"Unfit" to Work? How Medicaid Work Requirements Hurt People with Disabilities

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In the wake of the 2024 election, Republicans are once again making plans to take health care away from low-income people. One way they may do this is by imposing "work requirements" in Medicaid.[1] Work requirements keep people from getting the health care they need, without actually helping people work. Work requirements are, quite simply, cuts. For example, in 2018 Arkansas implemented a work requirement for some Medicaid enrollees and proceeded to cut coverage for over 18,000 participants in just 7 months, or roughly 23% of the targeted population in 2018.[2] Many of the terminated Arkansans never even heard about the work requirement or had difficulty reporting their hours or seeking an exemption.[3] The results were crystal clear: employment did not increase, but the number of uninsured Arkansans sure did.[4]

And while work requirements are generally bad policy for everyone, they particularly harm people with disabilities. For people with disabilities, work requirements actually make it harder to work. The low-wage jobs where most Medicaid enrollees work are often marked by irregular hours, limited benefits, and exploitation. Workers may have little control over their daily schedule, inadequate support for childcare, and little flexibility when unexpected events arise.[5] Low-income disabled people face additional barriers – from poor workplace accessibility to outright discrimination – that make it even harder to find and keep jobs that accommodate their needs.[6] Medicaid helps disabled people overcome employment barriers. Medicaid-funded services can provide health care, habilitation services to teach skills, case management, and other support services that help people with disabilities work in their communities.[7] But instead of reinforcing those supportive services for working people with disabilities to increase employment opportunities, Medicaid work requirements threaten to take their coverage away.

While work-requirements allegedly target non-disabled people, there is no effective way to carve out people with disabilities. Exemptions policies create more problems than they solve. In addition to more arbitrary red tape and confusion, they create a catch-22 that amounts to an employment disincentive for disabled people – either seek an exemption declaring you "unable" to work, but keep your Medicaid, or try working and risk losing your benefits if something keeps you from fulfilling and reporting the required hours. How exactly does this

promote work? And still, despite the abundant evidence of repeated failures, recent proposals suggest that Republicans plan to revisit Medicaid work requirements in 2025.[8] These proposals put people with disabilities at serious risk.

Medicaid Helps People with Disabilities Work

Millions of adults with chronic conditions and disabilities rely on Medicaid to stay active members of their communities. This can range from regular supplies of insulin for diabetes to mental health medications to personal care attendants that help people with disabilities with daily activities, basic chores, cooking, and getting around in the community.

Congress has over time added Medicaid programs designed to provide more flexibilities and supports so people with disabilities can work and build careers without jeopardizing their access to vital services. Programs like the Ticket to Work program or the Medicaid Buy-in for Workers with Disabilities allow participants with disabilities to pay sliding scale premiums for Medicaid coverage if their incomes exceed eligibility thresholds.[9] That allows them to continue receiving critical home and community-based services (HCBS) that help them stay in the workforce. (Employer-based health plans typically do not cover HCBS.) These Medicaid programs are limited in scope and often underutilized, but they form part of a broader push to support people with disabilities who want access competitive employment opportunities in their communities.[10] Many states also cover employment supports as available services in HCBS programs. These supports help disabled people prepare for, find, and maintain employment.

Medicaid's beneficial effect on employment is not limited to direct employment supports. Medicaid expansion, which created a new Medicaid eligibility category for working age adults, allowed millions of people with disabilities to enroll in Medicaid for the first time. This includes, for example, people with mental and behavioral health conditions who do not meet the strict disability criteria for common Medicaid disability-specific eligibility categories. It also includes people who meet the strict criteria but had a household income just above the extremely low Medicaid income/resource thresholds for those categories.[11] When Arkansas implemented work requirements, only 45% of the state's disabled Medicaid enrollees were eligible through the main disability-specific category, which is linked to SSI.[12] The majority had become Medicaid-eligible through other categories, including Medicaid expansion.

In one multi-state study, employment rates for adults with disabilities increased by nearly 6 percentage points after their states implemented Medicaid expansion compared to similar adults in non-expansion states.[13] The share of people with disabilities reporting they did not work due to their disability declined by 5 percentage points in expansion states. In short,

expanding Medicaid coverage means more people with disabilities who want to work are able to work. Adults in Medicaid expansion consistently report that in addition to improving their health, Medicaid has helped them either find a job or maintain their employment.[14]

Medicaid's employment support services, which are only available to individuals who need such support due to their disability, reflect a tenet of disability rights movement that people with disabilities have a right to determine how they live in the community. They should have access to the same opportunities afforded to people without disabilities, including opportunities to work for competitive wages alongside other community members.[15] Beyond that, simply having access to consistent health coverage helps low-income disabled people overcome some of the additional barriers they face in the workplace. The Medicaid program has long been a key driver toward overcoming these barriers, but policies like work requirements threaten to reverse those efforts.

People with Disabilities Will Be Subjected to Work Requirements

As noted above, millions of people with disabilities are Medicaid eligible through pathways not related to their disability. Reasonable estimates suggest that between a fifth to a third of Medicaid expansion enrollees have a disability. Others are Medicaid-eligible as parents and caretakers, not because of their disability. Most work requirements in the past have been targeted towards those in these general adult populations, particularly the Medicaid expansion population, and they often mischaracterize these groups as limited to so-called "able-bodied" adults. This is a convenient fiction meant to shift the blame for inevitable coverage losses from policy-makers onto low-income individuals.

The reality is that there is no way to "target" work requirements to a specific group of low-income Medicaid enrollees who supposedly lack incentive to work, because that group does not exist. The vast majority of Medicaid-enrolled adults are already in the paid workforce or they have really good reasons to not be. [16] Some are caregivers for children or for adults with disabilities. Others are students. Others live with disabilities or chronic conditions that create substantial barriers to employment or other forms of community engagement. Faced with this messy reality, work requirements proponents either try to ignore it (Blame the poor!) or they turn to exemptions. But exemptions don't work either.

Exemptions processes consistently fail, and people with disabilities end up losing Medicaid

Every work requirement that has been proposed or implemented contains some sort of exemption for people with disabilities. Most include accommodations for caregivers for children or adults with disabilities as well. In practice, these exemptions inevitably fail.

The exemptions fundamentally misconstrue how participants with disabilities connect to the workforce. One recent bill proposed language that would exempt people with disabilities deemed "unfit for employment."[17] This reinforces an outdated, paternalistic view of people with disabilities as helpless and passive. It wrongly presupposes that there is an easily identifiable portion of the population that is "too disabled" to work. It completely ignores that lots of people with the most significant disabilities can and do work – provided they get the appropriate supports. Work requirements in Medicaid cannot accommodate the complexity of why people with disabilities do or do not have jobs. That decision depends on various intersecting factors, like:

- an individual's health conditions, which may vary over time;
- the types of educational and workforce opportunities available;
- the other demands on their time and energy including caregiving needs; and
- the accommodations and supports available to support working.

People with disabilities also experience discrimination at various stages of employment. In one study, applicants mentioning disabilities that would not affect their job performance received 26% fewer responses from employers.[18]

Work requirements neglect the reality that any working disabled person still faces huge barriers to steady employment – barriers no exemption policy has or could adequately address.

Disability exemption policies suggest that people eligible for Medicaid should have to prove that they are among the deserving poor, working or not. In this sense, everyone should see such proposals for what they are: offensive and dangerous.

On top of the barriers they already face, the very idea of a Medicaid work requirement puts people with disabilities in a bind. As noted above, they must either assert that they are "unfit" to work – which neglects that people with all kinds of disabilities regularly engage in competitive employment when properly supported – or they have to refuse the disability

exemption. But forgoing the exemption means facing the possibility that they will lose their vital Medicaid services if they cannot overcome the very real employment barriers disabled people face in the existing labor market. **Thus the likely consequence of any federal Medicaid work requirement is the exact opposite of what proponents claim they want to encourage. People with disabilities would be more likely to abandon employment due to the existential risk of losing their benefits.**

Georgia's Pathways Medicaid 1115 Work Requirement Fiasco

In July 2023, Georgia launched a Medicaid work requirement program as an alternative to Medicaid expansion. With income thresholds lower than typical Medicaid expansion, a universal work requirement, and mandatory premiums for enrollees making more than 50% FPL (approximately $7,500 per year for an individual), the program is restrictive for everyone. By October 2024, 16 months after the program began, only 5,100 people are enrolled, less than one fifth of the State's original projection and a tiny fraction of the estimated 345,000 Georgians who would be eligible for a full Medicaid expansion.[19]

Georgia's Pathways program is especially challenging for people with disabilities. Remember, while Medicaid does have some disability specific eligibility categories, many adults with disabilities are only eligible through the Expansion category. In Georgia, every Pathways applicant must prove they are already meeting the work activities requirement before they can enroll. The state says that applicants with disabilities can request modifications and accommodations to the work activities requirement, but that process is particularly exacting.

Let's take a closer look at some of the many ways Georgia Pathways can deny a disabled person health care they need:

1. Applicants must consent to a separate screening for the Pathways program. In addition to signing their general Medicaid application, a person must separately sign Attachment D at the end of the general application to indicate they also want to be evaluated for Pathways. (Generally, Medicaid requires states to evaluate applicants for all potential Medicaid eligibility categories. Georgia got an exception.)[20] If the applicant does not sign that section, **no screening for Pathways occurs**;[21]
2. To complete their Medicaid application, they must show verification that they have completed the required qualified activity (work) hours or request a "modification." Without verification or an approved modification, **their application can be denied.**
3. To request a modification, a person with a disability must attest that they have a disability. If they do not, **their application can be denied.**

4. After indicating they want a modification, a Medicaid eligibility worker contacts the applicant to discuss the process. The worker tries up to two unscheduled telephone attempts. If the applicant is not reached, the worker schedules an interview and sends notice to the applicant. If the applicant does not respond to the calls or cannot make the state-scheduled interview, **their application can be denied.**
5. If the worker successfully contacts the applicant, the applicant must consent to a referral to the Georgia Vocational Rehabilitation Agency (GVRA). Without a clear request and consent, **their application can be denied.**
6. At this point, the individual has to apply to and enroll in GVRA services. An applicant has up to 90 days to enroll in GVRA, but must show they are enrolled to begin their Medicaid coverage. Unfortunately, GVRA has been slow to process applications. The average time from application to beginning the planning process was 180 days in August 2024.[22] If the applicant is not fully enrolled in GVRA within 90 days, the applicant must separately request an extension from Medicaid to verify their GVRA enrollment. If they do not, **their application can be denied.**
7. If they verify that they are enrolled in GVRA (or prove they have 80 hours of work within a month), the applicant can be approved and coverage may begin.
8. Continued coverage requires compliance with the terms of their enrollment in GVRA. If they do not comply, **their coverage can be terminated.**[23]

Georgia has not reported how many individuals have successfully requested a modification to become eligible for the Pathways program. Given this complexity, we expect exceedingly few people have successfully navigated the application morass, and then likely only those who had professional assistance.

In addition, caregivers for people with disabilities cannot count that work toward Pathways eligibility unless they are paid for it. Unpaid caregiving is not a qualified activity, so even as adult caregivers may be earning less to care for loved ones, they cannot access Medicaid through Pathways because of its work requirement. This shows again that in practice, work requirement exceptions fail people with disabilities. If current plans to apply work requirements to Medicaid at the federal level go forward, we should expect more examples of failures like Georgia that take Medicaid from people with disabilities and their caregivers.

These policies have always failed, and in some ways, are designed to fail. For example, Arkansas' Medicaid work requirement included a ten-step on-line exemption process for individuals not automatically exempted by the state, with no clear process to request accommodations.[24] Consequently, although 30% of the target population reported one or more serious health limitations, only 11% obtained a long-term exemption to the state's work

requirement.[25] Focus group participants described a poorly functioning web-based reporting portal, inadequate outreach, and widespread confusion. This led to the following conclusions:

> The new requirements are not incentivizing new work or other activities in which enrollees were not already engaged, but are layering on one more thing to deal with in enrollees' already complex lives and causing added stress because no one wants to lose their coverage.[26]

Lessons from SNAP and TANF

In SNAP, which also uses an "unfit for employment" exemption, an estimated 700,000 enrollees with disabilities remained subject to the work requirement despite their disability.[27] They constitute nearly 20% of all SNAP participants subject to work requirements.[28] Local studies support this analysis. In Franklin County, Ohio, just under one-third of individuals required to participate in a SNAP employment and training program to keep their benefits reported a physical or mental limitation. Additionally, almost 20% of the individuals had filed for SSI or SSDI within the previous two years.[29] When Georgia reinstated the SNAP work requirement and time limits for "able-bodied adults without dependents" in 2016, the State found that 62% of nearly 12,000 individuals subject to the requirement were disenrolled after only three months.[30] State officials acknowledged that hundreds of enrollees had been wrongly classified as "able-bodied" when they were actually unable to work.[31]

Numerous studies of TANF work requirements have documented disproportionate sanctioning of participants with physical and mental health conditions.[32] Others show how bureaucratic processes have narrowed interpretations of exceptions and established high burdens of proof on participants seeking relief from work requirements.[33] It should come as no surprise that participants who reported they were in "poor" or "fair" health were more likely to lose their TANF benefits than those who reported good health.[34]

These same studies found that Black participants were also more likely to be sanctioned for failure to comply with TANF work requirements, suggesting that racial and ethnic bias may compound the negative impact of work requirements for people of color with disabilities.[35] Black and Indigenous people experience significantly higher rates of disability than the general population, so the role of such compounding inequities should always be factored in.[36] Based on the false assumptions embedded in the very idea of a work requirement – that people with low income are poor because they lack work incentive – there is no reason to believe that similarly harsh and discriminatory interpretations of the rules would not occur in Medicaid.

Conclusion

The evidence from Medicaid and other programs all point to the same conclusion: work requirements do not work for people with disabilities. They just take away Medicaid. Hand-waving toward exemption processes cannot wish away those negative impacts, nor mask the ableist assumptions embedded in these policies. Work requirements try to solve a nonexistent problem. If the goal is to increase employment, providing better health coverage and more employment supports are the proven policy options.

So why push an already failed policy? Perhaps it is because the real goal of the policy is not to increase employment, but rather to cut the Medicaid program and shift costs onto the states. Making Medicaid harder to access and use has long been a go-to strategy for opponents of this critical and effective health care program. Medicaid work requirements suit this strategy perfectly, precisely because they create more hurdles to keeping coverage but they pin the blame on individual participants, not on the system. In short, work requirements are designed to trip people up, and then blame them for falling.

* Many thanks to Cynthia Gibson of the Georgia Legal Services Program (GLSP) for reviewing the description of Georgia Pathways application process for factual accuracy. Any opinions expressed represent the author’s perspective and do not reflect the views of GLSP.

ENDNOTES

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[2] Robin Rudowitz, MaryBeth Musumeci & Cornelia Hall, Kaiser Fam. Found., *February State Data for Medicaid Work Requirements in Arkansas*, (2019), https://www.kff.org/medicaid/issue-brief/state-data-for-medicaid-work-requirements-in-arkansas/; Joan Alker, Georgetown Ctr. For Children & Families, *Arkansas' Medicaid Work Reporting Rules Lead to Staggering Health Coverage Losses*, Say Ahhh! (2019), https://ccf.georgetown.edu/2019/01/18/arkansas-staggering-health-coverage-losses-should-serve-as-warning-to-other-states-considering-medicaid-work-reporting-requirement/.
[3] MaryBeth Musumeci, Robin Rudowitz & Barbara Lyons, Kaiser Fam. Found., *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees*, (2018), https://www.kff.org/report-section/medicaid-work-requirements-in-arkansas-experience-and-perspectives-of-enrollees-issue-brief/.
[4] Benjamin D. Sommers et al., *Medicaid Work Requirement -- Results from the First Year in Arkansas*, 381 NEW ENG. J. MED. 1073 (2019).
[5] Liz Ben-Ishai, Center for Law and Social Policy, *Volatile Job Schedules and Access to Public Benefits* (Sep., 2015), https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2015.09.16-Scheduling-Volatility-and-Benefits-FINAL.pdf.
[6] *See,* U.S. Bureau of Labor Statistics, *Persons with a Disability: Barriers to Employment and Other Labor-Related Issues News Release* (Mar. 30, 2022), https://www.bls.gov/news.release/archives/dissup_03302022.htm (providing descriptions of common barriers reported by people with disabilities, including lack of accommodations); Vidya Sundar et al., *Striving to Work and Overcoming Barriers: Employment Strategies and Successes of People with Disabilities*, 48 J. VOCATIONAL REHABILITATION 93 (2018).
[7] States may provide a range of Medicaid employment support services to help qualifying people with disabilities to achieve their employment goals. States cover these services in a variety of ways, including the state plan rehabilitation services option, 1915(c) Home and Community-Based Services (HCBS) waivers, and the state plan 1915(i) option. Supportive employment services are targeted toward qualifying people with disabilities, not everyone covered by Medicaid. Medicaid remains the payer of last resort, meaning Medicaid only pays for necessary services if they are not available from other sources, like a Vocational Rehabilitation Agency. *See*, Medicaid and CHIP Payment and Access Commission (MACPAC), *The Role of Medicaid in Supporting Employment* (July 2018), https://www.macpac.gov/wp-content/uploads/2018/07/The-Role-of-Medicaid-in-Supporting-Employment.pdf.
[8] On Dec. 11, 2024, House Republicans Aaron Bean and Harriet Hageman introduced a new bill to implement work requirements in Medicaid. Cong. Aaron Bean Press Release, *Bean, Hageman Push Medicaid Work Requirements* (Dec. 11, 2024), https://bean.house.gov/media/press-releases/bean-hageman-push-medicaid-work-

requirements. It largely mimics H.R. 2811, which House Republicans passed in April 2023. Both bills would have implemented a federal work requirement in Medicaid that is substantially broader than the work requirement Arkansas imposed in 2018. Specifically, Section 321 of H.R. 2811 applied to a larger age range – 19-55 years – while Arkansas' work requirement never applied beyond the 18-39 population and was not restricted to the adult expansion group. *See,* Limit, Save, Grow Act of 2023, H.R.2811, 118th Cong. (2023), § 321, https://www.congress.gov/bill/118th-congress/house-bill/2811/text#toc-H87B29F4B4DC749FCB660818D778C48B5. Disabilities are more prevalent in older age groups. The new Bean/Hageman bill expands the age range to 19-65, even greater than H.R. 2811. Its language also applies across Medicaid eligibility groups.

[9] 42 U.S.C. § 1396a(a)(10)(A)(ii)(XIII) & (XV).

[10] Alison Barkoff et al., *Federal Joint Communication to State and Local Governments: Resource Leveraging & Service Coordination to Increase Competitive Integrated Employment for Individuals with Disabilities* (Aug. 3, 2022), https://www.dol.gov/sites/dolgov/files/ODEP/pdf/ResourceLeveragingServiceCoordinationToIncreaseCIE8-12-22.pdf.

[11] The common disability categories have extremely low income and resource requirements – under $1,000/month for individuals in 25 states in 2024. Only 3 states have disability-specific income thresholds above $1,255/month for individuals. *See*, Kaiser Fam. Found., *Medicaid Eligibility for SSI Enrollees and Optional Seniors & People with Disabilities up to 100% FPL,* (last visited Dec. 10, 2024), https://www.kff.org/medicaid/state-indicator/medicaid-eligibility-through-the-aged-blind-disabled-pathway/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Monthly%20Income%20Limit__Individual%22,%22sort%22:%22desc%22%7D. Medicaid expansion eligibility is higher. In expansion states, people with disabilities in households making up to 138% FPL ($1,732/month for individuals or $2,970/month for a family of 3) are eligible for Medicaid expansion in 2024.

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[13] Jean P. Hall et al., *Medicaid Expansion as an Employment Incentive Program for People with Disabilities*, 108 AM. J. PUB. HEALTH 1235 (2018).

[14] John R. Kasich & Barbara R. Sears, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly*, (2016), https://www.jmoc.state.oh.us/Assets/documents/reports/Group%20VIII%20Statutory%20Report_12-2016_final.pdf; John R. Kasich & Barbara R. Sears, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly*, (2018), https://medicaid.ohio.gov/static/Resources/Reports/Annual/Group-VIII-Final-Report.pdf; Renuka Tipirneni et al., Inst. for Healthcare Pol'y and Innovation at the Univ. of Mich., *Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches* (2017), https://ihpi.umich.edu/news/medicaid-expansion-helped-enrollees-do-better-work-or-job-searches.

[15] Employment supports remain limited in that they are optional state benefits and may only be available to individuals who need such supports due to their disabilities.
[16] Madeline Guth et al., Kaiser Fam. Found., *Understanding the Intersection of Medicaid & Work: A Look at What the Data Say*, (2023), https://www.kff.org/report-section/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say-issue-brief/ (finding that 91% of Medicaid adults not eligible through SSI are either working (61%); caregiving (13%); not working due to an illness or disability (11%); or attending school (6%).)
[17] Limit, Save, Grow Act of 2023, H.R.2811, 118th Cong. (2023), § 321, https://www.congress.gov/bill/118th-congress/house-bill/2811/text#toc-H87B29F4B4DC749FCB660818D778C48B5.
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[19] MaryBeth Musumeci, Elizabeth Leiser & Megan Douglas, *Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program*, Commonwealth Fund Blog (Sep. 11, 2024), https://www.commonwealthfund.org/blog/2024/few-georgians-are-enrolled-states-medicaid-work-requirement-program; For up-to-date enrollment figures, see Hinton et al., *supra* note 1.
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[23] Georgia Pathways to Coverage, *Reasonable Modifications* (Last visited Dec. 11, 2024), https://pathways.georgia.gov/eligibility/reasonable-modifications; Georgia Dept. Human Servs., *Medicaid Manual*, § 2256 (July 1, 2023), https://odis.dhs.ga.gov/General/Home/DownloadDoc/4001219.
[24] Anna Bailey & Judith Solomon, Ctr. on Budget & Pol'y Priorities, *Medicaid Work Requirements Don't Protect People with Disabilities*, (2018), https://www.cbpp.org/research/health/medicaid-work-requirements-dont-protect-people-with-disabilities.
[25] *Id.*
[26] MaryBeth Musumeci, Robin Rudowitz & Barbara Lyons, Kaiser Fam. Found., *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees*, (2018), https://www.kff.org/report-section/medicaid-work-requirements-in-arkansas-experience-and-perspectives-of-enrollees-issue-brief/.
[27] Michael Morris & Nanette Goodman, Burton Blatt Inst. at Syracuse Univ., *Impact of the Work Requirement in Supplemental Nutrition Assistance (SNAP) on Low-Income Working-Age People with Disabilities*, (2014), https://www.researchgate.net/publication/274006096_Impact_of_the_Work_Requirement_in_Supplemental_Nutrition_Assistance_SNAP_on_Low-Income_Working-Age_People_with_Disabilities.

[28] *See Id.* at 15 (The authors note that their estimates, based on the Current Population Survey, likely undercount participants in this category of so-called Able-Bodied Adults Without Dependents (ABAWDs) by nearly 30%. Also this estimate only includes adults under 50, while the most recently proposed Medicaid requirement would extend to adults under 65 and so would include a higher share of older adults more likely to have a disability).
[29] Ohio Association of Foodbanks, *A Comprehensive Assessment of Able-Bodied Adults Without Dependents and Their Participation in the Work Experience Program in Franklin County, Ohio Report 2015*, 6 (2016), https://nourishca.org/CalFresh/ExternalPublications/OAFB-WEP-ABAWD-report-2015.pdf.
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[35] *Id.*; *See also*, Hasenfeld et al. *supra* note 32.
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