

## Medicaid Work Requirements: Harmful Policy in Search of a Problem

[HJR106](#) - [Rep. Smith](#) (R-Carthage)

*[Nearly 90% of Medicaid enrollees](#) are either working, in school, or actively seeking employment.*

Medicaid work requirements are harmful. They disproportionately impact women and people of color.

- Adult Medicaid enrollees who do not work outside the home typically have legitimate [reasons](#) including chronic illness, disability, or family caregiving responsibilities. Most of them are women and their lack of work is usually because:
  - She is a mother who stays at home full-time to care for a child with autism,
  - She is in an abusive relationship that prevents her from working outside the home,
  - She is near Medicare age but loses her job and has trouble securing employment.
- The clear [majority](#) of adult enrollees are women. In fact [16.6 million women](#) in the U.S. ages 19-64 are covered by Medicaid — making the program one of the nation’s most important social safety nets.
- Racism and other systemic barriers that contribute to income inequality mean [women of color](#) depend on Medicaid for health care in higher numbers than other groups.
- For example, 30% of African-American women and 24% of Hispanic women are enrolled in Medicaid, compared to only 14% of white women.
- Medicaid enrollees can access vital reproductive health care services including birth control, maternity care, and breast cancer screenings.

Medicaid work requirements are short-sighted, harmful policies that create unnecessary obstacles for people with low incomes and raise costs in the health care system for everyone.

- Work requirements don’t “solve” a problem: the vast majority of Medicaid enrollees already work. Instead, the most vulnerable populations suffer.
- Work requirements create unnecessary bureaucratic burdens, but fail [to provide adequate administrative support](#) to help enrollees navigate the new and confusing procedures. These policies strip [health care coverage from thousands of people](#) for political reasons.
- A recent [Government Accountability Office \(GAO\) report](#) found the implementation of work requirements in five states (Kentucky, Wisconsin, Indiana, Arkansas, and New Hampshire) cost from \$6 million to over \$250 million.

- The people who would lose access to health care don't suddenly get healthy — they end up in the emergency room at tragic costs for themselves and the health care system.
- Work requirements create complicated and confusing reporting systems. People can lose their health coverage simply for failing to submit the correct forms every month, or if they don't have time to jump through every regulatory hoop between work, childcare or school.
- This draconian requirement disproportionately hurts people in rural areas, where there are fewer jobs and access to electronic reporting systems can be limited.

Work requirements are ineffective at promoting work. They are simply a tool to strip health care coverage from the people who need it the most.

- This requirement is counter to the goal of Medicaid, which is to ensure Americans can be healthy and achieve economic security.
- For example, [data](#) out of Arkansas — the first state to implement work requirements — makes clear that these requirements achieved one thing: forced tens of thousands of people to lose their health care coverage.
- Medicaid work requirement proposals pair onerous reporting requirements with a total lack of administrative support, education, or outreach, making it clear that [the true purpose of such policy](#) is to strip health care from the people who need it most.