Center on Budget and Policy Priorities

1275 First Street NE, Suite 1200
Washington, DC 20002

Tel: 202-408-1080
Fax: 202-408-1056

info@cbpp.org
www.cbpp.org

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# Medicaid Work Requirements Will Take Away Coverage From Millions: State and Congressional District Estimates

By Elizabeth Zhang and Gideon Lukens

Harsh Medicaid work requirements in the Republican reconciliation legislation will put 9.9 million to 14.9 million people at risk of losing Medicaid coverage in 2034. (See Table 1 for state estimates and link in footnote below for congressional district estimates.[1]) The final law applied Medicaid work requirements to parents of children over age 13,[2] more expansive than the Senate Finance Committee version that included parents of children over age 14, and significantly more expansive than the original House version that did not include any parents. Roughly 200,000 to 500,000 more people will be at risk under the legislation than under the original House bill.[3]

If states experience coverage losses at rates observed when Arkansas implemented work requirements in 2018-2019, we estimate that 7.1 million people among those at risk will lose coverage. But coverage losses could be higher because of the work requirements provision's draconian nature. If a state implements the policy poorly or chooses to implement it stringently, nearly all of those at risk could lose coverage.

The new law will take Medicaid coverage away from people, largely those enrolled in the Medicaid expansion group, who can't document that they meet rigid, red-tape-laden work requirements.[4] The legislation will also prevent people subject to the requirements from enrolling in Medicaid unless

[1] Congressional district-level data are available at https://www.cbpp.org/sites/default/files/7-22-25health-appendix.xls.

[2] Section 71119 of P.L. 119-21.

[3] Elizabeth Zhang and Gideon Lukens, "Harsh Work Requirements in House Republican Bill Would Take Away Medicaid Coverage From Millions: State and Congressional District Estimates," CBPP, June 16, 2025, https://www.cbpp.org/research/health/harsh-work-requirements-in-house-republican-bill-would-take-away-medicaid-coverage.

[4] Only parents enrolled through the expansion pathway are subject to work requirements. Wisconsin would also be included in the reconciliation legislation's work requirements mandate. Although it has not enacted the Affordable Care Act Medicaid expansion, Wisconsin provides minimum essential coverage for non-elderly adults without children up to 100 percent of the federal poverty level through a waiver, making it subject to the mandate. Non-elderly adults in other states with waiver-based, comprehensive coverage also could be impacted.

they are already employed, which is more extreme than recent bills such as the Limit, Save, Grow Act of 2023, and experiments that states such as Arkansas tried during the first Trump Administration.[5]

The widening of the requirements to include some expansion group parents, relative to the original House proposal, will have highly differential impacts across states. In particular, there are larger impacts for states with lower income thresholds for non-expansion parents, because in these states more parents are in the expansion group.[6]

We define "at risk" as including enrollees who will be subject to work requirements and who will likely not be automatically exempted by states from the reporting requirements. Our lower estimate of 9.9 million people at risk of losing coverage is based on a scenario in which states more effectively use data matching to reduce the number of people who need to take action (e.g., by submitting proof of their work hours) to comply. Our higher estimate of 14.9 million is based on a scenario in which states are less effective with data matching. (States with older eligibility systems, or those with less integration across health and human services programs, may be less effective at data matching.) Under both scenarios, we assume that states will automatically exempt those parents who are not subject to the requirements.

Effective January 1, 2027, the new law requires states to deny coverage to people applying for Medicaid if they are not already working (or participating in another qualifying activity) at least 80 hours per month, as well as terminate Medicaid for people already enrolled if they cannot document that they are meeting work requirements.[7] The provision applies to Medicaid expansion group enrollees aged 19 to 64 — the entire age range of the expansion group. The provision says it exempts caregivers of dependent children aged 13 and below, people with disabilities, people who are pregnant, and several other groups.

However, evidence shows that much of the coverage loss due to work requirements will occur among people who work or should qualify for an exemption but nevertheless will lose coverage due to red tape (states should be able to exempt most people with children aged 13 and below

[5] Limit, Save, Grow Act of 2023, H.R. 2811, https://www.congress.gov/bill/118th-congress/house-bill/2811.

[6] For income thresholds by state, see Appendix Table 5 in Tricia Brooks *et al.*, "Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Resume Routine Operations Following the Unwinding of the Pandemic-Era Continuous Enrollment Provision," April 1, 2025, KFF, https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-resume-routine-operations-following-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/.

[7] States could potentially delay implementation for up to two years, but they would be required to submit a request demonstrating their efforts, challenges, and detailed plans for implementation, and to receive approval from the Secretary of Health and Human Services. States may also implement the policy prior to January 1, 2027 through a state plan amendment or a section 1115 waiver, and indeed several states have requests pending with the Centers for Medicare & Medicaid Services (CMS), although these requests do not precisely align with the provisions in the Senate proposal. See Allie Gardner, "House Republican Bill Would Impose a One-Size-Fits-All Medicaid Work Mandate on States," CBPP, June 12, 2025, https://www.cbpp.org/research/health/house-republican-bill-would-impose-a-one-size-fits-all-medicaid-work-mandate-on.

automatically, but many others who should be exempt, such as some people with disabilities, will not be automatically exempted).[8]

If coverage loss is on par with Arkansas' work requirement experience in 2018-2019, we estimate that 39 percent of expansion enrollees will lose coverage, even though only 13 percent of expansion enrollees either did not work in the past year or did not potentially qualify for an exemption. (See Table 1 for state-level estimates.) In other words, at least 2 in 3 enrollees losing coverage will either be workers or will likely qualify for an exemption based on having a disability, going to school, or other factors.

Meanwhile, research shows — and the CBO previously concluded — that work requirements do not increase employment.[9] Instead, they lead enrollees who lose coverage to take on more medical debt, delay getting needed medical care, and delay taking medications.[10]

The law is more stringent than Arkansas' failed work requirements policy during the first Trump Administration. It applies to expansion adults aged 19-64 while Arkansas' policy applied to adults aged 19-55. The law also requires that people demonstrate compliance with the requirement for at least one month, and up to three months (at the discretion of the state), prior to enrollment.[11]

On the other hand, while Arkansas' policy required monthly reporting, the reconciliation legislation lets states choose whether to require reporting every month or a longer period, up to every six months. Unlike Arkansas, the law allows states to request waivers to exempt people in counties with very high unemployment rates and in disaster-declared areas. (The law also includes a provision that will make it possible for some seasonal workers to comply with the requirement even if they do not have sufficient hours on a monthly basis.[12]) In practice, only a very small fraction of

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[8] Gideon Lukens, "Research Note: Most Medicaid Enrollees Work, Refuting Proposals to Condition Medicaid on Unnecessary Work Requirements," CBPP, November 12, 2024, https://www.cbpp.org/research/health/most-medicaid-enrollees-work-refuting-proposals-to-condition-medicaid-on. Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model," CBPP, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be.

[9] Benjamin D. Sommers *et al.,* "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," Health Affairs, September 2020, https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538; Benjamin D. Sommers *et al.,* "Medicaid Work Requirements – Results From the First Year in Arkansas," New England Journal of Medicine, June 19, 2019, https://www.nejm.org/doi/full/10.1056/NEJMsr1901772; CBO, "Estimate of the Budgetary Effects of Medicaid Work Requirements Under H.R. 2811, the Limit, Save, Grow Act of 2023," April 26, 2023, https://www.cbo.gov/publication/59109.

[10] Sommers *et al.*, 2020, *op. cit.*

[11] The House bill also required at least one month of compliance prior to enrollment, but did not specify a maximum number of months.

[12] The seasonal worker condition for compliance was not in the House or Senate Finance Committee versions. To qualify, a worker must meet a certain occupational definition and have average monthly income equivalent to at least 80 hours of work over the preceding six months.

counties have unemployment rates that consistently meet the criteria, so states would have to elect to apply for a waiver, and the waiver could need to be approved on a month-to-month basis.[13]

CBO estimated that the work requirements provision in the House-passed version of the bill would have led to 5.2 million people losing Medicaid coverage, with 4.8 million people becoming uninsured.[14] CBO's estimates of coverage loss under Medicaid work requirement proposals have been lower than estimates from CBPP, the Urban Institute, and the Brookings Institution.[15] For example, the Urban Institute estimated that a policy similar to the Limit, Save, Grow Act of 2023 would lead to coverage loss of between 5.5 million and 6.3 million people when applied to the full, aged 19-64 expansion group, and the authors noted that the House reconciliation bill's proposal would lead to even higher coverage losses.[16]

Our coverage loss estimates have been more consistent with the Brookings and Urban findings than with CBO's estimates. Using American Community Survey and Medicaid administrative data, we follow a similar approach to the Urban Institute analysis. We then allocate our state-level estimates to congressional districts for the 119th Congress using Census custom tabulations of Medicaid enrollment by age and parental status from the 2023 American Community Survey. Our estimates do not include interactions with other provisions in the reconciliation legislation. A detailed description of the methodology follows the table below.

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[13] The unemployment rate criteria would exempt people living in counties with unemployment rates greater than or equal to 8 percent, or 1.5 times the national average unemployment rate. From May 2024 to April 2025, only 2 percent of counties in Wisconsin, the District of Columbia, and the 40 states that have expanded Medicaid would have met one of the unemployment criteria for the full 12 months.

[14] This version of the bill would have exempted all parents from the work requirement but is otherwise largely the same as the enacted legislation. Phillip L. Swagel, Letter to Ranking Member Wyden, Ranking Member Pallone, and Ranking Member Neal, Congressional Budget Office, June 4, 2025, https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf. CBO has not yet released an equivalent coverage estimate for the work requirement provision in the enacted legislation.

[15] Elizabeth Zhang and Gideon Lukens, "Harsh Work Requirements in House Republican Bill Would Take Away Medicaid Coverage From Millions: State and Congressional District Estimates," CBPP, May 13, 2025, https://www.cbpp.org/research/health/harsh-work-requirements-in-house-republican-bill-would-take-away-medicaid-coverage; Matthew Fiedler, "How Would Implementing An Arkansas-Style Work Requirement Affect Medicaid Enrollment?" Brookings Institution, April 30, 2025, https://www.brookings.edu/articles/how-would-implementing-an-arkansas-style-work-requirement-affect-medicaid-enrollment/; Michael Karpman *et al.*, "Assessing Potential Coverage Losses Among Medicaid Expansion Enrollees Under a Federal Medicaid Work Requirement," Urban Institute, March 17, 2025, https://www.urban.org/research/publication/assessing-potential-coverage-losses-among-medicaid-expansion-enrollees-under.

[16] Michael Karpman *et al.*, "Expanding Federal Work Requirements for Medicaid Expansion Coverage to Age 64 Would Increase Coverage Losses," Urban Institute, April 30, 2025, https://www.urban.org/research/publication/expanding-federal-work-requirements-medicaid-expansion-coverage-age-64-would; Jennifer Haley *et al.*, "Medicaid Work Requirements Could Threaten Parents' and Children's Coverage and Well-Being," guest blog for "Say Ahhh!," Georgetown Center for Children and Families, May 19, 2025, https://ccf.georgetown.edu/2025/05/19/medicaid-work-requirements-could-threaten-parents-and-childrens-coverage-and-well-being/.

TABLE 1

## People at Risk of Having Medicaid Coverage Taken Away by Work Requirement in Republican Reconciliation Law, 2034 (thousands of people)

| | At risk of losing coverage | | Coverage loss | Share of expansion* enrollees who… | |
|---|---|---|---|---|---|
| | Under greater data matching | Under limited data matching | Under AR-like rates | Lose coverage under AR-like rates | Didn't work in the last year and don't qualify for an exemption |
| **Total** | **9,871** | **14,921** | **7,107** | **39%** | **13%** |
| **Alaska** | 40 | 47 | 28 | 53% | 13% |
| **Arizona** | 269 | 383 | 194 | 43% | 14% |
| **Arkansas** | 137 | 188 | 99 | 37% | 13% |
| **California** | 2,329 | 3,545 | 1,677 | 43% | 15% |
| **Colorado** | 191 | 305 | 138 | 34% | 10% |
| **Connecticut** | 184 | 279 | 132 | 48% | 17% |
| **Delaware** | 34 | 58 | 24 | 37% | 11% |
| **District of Columbia** | 83 | 114 | 59 | 52% | 24% |
| **Hawai'i** | 77 | 108 | 55 | 47% | 14% |
| **Idaho** | 35 | 58 | 25 | 26% | 7% |
| **Illinois** | 473 | 714 | 341 | 48% | 14% |
| **Indiana** | 142 | 218 | 102 | 32% | 9% |
| **Iowa** | 80 | 126 | 58 | 32% | 8% |
| **Kentucky** | 208 | 303 | 150 | 32% | 9% |
| **Louisiana** | 237 | 357 | 170 | 33% | 10% |
| **Maine** | 48 | 70 | 34 | 40% | 13% |
| **Maryland** | 200 | 301 | 144 | 44% | 13% |
| **Massachusetts** | 225 | 350 | 162 | 46% | 14% |
| **Michigan** | 342 | 536 | 246 | 34% | 10% |
| **Minnesota** | 123 | 202 | 88 | 44% | 14% |
| **Missouri** | 134 | 204 | 96 | 29% | 9% |
| **Montana** | 42 | 68 | 30 | 29% | 11% |
| **Nebraska** | 28 | 41 | 20 | 32% | 10% |
| **Nevada** | 101 | 153 | 73 | 33% | 12% |
| **New Hampshire** | 27 | 41 | 20 | 35% | 14% |
| **New Jersey** | 241 | 399 | 173 | 31% | 11% |
| **New Mexico** | 121 | 187 | 87 | 32% | 9% |
| **New York** | 1,353 | 1,994 | 974 | 49% | 19% |
| **North Carolina** | 349 | 523 | 251 | 36% | 11% |
| **North Dakota** | 9 | 16 | 6 | 30% | 10% |
| **Ohio** | 319 | 493 | 230 | 38% | 11% |
| **Oklahoma** | 124 | 173 | 89 | 33% | 10% |

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| | At risk of losing coverage | | Coverage loss | Share of expansion* enrollees who… | |
|---|---|---|---|---|---|
| | Under greater data matching | Under limited data matching | Under AR-like rates | Lose coverage under AR-like rates | Didn't work in the last year and don't qualify for an exemption |
| **Oregon** | 236 | 363 | 170 | 35% | 12% |
| **Pennsylvania** | 375 | 576 | 270 | 33% | 9% |
| **Rhode Island** | 40 | 67 | 29 | 41% | 14% |
| **South Dakota** | 16 | 26 | 12 | 33% | 10% |
| **Utah** | 44 | 65 | 32 | 31% | 8% |
| **Vermont** | 35 | 49 | 25 | 43% | 14% |
| **Virginia** | 261 | 405 | 188 | 34% | 9% |
| **Washington** | 296 | 442 | 213 | 36% | 11% |
| **West Virginia** | 80 | 118 | 58 | 34% | 12% |
| **Wisconsin*** | 187 | 261 | 135 | 52% | 18% |

* The work requirement will only affect Wisconsin, the District of Columbia, and the 40 states that have adopted Medicaid expansion. Estimates for Wisconsin include adults without children who have incomes up to 100% of poverty covered through their 1115 waiver; parents up to the same income level are covered under the state plan. People who gain coverage under Georgia's Pathways to Coverage waiver program will also be subject to the proposed work requirement, but they already meet the Georgia program's work requirements, so we do not provide estimates for this population.

Note: Estimates of those at risk of losing coverage represent the number of enrollees who will be subject to work requirements and who will not be automatically exempted from reporting requirements. The limited data matching scenario assumes that states automatically exempt enrollees based on parenthood. The greater data matching scenario assumes that states also automatically exempt enrollees based on wage data and compliance with SNAP work requirements. Among enrollees subject to work requirements and not automatically exempted under the greater data matching scenario, we assume that 72 percent would lose coverage based on work requirement experiences in Arkansas.

Source: CBPP estimates based on MBES enrollment data collected by the Center for Medicaid & Medicare Services, 2023 American Community Survey data, and June 2024 Medicaid Baseline Projections from the Congressional Budget Office

## Methodology

We estimate expansion enrollment in fiscal year 2034 using MBES data collected by the Centers for Medicare & Medicaid Services and CBO's June 2024 Medicaid baseline.[17] For states that adopted Medicaid expansion before 2019, enrollment is projected from fiscal year 2019 to account for differences in pandemic-era enrollment trends; otherwise, we project enrollment from fiscal year 2023. For Wisconsin, which covers adults without children who have incomes up to 100 percent of poverty through their 1115 waiver, we project adult enrollment through non-disability pathways from fiscal year 2019 using Medicaid and CHIP Payment and Access Commission analysis of T-

[17] CMS, "Quarterly Medicaid Enrollment Data – New Adult Group, April-June 2024," December 2024, https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/medicaid-enrollment-data-collected-through-mbes. CBO, "Details About Baseline Projections for Selected Programs," June 2024, https://www.cbo.gov/data/baseline-projections-selected-programs#9. CBO's more recent January 2025 baseline projects higher enrollment in Medicaid than its June 2024 baseline, but we use the June 2024 baseline because it is the most recent baseline with projections by Medicaid eligibility group.

MSIS data.[18] Estimates for North Carolina and South Dakota, which expanded Medicaid in 2023, were calculated using state administrative enrollment data.[19]

To estimate characteristics of expansion enrollees, we identify adults potentially enrolling through the expansion pathway in the Census Bureau's 2023 American Community Survey (ACS).[20] Following our coverage gap methodology,[21] we estimate eligibility based on Medicaid rules for defining income, income eligibility thresholds,[22] and lawful immigration status. We exclude adults who report receipt of Supplemental Security Income or Medicare, as they are likely enrolled through the disability pathway and not the Medicaid expansion.

## Explanation of Exemptions and Coverage Loss Assumptions

To estimate the proportion of enrollees who could potentially be automatically exempted from work requirements, we calculate the proportion of expansion adults who are parents with children age 13 and under, have wages consistent with working 80 hours per month under the federal minimum wage, and are potentially complying with Supplemental Nutrition Assistance Program (SNAP) work requirements (i.e., people who are subject to the federal time limit on SNAP benefits unless they meet a work requirement). Following the methodology from the Urban Institute, we determine potential SNAP work requirement compliance based on whether an individual works an average of 80 hours per month during the year, is between ages 18 and 54, lives in a household receiving SNAP, and does not have children.[23]

We present estimates of the population at risk of losing coverage from two scenarios based on the degree to which states can successfully match data to automatically exempt enrollees who are subject to requirements from reporting. For both the limited and greater data matching scenarios, since most parents have their children included in their Medicaid household, we assume states can identify parents with a child aged 13 or below based on initial Medicaid applications and automatically exempt enrollees based on parental status.

Evidence suggests that states' capacity to match their Medicaid databases with their wage databases and SNAP databases vary widely. For the greater data matching scenario, which aligns

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[18] Medicaid and CHIP Payment and Access Commission (MACPAC), "MACStats," accessed May 2025, https://www.macpac.gov/macstats/.

[19] North Carolina Medicaid, Division of Health Benefits, "Medicaid Expansion Dashboard," accessed May 2025, https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard; South Dakota Department of Social Services, "DSS Statistical Information," accessed May 2025, https://dss.sd.gov/keyresources/statistics.aspx.

[20] For Wisconsin, we estimate the number of adults without children potentially enrolling through the other adult pathway.

[21] Elizabeth Zhang, "Research Note: Closing Medicaid Coverage Gap Would Provide Over 1.5 Million Uninsured Adults Path to Affordable Health Coverage," April 10, 2025, CBPP, https://www.cbpp.org/research/health/closing-medicaid-coverage-gap-would-provide-over-15-million-uninsured-adults-path.

[22] Tricia Brooks *et al.*, 2025, *op. cit.*

[23] Michael Karpman *et al.*, March 2025, *op. cit.* The reconciliation law expands SNAP work requirements to include parents and older adults for the first time, which will increase the number of people complying with the SNAP work requirement. For the sake of this analysis, we only consider the current population aged 18 to 54 without children and subject to SNAP work requirements.

with the Urban Institute's approach, we assume states automatically exempt enrollees based on wage data and receipt of SNAP benefits. We assume under this scenario that states can obtain earnings information for non-self-employed workers from state and commercial wage databases, and that states can identify individuals complying with SNAP work requirements in SNAP databases. Under the limited data matching scenario, we assume states are not able to use wage and SNAP data to automatically exempt enrollees.

We then apply state-specific estimates of these proportions to estimated enrollment in fiscal year 2034 to estimate the population who could be automatically exempted from a work requirement.[24] We assume coverage loss to be 72 percent among the population who would be subject to and not automatically exempted from work requirements under the greater data matching scenario, based on Arkansas' experience with work requirements.[25]

To estimate the proportion of expansion enrollees who worked in the past year or might qualify for exemptions, we calculate the proportion of expansion adults who are parents of a child aged 13 or below, worked at least one month in the past year, are part-time or full-time students, are looking for work, have a disability, or live with a household member with a disability. These characteristics are similar, but not the same, as those estimated by the Urban Institute,[26] and they do not capture all the exemptions and exceptions permitted by the legislation (e.g., medical frailty, living in a county with a high unemployment rate, experiencing short-term hardship).

## Congressional District Allocation

We allocate state-level estimates to congressional districts for the 119th Congress using custom tabulations acquired from the Census Bureau of adults ages 19 to 64 without children who report enrolling in Medicaid and do not report enrolling in Medicare or receiving Supplemental Security Income.[27] The Census custom tabulations are based on combined 2019-2023 ACS data to increase sample sizes, so we scale total adult Medicaid enrollment in the custom tabulations up to our estimates of adult Medicaid enrollment by 119th congressional district, which are based on the 2023 ACS only.[28] This allocation assumes that, in each state, the estimated populations subject to and losing coverage due to work requirements are geographically distributed the same way as the aforementioned ACS congressional district estimates.

We also note whether a congressional district overlaps at least one county with an average unemployment rate greater than or equal to 1.5 times the national unemployment rate for 12 consecutive months from May 2024 to April 2025, the most recent period of data available from the

[24] For a few states that hadn't expanded by January 2023 or had insufficient sample size, we used estimates by census division.

[25] Michael Karpman *et al.*, March 2025, *op. cit.*

[26] *Ibid.*

[27] The congressional district estimates from the Census Bureau do not include parents with children over 13 years old, but this group comprises a relatively small share of the total number of people in our estimates.

[28] For details on how we estimated Medicaid enrollment by 119th congressional district using 2023 ACS estimates, see the data documentation on our program participation dashboard, https://apps.cbpp.org/program_participation/media/documents/readme_medicaid_by_congr_district.pdf.

Bureau of Labor Statistics.[29] People living in these counties could be exempted from the work requirement if their state decides to seek an exemption.[30]

[29] Bureau of Labor Statistics, "Local Area Unemployment Statistics," accessed July 2025, https://www.bls.gov/lau/tables.htm. For Connecticut, we identify overlaps between congressional districts and planning regions.

[30] States would have to apply for the waiver, and the waiver would be granted or rejected, potentially on a month-to-month basis, making it unlikely that counties would qualify unless they have sustained periods of high unemployment. Therefore, we look at unemployment rates for 12 consecutive months. The law also provides exemptions for counties with unemployment rates at or above 8 percent, but since 1.5 times the national average was less than 8 percent from May 2024 to April 2025, we only provide estimates of counties exceeding 1.5 times the national average.