

Protect Medicaid: Work Requirements Would Severely Harm Access to Needed Care

Work reporting requirements would lead to coverage losses, reducing access to life saving treatment for people with mental health (MH) conditions and substance use disorders (SUD). This would lead to increased use of costly emergency departments and poorer health outcomes, including **more deaths by suicide and overdose**.

- In Arkansas, work reporting requirements [did not increase employment](#) among the targeted population and resulted in significant coverage losses (18,000 people) while the requirements were in effect in 2018, increasing the uninsured rate from 10.5 percent to 14.6 percent.
- In 2021, [91 percent of adults](#) on Medicaid were working, or were not working due to an illness, caregiving responsibilities, or school attendance (typically exempted from work requirements).
- Work requirements would be **particularly harmful for nearly 1:3 working age adults who have an arrest or conviction record and already face stigma and discrimination**, including significant barriers to employment that threaten their stability and wellbeing.
- Under Georgia's work reporting requirement that has been operational for more than a year, [6,503](#) people (less than three percent of people in the coverage gap) have been able to access coverage as of January 2025.
- During the administrative process of [Medicaid unwinding](#) following the end of the Public Health Emergency, [69 percent](#) of people who lost coverage did so for procedural reasons –such as missing paperwork or deadlines - rather than ineligibility. **Adding unnecessary red tape to the enrollment process simply blocks access to life saving care for low-wage workers, people with MH conditions or SUD or the roughly 40% of people with chronic medical illness who also have MH conditions or SUD.**
- Medicaid [supports low-wage workers](#) by providing affordable access to health care, which allows people to get the care they need to remain healthy enough to work. A [study](#) of Montana's Medicaid eligibility expansion and voluntary Medicaid work support program found a 4-6 percentage point increase in labor force participation compared to higher-income non-Medicaid Montanans and to the same population in other states.

Oppose All Cuts to Medicaid!!!