May 29, 2025

Submitted electronically via Medicaid.gov

The Honorable Robert F. Kennedy, Jr.
Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

RE: APHA and Public Health Deans and Scholars' Comments on Georgia's Section 1115 Demonstration Waiver Extension Request

Dear Mr. Secretary:

The American Public Health Association (APHA), along with 65 public health and health policy deans, chairs, and scholars (in their individual capacity), appreciate the opportunity to submit these comments on Georgia's request to amend the Georgia Pathways to Coverage Section 1115 demonstration project. We have included numerous citations to supporting research, including direct links to the research. We direct HHS to each of the studies we have cited and made available through active links, and we respectfully request that the full text of each of the studies cited, along with the full text of our comments, along with each of the individual studies, reports, and other documents cited within our comments, be considered part of the formal administrative record on this waiver application for purposes of the Administrative Procedure Act.

APHA is a non-partisan, non-profit organization that champions the health of all people and all communities; strengthens the profession of public health; shares the latest research and information; promotes best practices; and advocates for public health issues and policies grounded in scientific research. APHA represents more than 23,000 individual members and has 52 state and regional affiliates. APHA's membership also includes organizational members, including groups interested in health, state and local health departments, and health-related businesses. APHA is the only organization that combines a 150-year perspective, a broad-based member community, and the ability to influence federal policy to improve the public's health.

The individual signatories are deans, chairs, and scholars at the nation's leading academic institutions and research universities. They are experts in the fields of health law, public health, health care policy and research, and national health reform. They include individuals known for their expertise in research regarding health insurance coverage, access to care, health outcomes, and social determinants of health, particularly for underserved populations, including low-income people, people with disabilities, and other vulnerable populations covered by state Medicaid programs. The complete list of individual commenters is included at the end of this letter.

APHA and the individual deans, chairs, and scholars recommend that the Centers for Medicare and Medicaid Services (CMS) reject Georgia's request to continue to require individuals to meet a work or community engagement requirement to qualify for and maintain Medicaid coverage. Georgia proposes to modify some program requirements, but its demonstration remains predicated on a fundamentally

flawed premise. Work requirements in any form substantially depress enrollment among eligible people, which directly contravenes Medicaid's primary purpose of providing coverage to low-income people. Research shows that work requirements do not result in measurable increases in employment (since most Medicaid enrollees who can work are already working), and instead result in a "chilling" effect on Medicaid enrollment due to administrative burdens and red tape.

I. Work requirements result in substantially fewer eligible people obtaining coverage, which is contrary to the primary objective of Medicaid.

Georgia proposes to continue restricting eligibility – that is, to cover fewer people -- compared to the ACA's Medicaid expansion group. Specifically, Georgia requests that CMS waive provisions of federal Medicaid law to allow the state to require work as a condition of eligibility and to limit income eligibility to 100% of the federal poverty level.[1] Data show that Georgia's demonstration "cover[s] substantially fewer people" at a cost that "is significantly more expensive for Georgia . . . , compared to the ACA's Medicaid expansion."[2] Only 7,000 people were actively enrolled in Georgia's demonstration as of March 31, 2025,[3] while an estimated 300,000 people in Georgia are eligible for the ACA Medicaid expansion.[4] "An analysis of the first year of operation estimated that Pathways would cost Georgia five times more per person ($2,490 vs. $496) compared to ACA expansion, which would offer enhanced federal funding. . . ."[5]

Placing additional limits on eligibility for coverage is the exact opposite of Medicaid's central goal of providing coverage. Federal law requires Section 1115 demonstrations to be "likely to assist in promoting the objectives of" the Medicaid Act.[6] Congress created the Medicaid program "to furnish medical assistance" to "individuals[] whose income and resources are insufficient to meet the costs of necessary medical services, and rehabilitation and other services to help such families and individuals attain or

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[1] Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request at 33, 34 (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf

[2] MaryBeth Musumeci, Elizabeth Leiser, and Megan Douglas, "Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program," *To the Point* (blog), Commonwealth Fund, Sept. 11, 2024. https://doi.org/10.26099/2DN2-D214 (citing Georgia Budget and Policy Institute. Estimated enrollment and cost for Pathways to Coverage vs. full Medicaid expansion. https://gbpi.org/wp-content/uploads/2023/12/Budget-Chart.png).

[3] "Data Tracker," GeorgiaPathways, Georgia Budget and Policy Institute, Updated 2025, accessed 5/23/25, https://www.georgiapathways.org/data-tracker

[4] Simpson M, Banthin J. Expanding Medicaid in Georgia would help uninsured people gain coverage, at 2. Urban Institute/RWJF. (April 2024). https://www.rwjf.org/en/insights/our-research/2024/04/expanding-medicaid-in-georgia-would-help-uninsured-people-gain-coverage.html

[5] MaryBeth Musumeci, Elizabeth Leiser, and Megan Douglas, "Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program," *To the Point* (blog), Commonwealth Fund, Sept. 11, 2024. https://doi.org/10.26099/2DN2-D214 (citing Georgia Budget and Policy Institute. Estimated enrollment and cost for Pathways to Coverage vs. full Medicaid expansion. https://gbpi.org/wp-content/uploads/2023/12/Budget-Chart.png).

[6] 42 U.S.C. § 1315.

retain capability for independence or self-care."[7] Thus, "[t]he provision of Medicaid coverage is indisputably a central objective of the Act."[8]

Georgia's own interim demonstration evaluation concludes that the work reporting "requirement had a significant impact on Pathways enrollment."[9] According to the interim evaluation, a substantial number of people who applied for coverage under Georgia's demonstration met all Medicaid eligibility requirements except for the work reporting requirement.[10] If those otherwise eligible applicants had been permitted to enroll, total program enrollment would have increased by 40 percent.[11] In the demonstration's first year, over 40 percent of Georgia counties had less than 10 enrollees, despite the state's high uninsured rate.[12] The state's interim evaluation also found that the work reporting "requirement had a particularly pronounced impact on older adults [ages 50 to 64]. . . Without the [work reporting] requirement, enrollment for older adults would have increased by 65%."[13] Moreover, while Georgia explains that it has "decided to temporarily pause the implementation of suspensions for failure to report qualifying hours and activities,"[14] it is notable that the state does not indicate the number of people who would have lost coverage without this pause.

Work reporting requirements have led to substantial coverage loss in other states. Over 18,000 people lost Medicaid coverage in Arkansas during the seven months that its work requirement was in effect.[15] This amounts to one in four individuals who were subject to Arkansas's work requirement losing their health insurance coverage.[16] Importantly, an estimated 95 percent of the people who previously lost coverage in Arkansas nevertheless had met the work requirement or were exempt and therefore should

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[7] 42 U.S.C. § 1396-1.

[8] *Stewart v. Azar,* 366 F. Supp. 3d 125, 145 (D.D.C. 2019).

[9] Public Consulting Group. Pathways demonstration program interim evaluation report at A24, A27. Dec. 16, 2024. (attached as Appendix A to Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf).

[10] *Id.*

[11] *Id.*

[12] Chen L. Georgia's Pathways to Coverage program: the first year in review. Georgia Budget and Policy Institute. (Oct. 2024). https://gbpi.org/georgias-pathways-to-coverage-program-the-first-year-in-review/

[13] Public Consulting Group. Pathways demonstration program interim evaluation report at A24, A27. Dec. 16, 2024. (attached as Appendix A to Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf).

[14] Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request at 20 (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf

[15] Robin Rudowitz, MaryBeth, Musumeci, and Cornelia, Hall, "February state data for Medicaid work requirements in Arkansas." KFF. March 25, 2019. https://www.kff.org/medicaid/issue-brief/state-data-for-medicaid-work-requirements-in-arkansas/

[16] Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model," *Center on Budget and Policy Priorities*, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be; *see also* Robin Rudowitz, MaryBeth, Musumeci, and Cornelia, Hall, "February state data for Medicaid work requirements in Arkansas." *KFF*. March 25, 2019. https://www.kff.org/medicaid/issue-brief/state-data-for-medicaid-work-requirements-in-arkansas/

have remained enrolled.[17] The decrease in Medicaid/Marketplace coverage among people subject to Arkansas's work requirement (those ages 30 to 49) was statistically significant compared to those who were not (other age groups).[18] Specifically, the percentage of Arkansans ages 30 to 49 with Medicaid/Marketplace coverage dropped from 71 percent in 2016 (pre-work requirements) to 64 percent in 2018 (during work requirements), and rose to 66 percent in 2019 (when work requirements were no longer in effect).[19] Most of the Medicaid coverage loss in Arkansas was reversed after a federal court ended the previous work requirement in 2019, as people were able to regain the coverage for which they remained eligible.[20]

Research shows that the extent of coverage loss under Arkansas's work requirement could have been even more widespread if the policy had remained in effect. A 2025 study developed a model to forecast the effects of Arkansas's work requirement on Medicaid enrollment over the longer-term, if the work requirement had not been stopped by the courts.[21] This study found an estimated 27 percent reduction in Medicaid enrollment by the end of the first year of implementation and a 34 percent reduction over the long run.[22]

New Hampshire sought to "avoid the problems" that plagued Arkansas' prior demonstration.[23] Nevertheless, an estimated 17,000 people -- two in three enrollees -- would have lost Medicaid coverage in the two months that New Hampshire's work requirement was in effect, had the state not suspended the program to avoid this "undue harm" to enrollees.[24] In Michigan, 80,000 beneficiaries – nearly one-third of those subject to its work requirement – were slated to lose coverage before Michigan's work requirement was blocked by a federal court.[25] According to the former state Medicaid director, Michigan "estimated that coverage losses would ultimately have topped 100,000 due to more people entering the

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[17] Benjamin D. Sommers, Lucy Chen, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care," *Health Affairs* 39, no. 9 (September 1, 2020): 1522–30, https://doi.org/10.1377/hlthaff.2020.00538.

[18] *Id.*

[19] *Id.*

[20] *Id.*

[21] Fielder M. How would implementing an Arkansas-style work requirement affect Medicaid enrollment? Brookings Institution Center on Health Policy (April 2025), https://www.brookings.edu/articles/how-would-implementing-an-arkansas-style-work-requirement-affect-medicaid-enrollment/ ; *see also* https://www.brookings.edu/wp-content/uploads/2026/04/ArkansasStyleWorkRequirementEnrollmentEffects-FINAL.pdf

[22] *Id.*

[23] Ian Hill, Emily Burroughs, and Gina Adams, "New Hampshire's Experiences with Medicaid Work Requirements: New Strategies, Similar Results," *Urban Institute*, February 10, 2020, https://www.urban.org/research/publication/new-hampshires-experiences-medicaid-work-requirements-new-strategies-similar-results.

[24] *Id.*

[25] ASPE Office of Health Policy, *Medicaid Demonstrations and Impacts on Health Coverage: A Review of the Evidence* (ASPE, 2021), https://aspe.hhs.gov/reports/medicaid-demonstrations-impacts-health-coverage-review-evidence.

Medicaid expansion over time and ultimately losing eligibility. . . [which] means more than one of seven people in Michigan's Medicaid expansion would have lost coverage."[26]

Similarly, research examining the impact of work requirements in the SNAP and TANF programs demonstrates that "many [enrollees] quickly lost benefits."[27] Work requirements in SNAP have existed long enough for researchers to conduct numerous studies "using data from states across the country, collected over many years," all of which "find harmful effects of work requirements on [enrollee] participation and little or no benefit for employment."[28] For example, a study examining over 2,400 counties between 2013 and 2017 found that SNAP work requirements "rapidly reduce caseloads and benefits" and "caused over one-third of able-bodied adults without dependents to lose benefits."[29] A 2020 study found that SNAP work requirements led to a 52 percent reduction in program participation but no appreciable increase in employment earnings.[30] This established body of research makes clear that substantial coverage loss is an inherent feature of work requirements and is not the result of "start-up jitters or chaotic implementation in one state."[31] Medicaid work requirements are even less likely to be successful since, unlike TANF and SNAP, Medicaid funds cannot be used to pay for supportive services that enable people to work such as child care, transportation, or job training.[32]

A significant share of people who lose Medicaid due to work requirements become uninsured. A study evaluating the impact of Arkansas's work requirement after six months and published in the *New England Journal of Medicine* found that "loss of Medicaid coverage was accompanied by a significant increase in the percentage of adults who were uninsured, indicating that many persons who were removed from

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[26] Robert Gordon, "More Than 100,000 Michigan Residents Nearly Lost Medicaid Coverage Under Work Requirements," To the Point (blog), Commonwealth Fund, May 12, 2025. https://doi.org/10.26099/8XP5-7397

[27] Leighton Ku et al., *Medicaid Work Requirements: Will They Help the Unemployed Gain Jobs or Improve Health?* (Commonwealth Fund, Nov. 2018), https://www.commonwealthfund.org/sites/default/files/2018-11/Ku_Medicaid_work_requirements_ib.pdf (citing Jeffrey Grogger, Steven Haider, and Jacob Alex Klerman, *Why Did the Welfare Rolls Fall During the 1990s? The Importance of Entry*, draft (RAND Corporation, 2003), https://www.rand.org/pubs/drafts/DRU3004.html ; MaryBeth Musumeci and Julia Zur, *Medicaid Enrollees and Work Requirements: Lessons from the TANF Experience* (Henry J. Kaiser Family Foundation, Aug. 2017), https://www.kff.org/medicaid/issue-brief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/).

[28] Erin Brantley et al., "As Biden Administration Begins Unwinding Them, Medicaid Work Experiments Remain Unreasonable, Unnecessary and Harmful," *Health Affairs*, February 17, 2021, https://www.healthaffairs.org/do/10.1377/hblog20210216.717854/full/.

[29] Leighton Ku, Erin Brantley, and Drishti Pillai, "The Effects of SNAP Work Requirements in Reducing Participation and Benefits From 2013 to 2017," *American Journal of Public Health* 109, no. 10 (October 1, 2019): 1446–51, https://doi.org/10.2105/AJPH.2019.305232.

[30] Colin Gray, Adam Leive, Elena Prager, Kelsey Pukelis, and Mary Zaki, "Employed in a SNAP? The Impact of Work Requirements on Program Participation and Labor Supply," August 18, 2020, SSRN, https://ssrn.com/abstract=3676722 or http://dx.doi.org/10.2139/ssrn.3676722.

[31] Erin Brantley et al., "As Biden Administration Begins Unwinding Them, Medicaid Work Experiments Remain Unreasonable, Unnecessary and Harmful," *Health Affairs*, February 17, 2021, https://www.healthaffairs.org/do/10.1377/hblog20210216.717854/full/.

[32] *Id.*

Medicaid did not obtain other coverage."[33] At the same time, the use of employer-sponsored insurance did not significantly increase.[34] As the study authors explain, "[a]lthough point estimates suggest a potential increase in the use of employer-sponsored insurance, confidence intervals for this measure included no effect."[35] These findings suggest that people who lost Medicaid could not access employer-sponsored insurance.

Another study evaluating the impact of Arkansas' work requirement after 18 months and published in *Health Affairs* found that "work requirements led to a significant increase in the uninsured rate of 7.1 percentage points for Arkansans ages 30–49 [the group subject to the work requirement], relative to other age groups and states, consistent with previous research."[36] The "uninsurance rate for Arkansans ages 30–49 rose from 10.5 percent in 2016 [pre-work requirement] to 14.6 percent in 2018 [during the work requirement] and then went back down to 12.5 percent in 2019 [after work requirements were no longer in effect]."[37] At the same time, the "uninsurance rate for adults ages 30–49 in [the study's] comparison states was fairly stable for all three years."[38] These findings are consistent with multiple government and independent analyses that conclude that work requirement programs skyrocket the uninsured rate.[39]

A 2025 study published in *Health Services Research* found that Arkansas's work requirement "reduced the number of adults with health insurance coverage and had no effect on employment—failing to achieve its intended outcome."[40] The study authors found that the share of uninsured adults ages 30-49 in Arkansas (those subject to the work requirement) increased from 22.6 percent in 2016 to 29.9 percent in 2019.[41] Arkansas's work requirement was "associated with a 4.4 percentage-point increase in

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[33] Benjamin D. Sommers, Anna L. Goldman, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements — Results from the First Year in Arkansas," *New England Journal of Medicine* 381, no. 11 (September 12, 2019): 1073–82, https://doi.org/10.1056/NEJMsr1901772.
[34] *Id.*
[35] *Id.*
[36] Benjamin D. Sommers, Lucy Chen, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care," *Health Affairs* 39, no. 9 (September 1, 2020): 1522–30, https://doi.org/10.1377/hlthaff.2020.00538.
[37] *Id.*
[38] *Id.*
[39] Work Requirements and Work Supports for Recipients of Means-Tested Benefits, Publication 57702 (Congressional Budget Office, June 2022), https://www.cbo.gov/publication/57702; *Medicaid Demonstrations and Impacts on Health Coverage: A Review of the Evidence, Issue Brief HP-2021-03*, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, March 2021, https://aspe.hhs.gov/reports/medicaid-demonstrations-impacts-health-coverage-review-evidence
[40] Karpman M, Gangopadhyaya A. New evidence confirms Arkansas's Medicaid work requirement did not boost employment. Urban Institute. (April 23, 2025). https://www.urban.org/urban-wire/new-evidence-confirms-arkansas-medicaid-work-requirement-did-not-boost-employment; *see also* Gangopadhyaya A, Karpman M. The impact of Arkansas Medicaid work requirements on coverage and employment: estimating effects using national survey data. Health Services Research. e14624. April 9, 2025. https://doi.org/10.1111/1475-6773.14624
[41] Gangopadhyaya A, Karpman M. The impact of Arkansas Medicaid work requirements on coverage and employment: estimating effects using national survey data. Health Services Research. e14624. April 9, 2025. https://doi.org/10.1111/1475-6773.14624

uninsurance, concentrated among those with incomes below 100% FPL" while Medicaid/private nongroup coverage declined, and employer coverage did not significantly change.[42] During this same period, "[n]o coverage impacts were observed for unaffected or exempt groups."[43] According to the authors, "Arkansas's experience suggests nearly all adults losing Medicaid would become uninsured, leading to worse health outcomes and increased financial strain on health care providers facing higher uncompensated care costs."[44]

Though most Medicaid enrollees already are working, they face a substantial risk of becoming uninsured if they lose Medicaid, due to the characteristics of their employers. Nearly two-thirds (65.1%) of nonelderly working adults with Medicaid in Georgia are employed by a small firm (less than 50 employees).[45] These employers "are not subject to ACA penalties for not offering affordable health coverage and are less likely to offer health insurance to their workers than larger firms."[46] For example, "[i]n 2022, just over half (53%) of firms with fewer than 50 employees offered health insurance to their workers compared to 98.7% of firms with 100 or more employees."[47] Additionally, 38 percent of nonelderly working adults with Medicaid in Georgia are employed in the agriculture and service industries (including agriculture, construction, leisure and hospitality services, wholesale and retail trade), which have "historically low [employer sponsored insurance] offer rates."[48] Despite being employed, these workers are likely to rely on Medicaid because their employer does not offer health insurance at all or does not offer insurance that is affordable.[49] A person working full-time in Georgia (35 hours/week for 50 weeks/year) at the federal minimum wage ($7.25/hour)[50] earns $12,688 per year, which is below the federal poverty level, $15,650 for an individual, and $32,150 for a family of four in 2025).[51] Nationally, 21.2 percent of nonelderly adult workers with family income below the federal poverty level are uninsured.[52]

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[42] *Id.*
[43] *Id.*
[44] Karpman M, Gangopadhyaya A. New evidence confirms Arkansas's Medicaid work requirement did not boost employment. Urban Institute. (April 23, 2025). https://www.urban.org/urban-wire/new-evidence-confirms-arkansas-medicaid-work-requirement-did-not-boost-employment
[45] This analysis excludes enrollees receiving Social Security Disability Insurance, Supplemental Security Income, or Medicare. Tolbert, Jennifer, Sammy Cervantes, Robin Rudowitz, and Alice Burns. "Understanding the Intersection of Medicaid and Work: An Update." *Kaiser Family Foundation*, February 4, 2025. https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/
[46] *Id.*
[47] *Id.*
[48] *Id.*
[49] *Id.*
[50] State Minimum Wage Laws," U.S. Department of Labor, updated January 1, 2025, https://www.dol.gov/agencies/whd/minimum-wage/state
[51] Poverty Guidelines," Office of the Assistant Secretary for Planning and Evaluation, 2025, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
[52] Tolbert J, Cervantes S, Bell C, Damico A. Key facts about the uninsured population, at Supplemental Table 3. KFF. Dec. 18, 2024. https://www.kff.org/report-section/key-facts-about-the-uninsured-population-supplemental-tables/

An existing body of research establishes that a sizeable share of adults who leave Medicaid become uninsured. In addition to the multiple studies discussed above, a KFF national survey found that about a quarter (23%) of people who lost Medicaid during unwinding remain uninsured."[53] A study surveying people disenrolled from Medicaid in Iowa for failure to pay premiums found that 45% of those disenrolled were still uninsured nine months later.[54] A study surveying people disenrolled from Medicaid in Indiana for failure to pay premiums found that over half (53%) were uninsured.[55]

II. Research shows that work requirements do not increase employment because most low-income people already are working.

Allowing Georgia to continue to condition Medicaid eligibility on meeting a work requirement will not advance the state's goal of increasing employment among low-income adults because most low-income people in Georgia already are working. According to KFF, 55.8 percent of non-elderly Medicaid adults in Georgia already work full or part-time.[56] Another 14 percent are not working due to caretaking responsibilities, and 7.7 percent are not working because they are attending school.[57] State-level data for the share of Georgia Medicaid enrollees who are not working due to illness or disability are not available, though this group accounts for 9.9 percent of enrollees nationally.[58] Georgia's proposal cites its "record low unemployment rate of 3.6% (as of September 2024),"[59] which further demonstrates that most people in the state already are working.

Research demonstrates that work requirements do not increase employment. A study published in the *New England Journal of Medicine* evaluating the impact of Arkansas's Medicaid work requirement after six months "did not find any significant change in employment. . . or in the related secondary outcomes of hours worked or overall rates of community engagement activities."[60] The authors noted that "more than 95% of persons who were targeted by the policy already met the requirement or should have been

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[53] Lopes L, et al. KFF survey of Medicaid unwinding. KFF. (April 12, 2024) https://www.kff.org/medicaid/poll-finding/kff-survey-of-medicaid-unwinding/

[54] Askelson NM et al. Purged from the rolls: a study of Medicaid disenrollment in Iowa. Health Equity. 3(1): 637-643 (Dec. 2019). https://doi.org/10.1089/heq.2019.0093

[55] Rudowitz R, Musumeci MB, Hinton E. Digging into the data: what can we learn from the state evaluation of Healthy Indiana (HIP 2.0) premiums. KFF. (March 2018). https://www.kff.org/affordable-care-act/issue-brief/digging-into-the-data-what-can-we-learn-from-the-state-evaluation-of-healthy-indiana-hip-2-0-premiums/

[56] This analysis excludes people receiving Social Security Disability Insurance, Supplemental Security Income, or Medicare benefits. *See* Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns, "Understanding the Intersection of Medicaid and Work: An Update," *Kaiser Family Foundation,* February 4, 2025, https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/.

[57] *Id.*

[58] *Id.*

[59] Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request at 5 (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf

[60] Benjamin D. Sommers, Anna L. Goldman, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements — Results from the First Year in Arkansas," *New England Journal of Medicine* 381, no. 11 (September 12, 2019): 1073–82, https://doi.org/10.1056/NEJMsr1901772.

exempt."[61] A study published in *Health Affairs* evaluating the impact of Arkansas's work requirement after 18 months "found no evidence that low-income adults had increased their employment or other community engagement activities either in the first year when the policy was still in effect or in the longer term, after the policy was blocked" by a federal court.[62] A 2025 study published in *Health Services Research* found that Arkansas's work requirement was associated with "no significant change in employment or work effort."[63] The "association between work requirements and employment among [those subject to the work requirement] was negative, small, and statistically insignificant."[64] Focus groups of Arkansas Medicaid enrollees also found that most were already working and were highly motivated to work due to economic pressures.[65]

Multiple government and independent analyses conclude that work requirement programs do not result in sustainable employment gains.[66]A Cochrane review of 12 randomized control trials of "welfare to work" initiatives (such as work requirements) found that these programs have no meaningful, long-lasting effects on employment or income.[67] Research also finds that TANF enrollees "work regardless of whether they are required to do so, suggesting that a work requirement has little impact on increasing employment over the long-term."[68] Notably, "[a]fter five years, those who were not required to work

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[61] *Id.*

[62] Benjamin D. Sommers, Lucy Chen, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs*, 39 , no. 9 (2020): 1528, https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2020.00538 (last visited Feb. 13, 2025).

[63] Gangopadhyaya A, Karpman M. The impact of Arkansas Medicaid work requirements on coverage and employment: estimating effects using national survey data. Health Services Research. e14624. April 9, 2025. https://doi.org/10.1111/1475-6773.14624

[64] *Id.*

[65] MaryBeth Musumeci, Robin Rudowitz, and Barbara Lyons, "Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees," *Kaiser Family Foundation*, December 18, 2018, https://www.kff.org/report-section/medicaid-work-requirements-in-arkansas-experience-and-perspectives-of-enrollees-issue-brief/.

[66] "Work Requirements and Work Supports for Recipients of Means-Tested Benefits", Congressional Budget Office, Publication 57702, June 9, 2022, https://www.cbo.gov/publication/57702; Issue Brief No. HP-2021-03. "Medicaid Demonstrations and Impacts on Health Coverage: A Review of the Evidence." Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Washington, DC: March 2021, https://aspe.hhs.gov/reports/medicaid-demonstrations-impacts-health-coverage-review-evidence ; "Work Requirements: What Are They? Do They Work?", Robert Wood Johnson Foundation, May 11, 2023, https://www.rwjf.org/en/insights/our-research/2023/05/work-requirements-what-are-they-do-they-work.html.

[67] Marcia Gibson, Hilary Thomson, Kasia Banas, Vittoria Lutje, Martin J McKee, Susan P Martin, Candida Fenton, Clare Bambra, and Lyndal Bond,, "Welfare-to-Work Interventions and Their Effects on the Mental and Physical Health of Lone Parents and Their Children," *Cochrane Database of Systematic Reviews*, no. 2 (2018): https://doi.org/10.1002/14651858.CD009820.pub3.

[68] MaryBeth Musumeci and Julia Zur, 'Medicaid Enrollees and Work Requirements: Lessons from the TANF Experience", *Kaiser Family Foundation*, August 18, 2017, https://www.kff.org/medicaid/issue-brief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/ (citing Gayle Hamilton et al., "National Evaluation of Welfare-to-Work Strategies: How Effective are Difference Welfare-to-Work Approaches? Five-Year Adult and Child Impacts for Eleven Programs", *Manpower Demonstration Research Corporation*, December 2001, http://www.mdrc.org/sites/default/files/full_391.pdf).

were just as likely or more likely to be working compared to those who were subject to a work requirement."[69]

People subject to Medicaid work requirements experience adverse financial consequences. Among the people who had lost Medicaid in the prior year due to Arkansas's work requirement, "50 percent reported serious problems paying off medical debt; 56 percent delayed care due to cost; and 64 percent delayed medications due to cost."[70] All of these rates were significantly higher compared to people who remained enrolled in Medicaid.[71] People who lost coverage in the prior year because of Arkansas's work requirement also had higher medical debt (averaging over $2,200) compared to those who maintained coverage, and half of those who lost coverage reported serious problems paying off their debts.[72]

III. Work requirements do not improve health outcomes.

Researchers "caution against using [evidence of an association between unemployment and poor health outcomes] to infer that the opposite relationship (work causing improved health) exists."[73] A KFF literature review of the relationship between work and health concludes that "[w]hile unemployment is almost universally a negative experience and thus linked to poor outcomes. . . , employment may be positive or negative, depending on the nature of the job (e.g., stability, stress, hours, pay, etc.)."[74] Moreover, "[s]election bias in the research (e.g., healthy people being more likely to work) and other methodological limitations restrict the ability to determine a causal work-health relationship."[75] Importantly, "[e]ffects found for the general population may not apply to Medicaid, as the link between work and health is not universal across populations or social contexts," while the "low-wage, unstable, or low-quality jobs" typically held by Medicaid enrollees "may moderate any positive health effects of employment."[76] A Cochrane review of 12 randomized control trials of "welfare to work" initiatives (such as work requirements) found that these programs do not improve physical health among parents or children.[77]

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[69] *Id.*
[70] Benjamin D. Sommers, Lucy Chen, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs*, 39 , no. 9 (2020): 1522, https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2020.00538 (last visited Feb. 13, 2025).
[71] *Id.*
[72] *Id.*
[73] Larisa Antonisse and Rachel Garfield. "The Relationship Between Work and Health: Findings from a Literature Review," *Kaiser Family Foundation*, August 7, 2018, https://www.kff.org/medicaid/issue-brief/the-relationship-between-work-and-health-findings-from-a-literature-review/.
[74] *Id.*
[75] *Id.*
[76] *Id.*
[77] Marcia Gibson, Hilary Thomson, Kasia Banas, Vittoria Lutje, Martin J McKee, Susan P Martin, Candida Fenton, Clare Bambra, and Lyndal Bond,, "Welfare-to-Work Interventions and Their Effects on the Mental and Physical Health of Lone Parents and Their Children," *Cochrane Database of Systematic Reviews*, no. 2 (2018): https://doi.org/10.1002/14651858.CD009820.pub3.

The studies cited by Georgia do not support the proposition that work leads to improved health outcomes. One study cited by Georgia is a review of interventions embedded in healthcare settings that support individuals with mental health disorders to connect with employment opportunities.[78] This study simply assessed the effectiveness of these programs in connecting individuals to employment opportunities, which is irrelevant to Georgia's proposal. The other study cited by Georgia asserts that unemployment is associated with poor health outcomes.[79] As explained above, this kind of finding cannot be used to infer the opposite conclusion, i.e., that work causes improved health.

On the other hand, health coverage is an important precursor to and support for Medicaid workers. Research shows that access to affordable health insurance has a positive effect on the ability to obtain and maintain employment.[80] Having access to regular preventive health care to manage chronic conditions, access medications, and address health issues before they worsen can help support work.[81] This is especially true for Medicaid enrollees, as "[m]any of the jobs held by people with low incomes involve walking, standing, lifting and carrying objects, repetitive motions, and other physical labor."[82]

People who lose Medicaid often end up uninsured - with adverse health effects. As noted above, Medicaid enrollees who lost coverage due to Arkansas's work requirement were significantly more likely to delay obtaining healthcare due to cost (56%) and delay obtaining medications due to cost (64%), compared to those who remained enrolled in coverage.[83] Arkansas Medicaid enrollees also reported that the work requirement created heightened stress and fear that they might lose coverage.[84] The adverse health effects of being uninsured are well established: compared to those with insurance, uninsured adults are "more likely to forgo needed care," "less likely. . . to receive preventive care and services for major health conditions and chronic diseases," and "more likely to be hospitalized for avoidable health problems and to experience declines in their overall health."[85]

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[78] Pinto AD, Hassen N, Craig-Neil A. Employment interventions in health settings: a systematic review and synthesis. Ann. Fam. Med. 16(5): 447-460. Sept. 2019. https://doi.org/10.1370/afm.2286

[79] McKee-Ryan F, Song Z, Wanber CR, Kinicki AJ. Psychological and physical well-being during unemployment: a meta-analytic study. J. Appl. Psych. 90(1): 53-76. (Jan. 2005). https://doi.org/10.1037/0021-9010.90.1.53

[80] Madeline Guth, Rachel Garfield, and Robin Rudowitz, "The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020", *Kaiser Family Foundation*, March 17, 2020, https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/.

[81] MaryBeth Musumeci and Julia Zur, "Medicaid Enrollees and Work Requirements: Lessons from the TANF Experience", *Kaiser Family Foundation*, August 18, 2017, https://www.kff.org/report-section/medicaid-enrollees-and-work-requirements-issue-brief/.

[82] *Id.*

[83] Benjamin D. Sommers, Lucy Chen, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs*, 39 , no. 9 (2020): https://doi.org/10.1377/hlthaff.2020.00538 PMID: 32897784 (last visited Feb. 13, 2025).

[84] Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model Policy Took Away Health Coverage, Added Stress and Red Tape to People's Lives", Center on Budget and Policy Priorities, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be.

[85] Jennifer Tolbert, Sammy Cervantes, Clea Bell, and Anthony Damico, "Key Facts about the Uninsured Population", *Kaiser Family Foundation*, December 18, 2024, https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/.

The increased number of uninsured people due to work requirements harms healthcare providers' financial standing. A 2019 study by the Commonwealth Fund found that decreased Medicaid enrollment from work requirements would significantly harm hospital revenues: researchers estimated that hospitals' operating incomes would have declined by up to $2 billion across 18 states if work requirements had been implemented.[86] The number of individuals estimated to become uninsured as a result of work requirements would drive up uncompensated care costs for hospitals and other healthcare providers.[87] Since many rural hospitals are already operating at a loss, they will be hit especially hard by coverage losses from Medicaid work requirements.[88] A 2025 study used an economic model to estimate the impact of Medicaid work requirements on state economies.[89] This model found that Medicaid work requirements will result in substantial adverse impacts to state economies, including job loss among non-Medicaid enrollees (such as health care workers), reductions in state economic activity, and reductions in state and local tax revenue.[90]

IV. A pre-enrollment requirement prevents eligible people from accessing coverage.

Evidence shows that the administrative burden and complexity of work requirements deters eligible individuals from even applying for Medicaid. Notably, Georgia's own interim demonstration evaluation concludes that the "QHA [qualifying hours and activities] requirements were a barrier to Pathways enrollment for individuals who were otherwise eligible."[91] Specifically, the interim evaluation found that the "magnitude of difference [between the state's projected enrollment vs. actual enrollment] suggests that many individuals who would be eligible for Pathways are not applying to the program."[92] Georgia's enrollment numbers have been extremely low since its work requirement began: about 20 months into the program, only 7,000 individuals were successfully enrolled, out of the 240,000 uninsured people

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[86] How Will Medicaid Work Requirements Affect Hospitals' Finances?" The Commonwealth Fund, 3 September 17, 2019, https://www.commonwealthfund.org/publications/issue-briefs/2019/sep/how-will-medicaid-work-requirements-affect-hospital-finances-update.

[87] "Medicaid Work Requirements Wouldn't Increase Employment and Could Imperil Future Labor Market Participation", The Commonwealth Fund, May 24, 2023, https://www.commonwealthfund.org/blog/2023/medicaid-work-requirements-wouldnt-increase-employment-and-could-imperil-future-labor.

[88] How Will Medicaid Work Requirements Affect Hospitals' Finances?" The Commonwealth Fund, 3 September 17, 2019, https://www.commonwealthfund.org/publications/issue-briefs/2019/sep/how-will-medicaid-work-requirements-affect-hospital-finances-update.

[89] Ku L, et al. How national Medicaid work requirements would lead to large-scale job losses, harm state economies, and strain budgets. Commonwealth Fund. May 2025. https://doi.org/10.26099/6tcv-fh75

[90] *Id.*

[91] Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request at 10 (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf

[92] Public Consulting Group. Pathways demonstration program interim evaluation report at A28. Dec. 16, 2024. (attached as Appendix A to Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf).

estimated to be eligible.[93] [94] Application data suggests that in some months, upwards of 40 percent of people who started applications for Georgia's program gave up.[95] Focus groups also suggest that many individuals do not feel comfortable applying, because they are concerned their application would not be approved, likely due to the complex process and high denial rates in the first year of the program.[96] This experience is consistent with the impact of work requirements in other programs. One study found that SNAP work requirements discouraged many people from applying for benefits.[97] And, potential enrollees have been deterred from applying for TANF due to adverse publicity.[98]

In both Arkansas and Georgia, potential applicants reported numerous barriers to Medicaid enrollment, due to complex work requirement rules and burdensome application processes.[99] Focus groups conducted by the Georgia Budget and Policy Institute found that potential enrollees have encountered widespread challenges obtaining needed support during the enrollment process, frustration with eligibility denials due to paperwork issues, and persistent technology challenges with the enrollment

[93] "Data Tracker," GeorgiaPathways, Georgia Budget and Policy Institute, Updated 2025, accessed 5/23/25, https://www.georgiapathways.org/data-tracker ; Grant Thomas, "Georgia Pathways to Coverage," Georgia Department of Community Health, September 5, 2024, https://dch.georgia.gov/document/document/comprehensive-health-coverage-meeting-slide-deckdch-presentation-002/download

[94] Laura Harker, "Georgia's Medicaid Experiment Is the Latest to Show Work Requirements Restrict Health Care," Center on Budget and Policy Priorities, December 19, 2024, accessed April 3, 2025, https://www.cbpp.org/blog/georgias-medicaid-experiment-is-the-latest-to-show-work-requirements-restrict-health-care

[95] Laura Harker, "Georgia's Medicaid Experiment Is the Latest to Show Work Requirements Restrict Health Care," *Center on Budget and Policy Priorities*, December 19, 2024, accessed April 3, 2025, https://www.cbpp.org/blog/georgias-medicaid-experiment-is-the-latest-to-show-work-requirements-restrict-health-care

[96] *Id.;* Leah Chan, Pathways to Coverage: Program Overview and Project Impetus, Georgia Budget & Policy Institute, October 2024, https://gbpi.org/wp-content/uploads/2024/10/PathwaystoCoverage_PolicyBrief_2024103.pdf

[97] Colin Gray, Adam Leive, Elena Prager, Kelsey B. Pukelis, and Mary Zaki, "Employed in a SNAP? The Impact of Work Requirements on Program Participation and Labor Supply," *National Bureau of Economic Research*, Working Paper 28877, June 2021, https://www.nber.org/papers/w28877

[98] Leighton Ku et al., Medicaid Work Requirements: Will They Help the Unemployed Gain Jobs or Improve Health? (Commonwealth Fund, Nov. 2018), https://www.commonwealthfund.org/sites/default/files/2018-11/Ku_Medicaid_work_requirements_ib.pdf

[99] Laura Harker, "Georgia's Medicaid Experiment Is the Latest to Show Work Requirements Restrict Health Care," Center on Budget and Policy Priorities, December 19, 2024, accessed April 3, 2025, https://www.cbpp.org/blog/georgias-medicaid-experiment-is-the-latest-to-show-work-requirements-restrict-health-care ; Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model," Center on Budget and Policy Priorities, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be

system.[100] Similarly, focus groups in Arkansas revealed enrollees' extreme frustrations and challenges with complex enrollment processes.[101]

The state's monthly waiver reports "reveal discrepancies between the number of people determined eligible for Pathways and the number enrolled. For example, in October 2024, the state found 678 people were determined eligible but only 444 enrolled."[102] Notably, the state reports that 30 percent of applicants who were denied pathways eligibility in October 2024 were determined ineligible because they were unable to verify the number of hours that they reported working or engaged in another qualifying activity.[103]

Georgia's requirement that people verify work before enrolling in coverage likely contributes to application processing delays. Georgia's MAGI application processing time already falls substantially below the national average, according to the most current data available. For example, in April and June 2024, Georgia processed just 2 percent of applications in less than 24 hours; nationally, 44 percent of applications are processed within this timeframe.[104] As of October 2024 (the most recent data publicly available), Georgia reports a large application backlog, with "18,803 Pathways Applicants and Potential Pathways Transferees that have yet to have their eligibility processed."[105]

Georgia says that it "has established opportunities to use electronic sources and automation to support identification and verification of qualifying hours and activities,"[106] but data matching did not prevent eligible people from losing coverage due to Arkansas's work requirement. As noted above, an estimated 95% of the people who lost coverage in Arkansas nevertheless had met the work requirement

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[100] Leah Chan, Pathways to Coverage: Program Overview and Project Impetus, Georgia Budget & Policy Institute, October 2024, https://gbpi.org/wp-content/uploads/2024/10/PathwaystoCoverage_PolicyBrief_2024103.pdf; Margaret Coker, "Georgia's Medicaid Work Requirement Blocks Its Most Vulnerable From Coverage," ProPublica, February 19, 2025, https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles

[101] Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model," Center on Budget and Policy Priorities, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be

[102] MaryBeth Musumeci, Elizabeth Leiser, and Megan Douglas, "Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program," *To the Point* (blog), Commonwealth Fund, Sept. 11, 2024. https://doi.org/10.26099/2DN2-D214

[103] Ga. Dept. of Community Health. Ga. Pathways monitoring report October 2024, at Monthly Monitoring Metrics tab, S14_GA, S17_GA. Accessed May 27, 2025. https://dch.georgia.gov/pathways-reports

[104] "Medicaid Modified Adjusted Gross Income & Children's Health Insurance Program Application Processing Time Report," at 14, *Medicaid.gov*, accessed April 3, 2025, https://www.medicaid.gov/state-overviews/medicaid-modified-adjusted-gross-income-childrens-health-insurance-program-application-processing-time-report

[105] Ga. Dept. of Community Health. Ga. Pathways monitoring report October 2024, at Executive Summary tab. Accessed May 27, 2025. https://dch.georgia.gov/pathways-reports

[106] Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request at 24 (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf

or were exempt and therefore should have remained enrolled.[107] Arkansas's data matching program was supposed to exempt people who were known to be workers, caregivers, students, or disabled, but failed to identify many of these individuals for exemptions.[108]

When Medicaid work requirements were in effect, enrollees who were working or exempt lost coverage due to administrative errors and confusion. An APSE report found that "largescale difficulties with meeting reporting requirements have posed risks of coverage loss for many beneficiaries across multiple states implementing work requirements."[109] A report analyzing experience with work requirements by the Robert Wood Johnson Foundation noted that "[m]any studies find that the red tape is often prohibitive and strips people of vital benefits."[110] Arkansas used mail or phone calls to communicate with enrollees about data matching exemptions from its work requirement, and state agency officials reported that they encountered extensive issues reaching enrollees, and the agency received a high volume of returned and undelivered mail.[111] Populations that were particularly affected included college students and people with unstable housing, who were more likely to have frequent changes in their address and less likely to receive notices.[112] Confusion about the work requirement in Arkansas was common, with 44 percent of the target population reporting that they were unsure whether the requirements applied to them.[113] Awareness of the work requirement among enrollees also was poor even after the work requirement was over, as more than 70 percent of Arkansans were unsure whether the policy was in effect at that time.[114]

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[107] Benjamin D. Sommers, Anna L. Goldman, Robert J. Blendon, E. John Orav, and Arnold M. Epstein "Medicaid Work Requirements — Results from the First Year in Arkansas." *New England Journal of Medicine* 381, no. 11 (2019): 1073–82. https://doi.org/10.1056/NEJMsr1901772.

[108] Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model Policy Took Away Health Coverage, Added Stress and Red Tape to People's Lives", Center on Budget and Policy Priorities, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be.

[109] *Medicaid Demonstrations and Impacts on Health Coverage: A Review of the Evidence, Issue Brief HP-2021-03*, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, March 2021, https://aspe.hhs.gov/reports/medicaid-demonstrations-impacts-health-coverage-review-evidence

[110] "Work Requirements: What Are They? Do They Work?," *Robert Wood Johnson Foundation*, May 2023, https://www.rwjf.org/en/insights/our-research/2023/05/work-requirements-what-are-they-do-they-work.html; Heather Hahn, "What Research Tells Us About Work Requirements," *Urban Institute*, April 2018, https://www.urban.org/sites/default/files/publication/98425/what_research_tells_us_about_work_requirements_21.pdf.

[111] Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model," *Center on Budget and Policy Priorities*, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be.

[112] *Id.*

[113] Benjamin D. Sommers, Anna L. Goldman, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements — Results from the First Year in Arkansas," *New England Journal of Medicine* 381, no. 11 (September 12, 2019): 1073–82, https://doi.org/10.1056/NEJMsr1901772.

[114] Benjamin D. Sommers et al., Medicaid Work Requirements in Arkansas: Two–Year Impacts on Coverage, Employment, and Affordability of Care, Health Affairs (Sept. 2020), https://doi.org/10.1377/hlthaff.2020.00538 . PMID: 32897784 (last visited Feb. 13, 2025)

Georgia's proposal that it change from "monthly reporting requirements to annual reporting with periodic and random audits"[115] will not prevent eligible people from losing coverage. Enrollees will still be required to verify their compliance with the work requirement at their annual renewal and will still need to be prepared to respond with verification in response to an audit. A recent news article profiled a Georgia enrollee who lost coverage despite signing up for text and email notifications and being told that he only needed to submit documentation at his annual eligibility renewal.[116] Moreover, Georgia already experiences a high rate of procedural disenrollments. An astonishing 74 percent of people in Georgia who lost Medicaid during the post-COVID unwinding were disenrolled for procedural reasons and not because they were actually determined ineligible.[117] This is higher than the national average of 69 percent.[118]

V. Georgia's proposal creates barriers to obtaining coverage for people with disabilities.

Georgia's proposal creates barriers to obtaining coverage for people with disabilities. Nationally, nearly 10 percent of nonelderly Medicaid adults report that a disability or illness that prevents them from working.[119] And, 16 percent of people in the coverage gap (with income too high to qualify for Medicaid but too low to qualify for Marketplace subsidies) have a functional disability (a hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty).[120] Georgia's proposal does not adequately address its obligations under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and ACA Section 1557 to provide reasonable modifications and otherwise avoid illegal disability based discrimination. The state's interim evaluation notes that "[n]o data was available regarding reasonable accommodations, good cause exceptions, or disenrollments."[121] The state's monthly waiver reports "omit

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[115] Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request at 4 (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf

[116] Coker M. He became the fact of Georgia's Medicaid work requirement. Now he's fed up with it. The Current. May 14, 2025. https://thecurrentga.org/2025/05/14/georgia-medicaid-pathways-brian-kemp-luke-seaborn-testimonial-video/

[117] "Medicaid Enrollment and Unwinding Tracker," *Kaiser Family Foundation,* March 31, 2025, https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-unwinding-data-archived/#:~:text=Overall%2C%2061%25%20of%20People%20who,as%20of%20September%2012%2C%202024&text=93%25-,Note:%20Based%20on%20the%20most%20recent%20state%2Dreported%20unwinding%20data,on%20the%20process%20for%20renewal.

[118] *Id.*

[119] This analysis excludes people receiving Social Security Disability Insurance, Supplemental Security Income, or Medicare benefits. *See* Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns, "Understanding the Intersection of Medicaid and Work: An Update," *Kaiser Family Foundation,* February 4, 2025, https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/.

[120] Cervantes S, Bell C, Tolbert J, Damico A. How many uninsured are in the coverage gap and how many could be eligible if all states adopted the Medicaid expansion? KFF. Feb. 25, 2025. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/

[121] Public Consulting Group. Pathways demonstration program interim evaluation report at A17, A29. Dec. 16, 2024. (attached as Appendix A to Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension

the number of applicants who requested reasonable accommodations — for example, assistance with documentation or reductions in required hours — which are required by federal laws that prohibit discrimination against people with disabilities."[122] As of October 2024 (the most recent month for which data are available), Georgia indicates "TBD first reporting date" for the number of people requesting a reasonable modification when applying for Pathways.[123] Despite the lack of data, "[a]necdotal accounts indicate that uninsured people with disabilities cannot receive a diagnosis that could qualify them for reasonable accommodations under Pathways, and uninsured Georgians are encountering administrative barriers to enrolling in Medicaid, such as misdirected mail, unreturned phone calls, full voicemail boxes, and lack of information about coverage options."[124] Moreover, Georgia's proposal establishes additional barriers for people who are exempt from SNAP work requirements based on a disability. Even though these people have been determined unable to work for purposes of the SNAP program, Georgia will not consider them exempt from the Medicaid work requirement.[125]

Among all non-elderly Medicaid enrollees with a disability, nearly seven in 10 (68%) do not receive Social Security Disability Insurance or Supplemental Security Income.[126] This means that they likely qualify for Medicaid through a MAGI pathway (low-income parents, pregnant people, the ACA expansion). Data confirm that the ACA expansion group accounts for 20 percent of Medicaid enrollees who use institutional long-term services and supports, and 10 percent of Medicaid enrollees who use home and community-based services nationally.[127] Other non-elderly Medicaid adults (those not eligible based on old age or disability) comprise seven percent of enrollees who use institutional long-term services and supports and eight percent of enrollees who use home and community-based services.[128]

People with disabilities are especially at risk of losing coverage due to work requirements. A KFF study concluded that "people with disabilities were particularly vulnerable to losing coverage under the

request (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf).

[122] MaryBeth Musumeci, Elizabeth Leiser, and Megan Douglas, "Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program," *To the Point* (blog), Commonwealth Fund, Sept. 11, 2024. https://doi.org/10.26099/2DN2-D214

[123] Ga. Dept. of Community Health. Ga. Pathways monitoring report October 2024, at Monthly monitoring metrics tab, S49_GA. Accessed May 27, 2025. https://dch.georgia.gov/pathways-reports

[124] MaryBeth Musumeci, Elizabeth Leiser, and Megan Douglas, "Few Georgians Are Enrolled in the State's Medicaid Work Requirement Program," *supra.* note 119 (citing Georgia Pathways.org. Stories. https://www.georgiapathways.org/stories).

[125] Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request at 44, 47 (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf

[126] Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns, "Understanding the Intersection of Medicaid and Work: An Update." *Kaiser Family Foundation*, February 4, 2025, https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/.

[127] Priya Chidambaram, Alice Burns, and Robin Rudowitz, "Who Uses Medicaid Long-Term Services and Supports?" *Kaiser Family Foundation*, December 14, 2023, https://www.kff.org/medicaid/issue-brief/who-uses-medicaid-long-term-services-and-supports/.

[128] *Id.*

Arkansas work and reporting requirements, despite remaining eligible."[129] Another study found that SNAP work requirements led to drops in participation among people with disabilities, despite being targeted to "able-bodied" non-disabled adults and exempting those unable to work due to a disability.[130] Coverage loss is especially harmful to individuals with disabilities, who rely on regular healthcare services to manage chronic conditions and meet daily needs.[131]

VI. State employment training and support programs are inadequate to meet the needs of Medicaid enrollees who face barriers to work.

Without sufficient funding, states are unable to provide adequate services to help unemployed low-income people find work. State workforce development programs are primarily funded by the federal Workforce Innovation and Opportunity Act (WIOA), and WIOA funding levels have not kept pace with inflation, population growth, or gross domestic product.[132] Successfully increasing employment among low-income people requires "resources to help develop job skills" as well as "job training, education, and earnings supplements."[133] None of these components are funded by Medicaid, and it is unlikely that Georgia's existing workforce development programs can meet these needs. "Employment and training services [already] have limited resources to assist people in addressing. . . barriers to job search and employment," and "[e]xisting resources will be stretched over a much larger pool of people in states that implement Medicaid work requirements."[134]

Georgia's interim demonstration evaluation notes that data about enrollees' "use of job readiness activities" to satisfy the work reporting requirement was unavailable.[135] Georgia's existing demonstration terms and conditions say that the state "will refer people with disabilities who cannot satisfy the work

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[129] MaryBeth Musumeci, "Disability and Technical Issues Were Key Barriers to Meeting Arkansas' Medicaid Work and Reporting Requirements in 2018," Kaiser Family Foundation, June 11, 2019, https://www.kff.org/medicaid/issue-brief/disability-and-technical-issues-were-key-barriers-to-meeting-arkansas-medicaid-work-and-reporting-requirements-in-2018/.

[130] Erin Brantley, Drishti Pillai, and Leighton Ku, "Association of Work Requirements With Supplemental Nutrition Assistance Program Participation by Race/Ethnicity and Disability Status, 2013-2017," *JAMA Network Open* 3, no. 6 (June 26, 2020): e205824–e205824, https://doi.org/10.1001/jamanetworkopen.2020.5824.

[131] "Taking Away Medicaid for Not Meeting Work Requirements Harms People with Disabilities," *Center on Budget and Policy Priorities*, updated March 10, 2020, https://www.cbpp.org/research/health/harm-to-people-with-disabilities-and-serious-illnesses-from-taking-away-medicaid-for.

[132] Veronica Goodman, "Recommendations for Reauthorizing the Workforce Innovation and Opportunity Act," *Center for American Progress*, February 19, 2025, https://www.americanprogress.org/article/recommendations-for-reauthorizing-the-workforce-innovation-and-opportunity-act/.

[133] Leighton Ku, Erin Brantley, Erika Steinmetz, Brian Bruen, and Drishti Pillai, "Medicaid Work Requirements: Will They Help the Unemployed Gain Jobs or Improve Health?" *The Commonwealth Fund*, November 2018, https://www.commonwealthfund.org/publications/issue-briefs/2018/nov/medicaid-work-requirements-will-they-help-jobs-health.

[134] *Id.*

[135] Public Consulting Group. Pathways demonstration program interim evaluation report at A29. Dec. 16, 2024. (attached as Appendix A to Ga. Dept. of Community Health. Georgia Section 1115 demonstration waiver extension request (April 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathway-pa-04282025.pdf).

requirement to state vocational rehabilitation programs" and that people who meet rehabilitation program requirements can satisfy the Medicaid work requirement, but it "doesn't address [state vocational rehabilitation] programs' capacity to handle these referrals, how quickly services are available, or how the state will coordinate referrals and prevent people from falling through the cracks."[136] This information also is not provided in the state's renewal application.

Many individuals who are not working face significant employment barriers that Medicaid work requirements do not address.[137] These barriers include "physical and mental health conditions, addiction, low educational attainment, limited work experience, criminal histories that impede hiring, domestic violence, and lack of affordable reliable childcare."[138] Offering little else but low-intensity services, such as job search, is unlikely to be successful.[139] An assessment of SNAP employment and training services concluded that providing a large mandatory population with low-touch services such as job search is unlikely to increase employment very much.[140] For the small number of Arkansas residents who were not employed and could work, two potential state services were identified by respondents as factors that would most help them find a job – job training/education and transportation to work.[141] However, respondents reported these programs were not accessible, and inadequate outreach led to relatively low usage of existing state job search and training programs by people in Arkansas subject to the work requirement.[142]

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[136] MaryBeth Musumeci and Megan Douglas, "Georgia's New Medicaid Waiver: Promise and Pitfalls for People with Disabilities," *To the Point* (blog), Commonwealth Fund, Oct. 11, 2023. https://doi.org/10.26099/hrf4-6t52

[137] MaryBeth Musumeci & Julia Zur, Medicaid Enrollees and Work Requirements: Lessons from the TANF Experience, Kaiser Family Foundation, August 2017, https://www.kff.org/medicaid/issue-brief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/.

[138] *Id.* (citing Kelley Bowden and Daisy Goodman, "Barriers to Employment for Drug Dependent Postpartum Women," *Work* 50, 3(2015): 425-32; Dan Bloom, Pamela J. Loprest, and Sheila R. Zedlewski, *TANF Recipients with Barriers to Employment* (Washington, DC: Urban Institute, May 2012), http://www.urban.org/research/publication/tanf-recipients-barriers-employment; Benjamin G. Druss and Elizabeth Reisinger Walker, *Mental disorders and medical comorbidity,* (Princeton, NJ: The Robert Wood Johnson Foundation, February 2011), http://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf; Judith A. Cook, "Employment Barriers for Persons with Psychiatric Disabilities: Updated of a Report for the President's Commission," *Psychiatric Services* 57, 10(2006):1391-405; Ellen Meara, "Welfare Reform, Employment, and Drug and Alcohol Use Among Low-Income Women," *Harvard Review of Psychiatry* 14, 4(2006): 223-32.)

[139] Leighton Ku et al., *Medicaid Work Requirements: Will They Help the Unemployed Gain Jobs or Improve Health?* (Commonwealth Fund, Nov. 2018), https://www.commonwealthfund.org/sites/default/files/2018-11/Ku_Medicaid_work_requirements_ib.pdf.

[140] *Id.*

[141] 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://doi.org/10.1377/hlthaff.2020.00538, PMID: 32897784 (last visited February 13, 2025).

[142] Laura Harker, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model," *Center on Budget and Policy Priorities*, August 8, 2023, https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be.

VII. Work requirements result in substantial state administrative burdens and spending on third party contractors, instead of focusing limited dollars on providing coverage to low income people

For states, implementing work requirements involves costly and complex systems changes (e.g., developing or adapting eligibility and enrollment systems), enrollee outreach and education, and staff training. The Government Accountability Office examined selected states' estimates of the administrative costs to implement work requirements and found costs varied from under $10 million to over $270 million.[143] Georgia's work requirement program was originally estimated to cost $2,490 per enrollee in the first year. However, the actual cost in the first year alone was $13,360 per enrollee; 92 percent of these costs have gone to program administration and not healthcare costs.[144] As of the end of 2024, Georgia's work requirement program has cost federal and state taxpayers more than $86.9 million, three-quarters of which has gone to consultants.[145] This includes a contract to a for-profit company for a marketing campaign, in which over $10 million was spent to enroll less than 3 percent of projected eligible Georgians.[146] Implementation of Arkansas' work requirement cost an estimated $26.1 million in federal and state funds.[147]

Research on SNAP and TANF demonstrate that work requirements are an inefficient use of limited state administrative resources.[148] The administrative resources needed to verify enrollees' compliance with work requirements are substantial and often require significant caseworker time.[149]

Conclusion

For the foregoing reasons, APHA and the individual public health deans and scholars listed below urge HHS to reject Georgia's request to extend its Section 1115 demonstration waiver and encourage the state

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[143] U.S. Government Accountability Office, *Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements*, GAO-20-149, October 1, 2019, https://www.gao.gov/products/gao-20-149.

[144] Benjamin D. Sommers, Lauren R. Gullett, and Shira B. Hornstein, "Medicaid's Edge Case — Potential Expansion and Work Requirements in Mississippi," *JAMA Health Forum* 5, no. 10 (2024): e244523, https://jamanetwork.com/journals/jama-health-forum/fullarticle/2825861.

[145] Margaret Coker, "Georgia's Medicaid Work Requirement Blocks Its Most Vulnerable From Coverage," *ProPublica*, February 19, 2025, https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles.

[146] Margaret Coker, "The firm running Georgia's struggling Medicaid experiment was also paid millions to sell it to the public," *ProPublica,* May 14, 2025, https://www.propublica.org/article/deloitte-georgia-medicaid-work-requirement-pathways-campaign

[147] Benjamin D. Sommers, Lucy Chen, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs* 39, no. 9 (September 1, 2020): 1522–30, https://doi.org/10.1377/hlthaff.2020.00538.

[148] Leighton Ku et al., *Medicaid Work Requirements: Will They Help the Unemployed Gain Jobs or Improve Health?* (Commonwealth Fund, Nov. 2018), https://www.commonwealthfund.org/sites/default/files/2018-11/Ku_Medicaid_work_requirements_ib.pdf.

[149] *Id.*

to adopt the ACA Medicaid expansion. Thank you for your consideration of our comments. If you need any additional information, please contact MaryBeth Musumeci at marybethm@gwu.edu.

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1. American Public Health Association, Georges C. Benjamin, MD, Executive Director

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