

# Taking Medicaid Coverage Away from People Not Meeting Work Requirements Will Cause Harm:

## *Evidence Underlying Key Messages*

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**KEY MESSAGE:** MANY PEOPLE WITH DISABILITIES AND SERIOUS ILLNESSES WILL LIKELY FALL THROUGH THE CRACKS BECAUSE THEY WILL NOT QUALIFY FOR AN EXEMPTION OR WILL BE UNABLE TO PROVE THAT THEY DO.

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- Nearly [three-fifths](#) of all non-elderly adult Medicaid enrollees with disabilities — or almost 5 million people — do not receive federal disability assistance and could therefore be subject to Medicaid work requirements under the Trump Administration guidance.
- While states are required to provide exemptions for people who are “medically frail,” many people with disabilities and serious illnesses either won’t qualify for these exemptions or will struggle to provide physician testimony, medical records, or other documents to prove they do.
- In other federal programs with work requirements (TANF and SNAP), studies have [found](#) that people with disabilities, mental illness, and substance use disorder were disproportionately likely to be sanctioned and lose benefits, even though many should have been exempt.
- On the basis of that evidence, the AARP and other organizations concluded in a [legal filing](#) related to Kentucky’s Medicaid waiver proposal, “the Waiver’s ‘medically frail’ exemption is insufficient to protect those... with chronic conditions and functional limitations...”

For more information, see: [How Medicaid Work Requirements Will Harm People With Disabilities and Serious Illnesses](#)

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**KEY MESSAGE:** WHILE WORK REQUIREMENTS WILL APPLY TO ADULTS, THEY WILL HURT CHILDREN TOO. WHEN PARENTS LOSE ACCESS TO HEALTHCARE, THEIR HEALTH NEEDS MAY GO UNTREATED, MAKING IT HARDER TO BE GOOD PARENTS.

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- In many of the states considering them, work requirements will apply to some or most parents on Medicaid, meaning they could lose their coverage if they can’t find a job that lets them balance work and child care responsibilities or can’t work enough hours each month.
- When parents lose coverage, children get hurt. Gaining Medicaid coverage improves enrollees’ [access to needed care](#), improves parents’ [mental health outcomes](#), and strengthens families’ [financial security](#); taking away coverage would do the reverse.
- In addition, when parents have health insurance, children [more likely to be insured](#) and more likely to get important [preventive care](#), research shows.

For more information, see: [How Medicaid Work Requirements Will Harm Children](#)

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**KEY MESSAGE:** MANY LOW-WAGE WORKERS COULD BE HARMED BECAUSE OF CIRCUMSTANCES OUTSIDE OF THEIR CONTROL. IF A LOW-WAGE WORKER DOESN’T HAVE SICK LEAVE, THEY COULD LOSE THEIR JOB IF THEY GET SICK OR HAVE TO CARE FOR A SICK FAMILY MEMBER — AND THEN WOULD LOSE THEIR COVERAGE RIGHT WHEN THEY NEED IT MOST.

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- The [majority](#) of adult Medicaid enrollees work — but in low-wage jobs in industries like retail, restaurants, home health, and construction.
- These jobs feature volatile hours, high rates of involuntary part-time work, and inflexibility that results in job loss and gaps between jobs when people experience illness, family emergencies, child care or transportation disruptions, or other events that prevent them from going to work.
- Even among low-income workers working at least 1,000 hours per year — people who are meeting Kentucky’s 80-hour per month work requirement *on average* — [one in four](#) would be at risk of

losing coverage because they wouldn't meet the 80-hour standard *every month*.

- Losing coverage won't just worsen access to care and health, it could also make it harder for people to work. Among working people who gained coverage through Medicaid expansion in [Ohio](#) and [Michigan](#), majorities said having coverage made it easier for them to keep working; among non-working people, majorities said it made it easier to look for jobs.

For more information, see: [How Medicaid Work Requirements Will Harm Low-Wage Workers](#)

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**KEY MESSAGE:** WHEN PEOPLE LOSE MEDICAID COVERAGE, IT RAISES HEALTHCARE COSTS FOR ALL OF US BECAUSE OF INCREASED EMERGENCY ROOM VISITS AND HOSPITALIZATIONS.

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- Coverage gains from Medicaid expansion dramatically reduced uncompensated care costs. In Medicaid expansion states, uncompensated care costs as a share of hospital budgets fell by [about half](#) from 2013 to 2015, compared to much smaller declines in non-expansion states.
  - Reductions in uncompensated care help hospitals, [especially rural hospitals](#), stay open and make needed investments, and can reduce costs for other patients and for taxpayers.
  - Coverage losses from work requirement proposals will reverse a substantial share of these gains. Every state that has issued projections for its proposals forecasts large coverage losses.
  - Kentucky, for example, estimates its Medicaid waiver will ultimately result in a [15 percent drop](#) in Medicaid enrollment, taking coverage away from about 100,000 people. Based on Kentucky's reduction in uncompensated care under expansion, that would be expected to increase uncompensated care costs by [more than \\$200 million](#) per year.
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**KEY MESSAGE:** LOSING COVERAGE AND ACCESS TO TREATMENT CAN BE DANGEROUS FOR PEOPLE WITH CHRONIC HEALTH CONDITIONS AND OTHER SERIOUS HEALTH NEEDS.

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- Large fractions of those who would lose coverage under Medicaid work requirement policies have serious health needs. For example, among Medicaid expansion enrollees in Michigan, about [70 percent](#) have a chronic physical or mental health condition.
  - For people with such conditions, even temporary interruptions in access to medications and other treatment can lead to serious deterioration in health, increased emergency room visits and hospitalizations, and higher health care costs, [research](#) shows.
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**KEY MESSAGE:** TAKING AWAY COVERAGE IS THE WRONG APPROACH TO HELPING PEOPLE FIND AND KEEP JOBS.

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- One example of a better approach is Montana's Health and Economic Livelihood Partnership Link (HELP-Link) [program](#), which provides services such as career counseling and on-the-job training, without taking away anyone's coverage.
- In its first three years, the program has shown promise and has generated strong participation, demonstrating that the minority of Medicaid enrollees who aren't working but could work with help will take advantage of work support services when offered.
- By investing in targeted outreach and work supports, Montana is spending its resources on services that could increase employment and income, instead of investing tens of millions of dollars in new bureaucracy to track compliance with work requirements.

For more information, see: [Promising Montana Program Offers Services to Help Medicaid Enrollees Succeed in the Workforce](#)