LEGAL ACTION CENTER
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MEDICAID & SNAP WORK REQUIREMENTS COMPARISON – H.R. 1

This document is based on H.R. 1 text, as well as existing laws, regulations and policy guidance related to the Supplemental Nutrition Assistance Program (SNAP). H.R. 1 is the comprehensive budget reconciliation bill passed by Congress and signed by the President in July 2025 containing massive cuts to Medicaid and SNAP, including new and expanded work requirements for these programs. There will be more guidance coming from the federal government no later than June 1, 2026.

FAQ	Medicaid	SNAP
What, if any, work requirements existed **prior to H.R. 1**?	States could only implement work requirements in their Medicaid programs with specific approval by the federal government, which a few states received — with disastrous outcomes. For example, Arkansas implemented work requirements in 2018 for 10 months, resulting in 18,000 people (or one in four) losing their Medicaid coverage. Georgia implemented work requirements in 2023, and as of August 2025, approximately $110 million has been spent to cover only 8,600 individuals, with most of the funding being spent on the system designed to track enrollees' work hours.	Since the 1970s, SNAP participants have been subject to a general work requirement requiring participants to register for work, accept an offer of suitable employment, not voluntarily quit or reduce hours, and participate in Employment and Training (E&T) programs. While the general work requirement was not changed by H.R. 1, the additional SNAP work requirement for able-bodied adults without dependents (ABAWDs) was modified by H.R. 1, which this document specifically addresses below.
Who do the new/revised requirements apply to?	• People who gained or are seeking to enroll in coverage through Medicaid expansion • People who are 19-64 years of age	People who are 18-65 years of age
How many hours and what **qualifying activities** must individuals report to fulfill the requirement?	Minimum of 80 hours/month of: • Work • Community service • Education program (at least part time) • Job training program	Minimum of 80 hours/month of: • Work • Qualifying Work program (including SNAP Employment & Training) • Workfare (as assigned)

When does state verify compliance?	• Prior to enrollment • Every six months during redetermination (or more frequently at option of state)	• At certification • Every year during recertification
How is compliance verified?	States must use existing state data sources (such as payroll data) to verify compliance without requiring, where possible, individuals to submit additional information.	States should ask individuals directly about whether they are meeting the work requirement (such as on their application and report forms or during their interview) and obtain verification of their work, work program, or workfare hours by using paycheck stubs, employer statements, information from other public assistance programs administered by the same state agency, etc. States are not required to verify an individual's hours monthly, nor can they require individuals to report hours monthly.

What exemptions are all states **mandated to make available**?	• Pregnant person/person receiving postpartum medical assistance
	• Parent/guardian/caregiver of dependent child(ren) under 14 years of age and/or of individual(s) of any age with a disability
	• Veteran with a disability
	• Person in jail or prison, or who has been in jail or prison within the last 3 months
	• "Medically frail" individual, including someone who:
	  ○ Is blind or disabled
	  ○ Has a substance use disorder (SUD)
	  ○ Has a "disabling mental disorder"
	  ○ Has a physical, intellectual, or developmental disability
	  ○ Has a "serious or complex medical condition"
	• American Indian/Alaska Native
		• Pregnant person
		• Parent/guardian of dependent child(ren) under 14 years of age
		• Person medically certified as physically or mentally unfit for employment
		• American Indian/Alaska Native
		• Person exempt from general work requirement rules, including:*
		  ○ Person responsible for the care of child(ren) under 6 years of age and/or an "incapacitated person"
		  ○ Person participating in certain drug or alcohol treatment programs
		  ○ Person already in compliance with work rules for TANF or unemployment benefits
		  ○ Person attending school, college, or training program at least half time

	• Person participating in certain drug or alcohol treatment programs • Person already in compliance with TANF or SNAP work requirements Person entitled to Medicare Part A or enrolled in Medicare Part B	○ Person working 30 hours or more a week *Arguably the ABAWD work requirement, as modified by H.R. 1, only applies to people up to age 60 because the revised ABAWD work requirement incorporates the exemptions from the general work requirement, which exempts people age 60 and older from the work requirement.
What **short-term exemption options** can states choose to make available?	**For individuals (upon request by the individual on a monthly basis):** • Person receiving inpatient hospital or skilled nursing facility services (i.e., for psychiatric needs or intellectual disabilities) • Person receiving treatment for a serious/complex medical condition for which they have to travel outside of their community For entire counties (on a monthly basis): • Those impacted by natural disaster • Those with unemployment rate that is at or above the lesser of:* ○ 8 percent; OR ○ 1.5 times the national unemployment rate *States must submit request to the Secretary of the U.S. Department of Health and Human Services	**For individuals:** Each state has a certain number of discretionary exemptions they can grant to individuals. These are recommended for persons who: • Live in rural areas and lack transportation • Are not proficient in English • Participate in a work program, but not enough to meet 80-hour requirements **For entire areas** (states must submit request to the Secretary of the U.S. Department of Agriculture): • Those with unemployment rate over 10 percent • In Alaska and Hawaii: those with unemployment rate at least 1.5 times the national rate
How are exemptions handled by states?	States do not have to require individuals to verify information regarding their exemption.	States must screen individuals for exemptions at certification and recertification by using information from individual's application and/or interview as well as the eligibility system and other assistance programs. • If an individual qualifies for more than one exemption, state must

		apply exemption that will be in effect the longest States do not have to verify exemptions unless they determine the information is questionable or verification is required by program rules (disability status, for example)

What happens in the case of **noncompliance**?	• States must issue notice of noncompliance and give individual 30 days to show compliance or applicable exemption
	  ○ Individuals already enrolled in Medicaid will continue to receive coverage during this 30-day notice period
	  ○ States must verify whether individual has any other basis for eligibility or eligibility for other insurance affordability program
	  ○ States must also provide fair hearing opportunity
	• By the end of the month following expiration of the 30-day notice period, individuals found non-compliant will have their application denied or be disenrolled from coverage
	
	Individuals found non-compliant are ineligible for subsidized private insurance on the Marketplace
		• When an individual has not met the work requirement, states must determine if the individual has good cause for not meeting the requirement due to circumstances beyond their control, for example:
		  ○ Illness of self or a family member
		  ○ Household emergency
		  ○ No transportation
		• If no good cause is established, states must issue notice of adverse action (NOAA)
		• Disqualification period begins the month following the expiration of the 10-day adverse notice period, unless fair hearing is requested by individual.
		
		If an individual doesn't meet the work requirement, they will be limited to 3 months of benefits in a 36-month period. Unless they regain eligibility by meeting the work requirement for 30 consecutive days during that 36-month period, they will have to wait until the end of the 36-month period to again receive 3 months of benefits in a new 36-month period.

How does a person **regain eligibility** after losing it?	Individuals that lose their coverage can re-apply for Medicaid at any time by going through the eligibility process again.	Individuals can regain eligibility at any time by meeting the work requirements for 30 consecutive days.