cut Medicaid for Older Adults* (February 4, 2025)



*Q.R.'s Story: A Caregiver and Grandchild in his 20s from Ashland, Kentucky*⁵⁷

Q.R. was a 20-year-old man in Kentucky who had lived with his grandmother ever since she got permanent custody of him when he was 12. Q.R.'s grandmother had multiple sclerosis, and Q.R. was her only caretaker. Every day, he helped her get out of bed, cook, clean, and do laundry. He also babysat his cousins and volunteered at his church's food pantry. Between Q.R.'s inconsistent jobs and his grandmother's disability payments, their collective income was about \$1,450 per month. He had no savings and sometimes got food from a local food bank. Q.R. wanted to work more but did not have a car, and there were not many jobs in his area. He also worried about who would take care of his grandmother if he was not home as often. He feared he could lose his coverage due to Medicaid work reporting requirements or that his grandmother may lose her only caretaker.

⁵⁷ Adapted from Plaintiffs' Class Action Compl. for Declaratory and Injunctive Relief (Jan. 24, 2018), *Stewart et al. v. Hargan*, D.D.C. (No. 1:18-cv-00152); Q.R. Decl. (March. 30, 2018), *Stewart et al. v. Azar*, D.D.C. (No. 1:18 CV 00152).



Family caregivers can be key to allowing older loved ones to stay out of a nursing facility. At the same time, they are less likely to have health insurance through a job or spouse.

Though Republican policies may contain nominal exceptions for caregivers, these exceptions are minimal and narrowly defined. For example, a state may require that a caregiver be paid to be eligible for an exception.

An unpaid adult child—like Q.R., for example—may not qualify for a caregiver exemption if he cannot prove his role as a caregiver through paystubs.

Justice in Aging, *Work Requirements Would Cut Medicaid for Older Adults* (Feb. 4, 2025)

Red Tape Requirements Undercut Chances of Recovery for Americans with Substance Use Disorders

*J.V.'s Story: A Father in Substance Abuse Treatment in his 30s in Laconia, New Hampshire*⁵⁸

In 2019, J.V., a 30-year-old construction worker and father of three, was undergoing treatment for substance use disorder. Medicaid covered his prescriptions for suboxone, as well as court-ordered drug counseling sessions. Medicaid would also cover his treatment for an abdominal hernia, which would allow him to lift heavier objects at work.

He made \$17 per hour. J.V.'s hours depended on what his employer booked, as well as a steady supply of raw materials like timber. Hours varied by the season, and small hiccups in the supply chain could cost him hours of shift work.

⁵⁸ Adapted from Plaintiffs' Class Action Compl. for Declaratory and Injunctive Relief (Mar. 20, 2019), *Philbrick et al. v. Azar*, D.D.C. (No. 1:19-cv-00773-JEB); J.V. Decl. (May 16, 2019) *Philbrick et al. v. Azar*, D.D.C. (No. 19-773 CV 00773).

J.V. also received Supplemental Nutrition Assistance Program (SNAP) benefits. While he hoped to find more hours and better pay, that might result in a loss of SNAP benefits, which would then subject him to New Hampshire's work reporting requirements. And due to the inconsistency of his work hours, that would place his Medicaid eligibility at risk.

If J.V. lost coverage, he would likely fall out of substance abuse treatment, which could cause a relapse back into drug use. Additionally, if he became unable to pay for counseling sessions, he could be in violation of his probation and end up incarcerated.

Seven percent of Medicaid enrollees ages 12-64 have a diagnosed substance abuse disorder (SUD); when the millions of enrollees without diagnosed SUD are added, that jumps to nearly 20 percent.

Medicaid represents the largest commitment by the federal government to the treatment of people with SUD and nearly 2 million people receive opioid use disorder treatment through Medicaid.

State-level exemptions fail to effectively shield Medicaid enrollees with SUD from red tape requirements and the threat of losing care. States with red tape requirements approved under the first Trump Administration had inconsistent definitions of qualifying treatment: while community treatment and peer support groups may qualify as treatment in some states, they may not in others. Those who do get qualifying care—like inpatient care—may be temporarily exempt but may be threatened with coverage loss later in their recovery if other services—like medically assisted treatment—do not qualify. Where exemptions are clear and provided robustly—finding one's way through the maze of reporting processes prevents people with SUD, like so many others, from getting and keeping coverage.



The Brookings Institution, *The role of Medicaid in addressing the opioid epidemic* (Feb. 25, 2025); Kaiser Family Foundation, *SUD Treatment in Medicaid: Variation by Service Type, Demographics, States and Spending* (Mar. 28, 2024)

"My entire substance abuse treatment has been covered by Medicaid.

"My goal for the next year is to return to college, get my peer support certification, and start a degree in psychology. I hope to become a substance abuse counselor and work for one of the [Addiction Recovery Care] facilities. Long term, my goals are to remain sober for five years, have my own family, and live in a home.

"[I] will be required to work 20 hours a week. Because I am unemployed and spending many hours per week caring for my ill grandfather and attending outpatient substance abuse disorder services, it is likely that I will not meet these requirements at least some of the time and could lose Medicaid."

- L.B., 20 years old, Dwale, KY

L.B. Decl. ¶¶ 7-9 (Jan. 10, 2018), Stewart et al. v. Hargan, D.D.C. (No. 1:18-cv-00152)

Red Tape Requirements Upend Hard-Working Americans' Retirement

R.M.S.'s Story: A Retiree in his 60s in Lexington, Kentucky⁵⁹

R.M.S. retired from working in mental health clinics. As a retiree, R.M.S.'s only income was his Social Security benefits, which generated \$10,992 annually—\$2,000 short of his \$1,035 of monthly expenses. R.M.S. received health care through Medicaid, which allowed him to receive treatment for diabetes, arthritis, and high blood pressure. Medicaid also paid for R.M.S.'s cataract surgery. Without that surgery, R.M.S. might have gone blind.

Even though he was 62, retired, and receiving Social Security, under Kentucky's Medicaid work reporting requirements, R.M.S. would have to go back to work to keep his coverage.

R.M.S. could not work; he could barely stand on his feet all day. The last time he looked for work, the job market was so unfavorable to older Americans that he was briefly homeless; "no one wants to hire you when you are in your fifties," he said.⁶⁰ With work reporting requirements, R.M.S. feared he would either lose coverage, get a job he wouldn't be able to keep, or go into medical debt.

Conclusion

In order to pay for giant tax breaks for billionaires and big corporations, Republicans are looking to cut hundreds of billions of dollars from the Medicaid program. These cuts would be devastating to the 80 million people for whom Medicaid is a lifeline. People with low incomes and their families rely on Medicaid because they would not otherwise be able to afford health care.

The reality is red tape requirements are not made to incentivize employment. Instead, they are simply another way for Republicans to rip health insurance away from Americans so they can give tax breaks to the super rich. They are a cruel attack on the social safety net and American families' chance to live healthier and more productive lives.

The experiences of people who suffered under these burdensome red tape requirements in states that adopted them—with reckless encouragement from the first Trump Administration—illustrate the unnecessary harm and stress they inflict on vulnerable individuals and families. Instead of enabling greater workforce participation among Medicaid beneficiaries, these mandates destroy lives and push economic and health security even farther out of reach.

⁵⁹ Adapted from Plaintiffs' Class Action Compl. for Declaratory and Injunctive Relief (Jan. 24, 2018), *Stewart et al. v. Hargan*, D.D.C. (No. 1:18-cv-00152); R.M.S. Decl. (Jan. 17, 2019), *Stewart et al. v. Azar*, D.D.C. (No. 1:18 CV 00152).

⁶⁰ R.M.S. Decl. ¶ 3 (Jan. 17, 2019), *Stewart et al. v. Azar*, D.D.C. (No. 1:18 CV 00152).

Rather than punishing millions of Medicaid beneficiaries to give tax breaks to billionaires, Congressional Republicans and the Trump Administration should work with Democrats to protect and strengthen Medicaid for the future.

Appendix: Residents At-Risk of Losing Medicaid Coverage Because of Red Tape Requirements, by Congressional District

These estimates define the population at risk of losing coverage as adults aged 19 to 64 in Medicaid who are not enrolled through disability pathways. While not all of those at risk would lose coverage, many would. They would include people who cannot navigate complex work-reporting and verification systems each month, as recent proposals would require, along with other people who are unable to navigate the exemption process periodically to retain coverage, and those who have been laid off or are otherwise unemployed, often temporarily. It is unknown which individuals among those at risk would indeed lose coverage.

Center for Budget and Policy Priorities, *36 Million People at Risk of Having Health Coverage Taken Away by Medicaid Work Requirements* (Mar. 3, 2025)

(<https://www.cbpp.org/research/health/36-million-people-at-risk-of-having-health-coverage-taken-away-by-medicaid-work>).

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Alabama	1	32,000	21%
Alabama	2	39,000	21%
Alabama	3	33,000	22%
Alabama	4	33,000	20%
Alabama	5	27,000	21%
Alabama	6	23,000	20%
Alabama	7	44,000	22%
Alaska	(at Large)	117,000	50%
Arizona	1	78,000	55%
Arizona	2	146,000	51%
Arizona	3	183,000	47%
Arizona	4	107,000	52%
Arizona	5	71,000	48%
Arizona	6	105,000	55%
Arizona	7	174,000	49%
Arizona	8	95,000	51%
Arizona	9	117,000	46%
Arkansas	1	91,000	39%
Arkansas	2	75,000	39%
Arkansas	3	57,000	35%
Arkansas	4	87,000	39%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
California	1	192,000	58%
California	2	150,000	60%
California	3	107,000	57%
California	4	130,000	57%
California	5	149,000	56%
California	6	187,000	59%
California	7	164,000	58%
California	8	160,000	58%
California	9	186,000	55%
California	10	80,000	56%
California	11	96,000	55%
California	12	148,000	63%
California	13	238,000	53%
California	14	104,000	58%
California	15	111,000	60%
California	16	72,000	50%
California	17	73,000	56%
California	18	173,000	50%
California	19	100,000	57%
California	20	156,000	56%
California	21	268,000	54%
California	22	288,000	53%
California	23	208,000	55%
California	24	133,000	52%
California	25	247,000	54%
California	26	118,000	54%
California	27	137,000	53%
California	28	128,000	57%
California	29	232,000	58%
California	30	160,000	61%
California	31	167,000	55%
California	32	136,000	62%
California	33	197,000	53%
California	34	235,000	59%
California	35	177,000	56%
California	36	68,000	58%
California	37	272,000	62%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
California	38	142,000	54%
California	39	201,000	56%
California	40	82,000	55%
California	41	142,000	55%
California	42	202,000	60%
California	43	232,000	59%
California	44	198,000	57%
California	45	151,000	55%
California	46	206,000	56%
California	47	91,000	62%
California	48	103,000	55%
California	49	76,000	53%
California	50	91,000	62%
California	51	128,000	59%
California	52	166,000	56%
Colorado	1	76,000	48%
Colorado	2	49,000	52%
Colorado	3	98,000	48%
Colorado	4	54,000	47%
Colorado	5	65,000	47%
Colorado	6	70,000	45%
Colorado	7	58,000	53%
Colorado	8	73,000	42%
Connecticut	1	116,000	52%
Connecticut	2	106,000	54%
Connecticut	3	121,000	51%
Connecticut	4	90,000	49%
Connecticut	5	116,000	48%
Delaware	(at Large)	116,000	49%
District of Columbia	(at Large)	159,000	62%
Florida	1	31,000	24%
Florida	2	42,000	27%
Florida	3	44,000	26%
Florida	4	51,000	27%
Florida	5	26,000	25%
Florida	6	45,000	25%
Florida	7	36,000	26%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Florida	8	33,000	25%
Florida	9	45,000	25%
Florida	10	40,000	26%
Florida	11	32,000	26%
Florida	12	49,000	27%
Florida	13	34,000	26%
Florida	14	42,000	25%
Florida	15	44,000	24%
Florida	16	35,000	26%
Florida	17	32,000	25%
Florida	18	51,000	25%
Florida	19	28,000	25%
Florida	20	45,000	22%
Florida	21	28,000	23%
Florida	22	31,000	23%
Florida	23	25,000	24%
Florida	24	47,000	21%
Florida	25	29,000	22%
Florida	26	40,000	20%
Florida	27	32,000	22%
Florida	28	40,000	21%
Georgia	1	40,000	22%
Georgia	2	53,000	23%
Georgia	3	31,000	22%
Georgia	4	31,000	19%
Georgia	5	35,000	22%
Georgia	6	28,000	20%
Georgia	7	13,000	19%
Georgia	8	43,000	22%
Georgia	9	32,000	20%
Georgia	10	33,000	21%
Georgia	11	21,000	21%
Georgia	12	43,000	22%
Georgia	13	33,000	19%
Georgia	14	34,000	22%
Hawaii	1	95,000	49%
Hawaii	2	123,000	50%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Idaho	1	60,000	35%
Idaho	2	71,000	38%
Illinois	1	117,000	48%
Illinois	2	126,000	46%
Illinois	3	76,000	43%
Illinois	4	96,000	44%
Illinois	5	34,000	43%
Illinois	6	55,000	47%
Illinois	7	109,000	49%
Illinois	8	53,000	40%
Illinois	9	62,000	47%
Illinois	10	51,000	41%
Illinois	11	49,000	41%
Illinois	12	97,000	49%
Illinois	13	96,000	49%
Illinois	14	69,000	45%
Illinois	15	83,000	48%
Illinois	16	63,000	46%
Illinois	17	113,000	48%
Indiana	1	104,000	49%
Indiana	2	91,000	44%
Indiana	3	94,000	47%
Indiana	4	72,000	48%
Indiana	5	99,000	51%
Indiana	6	93,000	44%
Indiana	7	121,000	47%
Indiana	8	111,000	52%
Indiana	9	89,000	49%
Iowa	1	66,000	49%
Iowa	2	71,000	48%
Iowa	3	74,000	47%
Iowa	4	69,000	43%
Kansas	1	14,000	16%
Kansas	2	21,000	19%
Kansas	3	9,000	16%
Kansas	4	18,000	17%
Kentucky	1	110,000	46%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Kentucky	2	106,000	45%
Kentucky	3	98,000	44%
Kentucky	4	82,000	44%
Kentucky	5	156,000	49%
Kentucky	6	89,000	45%
Louisiana	1	131,000	57%
Louisiana	2	179,000	54%
Louisiana	3	177,000	57%
Louisiana	4	166,000	57%
Louisiana	5	182,000	58%
Louisiana	6	208,000	55%
Maine	1	68,000	45%
Maine	2	122,000	49%
Maryland	1	95,000	50%
Maryland	2	75,000	51%
Maryland	3	61,000	48%
Maryland	4	98,000	44%
Maryland	5	58,000	44%
Maryland	6	86,000	46%
Maryland	7	159,000	51%
Maryland	8	71,000	49%
Massachusetts	1	140,000	48%
Massachusetts	2	107,000	48%
Massachusetts	3	125,000	48%
Massachusetts	4	88,000	46%
Massachusetts	5	81,000	47%
Massachusetts	6	83,000	48%
Massachusetts	7	135,000	48%
Massachusetts	8	99,000	50%
Massachusetts	9	97,000	48%
Michigan	1	87,000	48%
Michigan	2	90,000	47%
Michigan	3	71,000	44%
Michigan	4	72,000	44%
Michigan	5	79,000	44%
Michigan	6	53,000	50%
Michigan	7	63,000	47%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Michigan	8	108,000	48%
Michigan	9	64,000	47%
Michigan	10	89,000	48%
Michigan	11	61,000	46%
Michigan	12	124,000	48%
Michigan	13	154,000	46%
Minnesota	1	51,000	37%
Minnesota	2	43,000	38%
Minnesota	3	39,000	35%
Minnesota	4	62,000	36%
Minnesota	5	65,000	39%
Minnesota	6	51,000	37%
Minnesota	7	60,000	36%
Minnesota	8	65,000	39%
Mississippi	1	25,000	18%
Mississippi	2	37,000	17%
Mississippi	3	26,000	17%
Mississippi	4	29,000	18%
Missouri	1	66,000	37%
Missouri	2	25,000	37%
Missouri	3	45,000	39%
Missouri	4	61,000	37%
Missouri	5	54,000	35%
Missouri	6	49,000	36%
Missouri	7	71,000	36%
Missouri	8	74,000	35%
Montana	1	50,000	48%
Montana	2	54,000	47%
Nebraska	1	35,000	34%
Nebraska	2	41,000	34%
Nebraska	3	43,000	36%
Nevada	1	112,000	52%
Nevada	2	77,000	54%
Nevada	3	73,000	51%
Nevada	4	120,000	51%
New Hampshire	1	41,000	46%
New Hampshire	2	41,000	45%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
New Jersey	1	82,000	50%
New Jersey	2	77,000	44%
New Jersey	3	48,000	45%
New Jersey	4	66,000	38%
New Jersey	5	43,000	49%
New Jersey	6	55,000	44%
New Jersey	7	32,000	46%
New Jersey	8	81,000	41%
New Jersey	9	93,000	44%
New Jersey	10	100,000	45%
New Jersey	11	37,000	51%
New Jersey	12	51,000	41%
New Mexico	1	129,000	54%
New Mexico	2	163,000	49%
New Mexico	3	149,000	49%
New York	1	64,000	48%
New York	2	92,000	48%
New York	3	72,000	46%
New York	4	87,000	47%
New York	5	163,000	48%
New York	6	150,000	48%
New York	7	161,000	47%
New York	8	175,000	46%
New York	9	162,000	46%
New York	10	111,000	45%
New York	11	131,000	49%
New York	12	47,000	51%
New York	13	214,000	51%
New York	14	187,000	49%
New York	15	247,000	49%
New York	16	100,000	47%
New York	17	94,000	41%
New York	18	115,000	45%
New York	19	120,000	51%
New York	20	104,000	50%
New York	21	121,000	48%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
New York	22	127,000	48%
New York	23	113,000	49%
New York	24	111,000	48%
New York	25	119,000	48%
New York	26	149,000	50%
North Carolina	1	150,000	49%
North Carolina	2	62,000	43%
North Carolina	3	112,000	48%
North Carolina	4	55,000	47%
North Carolina	5	124,000	50%
North Carolina	6	114,000	47%
North Carolina	7	121,000	49%
North Carolina	8	108,000	48%
North Carolina	9	112,000	48%
North Carolina	10	89,000	43%
North Carolina	11	104,000	50%
North Carolina	12	81,000	41%
North Carolina	13	95,000	46%
North Carolina	14	88,000	45%
North Dakota	(at Large)	39,000	37%
Ohio	1	70,000	41%
Ohio	2	96,000	41%
Ohio	3	86,000	41%
Ohio	4	72,000	41%
Ohio	5	68,000	41%
Ohio	6	102,000	45%
Ohio	7	58,000	42%
Ohio	8	76,000	40%
Ohio	9	93,000	42%
Ohio	10	89,000	41%
Ohio	11	135,000	43%
Ohio	12	84,000	42%
Ohio	13	92,000	43%
Ohio	14	81,000	43%
Ohio	15	84,000	39%
Oklahoma	1	66,000	36%
Oklahoma	2	95,000	39%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Oklahoma	3	71,000	34%
Oklahoma	4	78,000	41%
Oklahoma	5	64,000	40%
Oregon	1	103,000	63%
Oregon	2	166,000	61%
Oregon	3	135,000	68%
Oregon	4	158,000	66%
Oregon	5	109,000	60%
Oregon	6	122,000	58%
Pennsylvania	1	45,000	40%
Pennsylvania	2	110,000	37%
Pennsylvania	3	104,000	43%
Pennsylvania	4	41,000	37%
Pennsylvania	5	72,000	42%
Pennsylvania	6	52,000	39%
Pennsylvania	7	72,000	38%
Pennsylvania	8	92,000	42%
Pennsylvania	9	73,000	41%
Pennsylvania	10	59,000	37%
Pennsylvania	11	57,000	39%
Pennsylvania	12	64,000	40%
Pennsylvania	13	73,000	40%
Pennsylvania	14	81,000	42%
Pennsylvania	15	72,000	43%
Pennsylvania	16	77,000	40%
Pennsylvania	17	50,000	39%
Rhode Island	1	76,000	47%
Rhode Island	2	72,000	49%
South Carolina	1	40,000	32%
South Carolina	2	65,000	36%
South Carolina	3	64,000	33%
South Carolina	4	53,000	32%
South Carolina	5	67,000	36%
South Carolina	6	81,000	35%
South Carolina	7	81,000	36%
South Dakota	(at Large)	43,000	34%
Tennessee	1	59,000	30%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Tennessee	2	42,000	29%
Tennessee	3	46,000	27%
Tennessee	4	47,000	27%
Tennessee	5	28,000	26%
Tennessee	6	45,000	25%
Tennessee	7	40,000	27%
Tennessee	8	52,000	29%
Tennessee	9	58,000	26%
Texas	1	30,000	22%
Texas	2	16,000	17%
Texas	3	13,000	20%
Texas	4	17,000	22%
Texas	5	25,000	19%
Texas	6	20,000	17%
Texas	7	20,000	20%
Texas	8	22,000	19%
Texas	9	29,000	19%
Texas	10	18,000	20%
Texas	11	22,000	20%
Texas	12	21,000	20%
Texas	13	23,000	21%
Texas	14	23,000	20%
Texas	15	27,000	14%
Texas	16	25,000	18%
Texas	17	24,000	19%
Texas	18	28,000	18%
Texas	19	24,000	20%
Texas	20	29,000	19%
Texas	21	15,000	21%
Texas	22	14,000	17%
Texas	23	22,000	18%
Texas	24	10,000	18%
Texas	25	19,000	18%
Texas	26	12,000	20%
Texas	27	24,000	19%
Texas	28	30,000	17%
Texas	29	31,000	17%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Texas	30	29,000	21%
Texas	31	18,000	22%
Texas	32	19,000	18%
Texas	33	19,000	14%
Texas	34	28,000	13%
Texas	35	31,000	22%
Texas	36	22,000	19%
Texas	37	17,000	27%
Texas	38	13,000	18%
Utah	1	29,000	39%
Utah	2	39,000	38%
Utah	3	32,000	40%
Utah	4	26,000	35%
Vermont	(at Large)	77,000	46%
Virginia	1	64,000	60%
Virginia	2	65,000	59%
Virginia	3	119,000	56%
Virginia	4	105,000	57%
Virginia	5	102,000	60%
Virginia	6	93,000	58%
Virginia	7	68,000	52%
Virginia	8	48,000	55%
Virginia	9	127,000	63%
Virginia	10	42,000	52%
Virginia	11	41,000	55%
Washington	1	43,000	39%
Washington	2	80,000	42%
Washington	3	83,000	41%
Washington	4	104,000	35%
Washington	5	111,000	47%
Washington	6	89,000	46%
Washington	7	50,000	50%
Washington	8	51,000	40%
Washington	9	90,000	44%
Washington	10	82,000	41%
West Virginia	1	119,000	43%
West Virginia	2	106,000	44%

State	District	Approximate Number of Residents At Risk of Losing Medicaid Coverage under Work Reporting Requirements	Residents at Risk of Losing Medicaid Coverage under Work Reporting Requirements as % of All Medicaid Enrollees
Wisconsin	1	66,000	39%
Wisconsin	2	46,000	43%
Wisconsin	3	70,000	42%
Wisconsin	4	115,000	42%
Wisconsin	5	37,000	41%
Wisconsin	6	60,000	41%
Wisconsin	7	66,000	40%
Wisconsin	8	63,000	39%
Wyoming	(at Large)	13,000	19%