



Work Requirements in Medicaid

The Partnership for Medicaid – a nonpartisan coalition representing clinicians, health care providers, safety net health plans, and counties – is opposed to imposing national work requirements as a condition of Medicaid eligibility.

Medicaid Keeps Workers on the Job

Work requirements hurt patients fighting cancer, gig and seasonal workers, caregivers, and people who got laid off. Work requirements take away access to health care and limit one's ability to advance their career.

Work Requirements Are Not Effective at Boosting Employment

Most Medicaid enrollees are already working, often more than one job. Work requirements do not boost employment and may lead workers to shift from full-time to part-time work.¹ Work requirements are difficult to understand, and in states that have implemented them, awareness and understanding remains low. Exceptions place additional paperwork burden on patients and providers to certify the existence of disabilities or caregiving responsibilities. Experiences in SNAP show that some groups – especially those experiencing homelessness – face particular hurdles.

Federal Work Requirements Would Take Away Access to Health Care

Proposals to impose federal work requirements would restrict states' ability to structure their Medicaid program in a way that's responsive to their communities' needs. The Congressional Budget Office estimated that the work requirement provisions of the Limit, Save, Grow Act would cause 1.5 million adults to lose federal funding for their coverage. Using projections based on the real experience in Arkansas and Georgia, a different estimate projects up to 5.2 million adults would lose coverage if a work requirement is in place nationwide.²

Work Requirements will Increase Paperwork Burden in the Health System and States and Localities

Our members are at the frontlines of any policies that could result in coverage loss for Medicaid beneficiaries. Additional paperwork burdens of work requirements don't just fall on enrollees, but also on providers and health plans. Health care providers are already overburdened with paperwork, and the task of helping enrollees understand these requirements and determine exemptions will fall to them as well. Additionally, these new obligations put new burdens on state and local agencies who may not be equipped or funded adequately for this new responsibility.

The Partnership for Medicaid supports thoughtful Medicaid reforms that can produce savings and improve outcomes for beneficiaries. National work requirements are not such a policy.

¹ https://www.nber.org/system/files/working_papers/w24899/w24899.pdf

² <https://www.urban.org/sites/default/files/2025-03/Assessing-Potential-Coverage-Losses-among-Medicaid-Expansion-Adults-under-a-Federal-Medicaid-Work-Requirement.pdf>