April 7, 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 Ohio Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver Application

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 Ohio's proposed Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver Application. 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 the leading professional organization for public health professionals in the United States. APHA 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 24,000 individual members and is the only organization that combines a 150-year perspective, a broad-based member community, and a focus on influencing federal policy to improve the public's health. APHA has long been known for its leadership in public health, health care, and civil rights.

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 Ohio's request to require individuals to work in order to qualify for and maintain eligibility in the Medicaid expansion group. Work requirements result in substantial numbers of eligible people losing health coverage, which directly contravenes the purpose of Medicaid. 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 coverage loss among low-income working people, increases in the number of uninsured people, and a "chilling" effect on Medicaid enrollment due to administrative burdens and red tape.

I. Work requirements result in substantial numbers of eligible people losing coverage and becoming uninsured, which is contrary to the primary objective of Medicaid.

Ohio's application estimates that "61,826 enrollees will lose their Medicaid eligibility" in the demonstration's first year,[1] an outcome that directly conflicts with the Medicaid program's primary objective of providing health coverage to low-income people. Federal law requires Section 1115 demonstrations to be "likely to assist in promoting the objectives of" the Medicaid Act.[2] 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 retain capability for independence or self-care."[3] Thus, "[t]he provision of Medicaid coverage is indisputably a central objective of the Act."[4] Terminating coverage for over 60,000 enrollees in just the first year of a demonstration undermines rather than furthers Medicaid's core purpose as a health insurance program.

Ohio's acknowledgement that its demonstration will result in substantial coverage loss is consistent with the adverse impact of Medicaid work requirements in other states. Over 18,000 people lost Medicaid coverage in Arkansas during the seven months that its work requirement was in effect.[5] This amounts to one in four individuals who were subject to Arkansas's work requirement losing their health insurance coverage.[6] Importantly, an estimated 95 percent of the people who lost coverage in Arkansas nevertheless had met the work requirement or were exempt and therefore should have remained enrolled.[7] The decrease in Medicaid/Marketplace coverage among people subject to Arkansas's work requirement (those ages 30 to 49) was statistically significant compared to other age groups.[8] Specifically,

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[1] Ohio Dept. of Medicaid, Group VIII 1115 Demonstration Waiver Application at 6 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf

[2] 42 U.S.C. § 1315.

[3] 42 U.S.C. § 1396-1.

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

[5] 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/

[6] 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

[7] 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.

[8] 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.

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).[9] Most of the Medicaid coverage loss in Arkansas was reversed after a federal court ended the work requirement in 2019, as people were able to regain the coverage for which they remained eligible.[10] New Hampshire sought to "avoid the problems" that plagued Arkansas' demonstration.[11] 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 waiver was in effect, had the state not suspended the program to avoid this "undue harm" to enrollees.[12] In Michigan, 80,000 beneficiaries – nearly one-third of those subject to the work requirement – were slated to lose coverage before the work requirement was blocked by a federal court.[13]

Similarly, research examining the impact of work requirements in the SNAP and TANF programs demonstrates that "many [enrollees] quickly lost benefits."[14] 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."[15] For example, a study examining over 2,400 counties between 2013 and 2017 found that SNAP work requirements "rapidly reduce caseloads and

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[9] 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.

[10] 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.

[11] 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.

[12] 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.

[13] 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.

[14] 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 ; and 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/).

[15] 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/.

benefits" and "caused over one-third of able-bodied adults without dependents to lose benefits."[16] A 2020 study found that SNAP work requirements led to a 52 percent reduction in program participation but no appreciable increase in employment earnings.[17] 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."[18] 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.[19]

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 Medicaid did not obtain other coverage."[20] At the same time, the use of employer-sponsored insurance did not significantly increase.[21] 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."[22] 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."[23] The "uninsurance rate for Arkansans ages 30–49 rose from 10.5 percent in 2016 [pre-work requirement] to

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[16] 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.

[17] 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.

[18] 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/.

[19] 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/.

[20] 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.

[21] 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.

[22] 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.

[23] 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.

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]."[24] 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."[25] These findings are consistent with multiple government and independent analyses that conclude that work requirement programs skyrocket the uninsured rate.[26]

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. Over one-third (34.8%) of nonelderly working adults with Medicaid in Ohio are employed by a small firm (less than 50 employees).[27] 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."[28] 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."[29] Additionally, 37.8 percent of nonelderly working adults with Medicaid in Ohio 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."[30] Consequently, despite being employed, low-income 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.[31] These low-income workers qualify for coverage in the Medicaid expansion group: a person working full-time (35 hours/week for 50

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[24] 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.

[25] 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.

[26] 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

[27] 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/

[28] 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/.

[29] 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/.

[30] 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/.

[31] 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/.

weeks/year) at the Ohio state minimum wage ($10.70/hour)[32] earns $18,725 per year, which is below the income limit for the Medicaid expansion group (138% of the federal poverty level, $21,638 for an individual, and $44,367 for a family of four in 2025).[33]

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 Arkansas work and reporting requirements, despite remaining eligible."[34] 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.[35] Coverage loss is especially harmful to individuals with disabilities, who rely on regular care to manage chronic conditions and meet daily needs.[36]

II. Work requirements do not increase employment because the vast majority of Medicaid enrollees are already working.

Allowing Ohio to condition Medicaid eligibility on meeting a work requirement will not advance the state's goal of "promot[ing] economic stability and financial independence"[37] because the vast majority of Ohio Medicaid enrollees already are working. According to KFF, 69.5 percent of non-elderly Medicaid adults in Ohio already work full or part-time.[38] Another 12.9 percent are not working due to illness or disability, and 9.2 percent are not working due to caretaking responsibilities.[39] State-level data for the share of Ohio Medicaid enrollees who are not working because they are attending school are not

[32] "State Minimum Wage Laws," *U.S. Department of Labor*, updated January 1, 2025, https://www.dol.gov/agencies/whd/minimum-wage/state.
[33] "Poverty Guidelines," *Office of the Assistant Secretary for Planning and Evaluation*, 2025, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.
[34] 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/.
[35] 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.
[36] "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.
[37] Ohio Department of Medicaid, Group VIII 1115 Demonstration Waiver Application at 2 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.
[38] 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/.
[39] 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/.

available, though this group accounts for 6.5 percent of enrollees nationally.[40] The data show that virtually all Ohio Medicaid enrollees already are engaged in work or another qualifying activity, making Ohio's proposed work requirement meaningless. While the potential gain in the number of working enrollees is negligible at best, the potential harm to all enrollees is great in light of the research detailed above that establishes the risk of substantial coverage loss among eligible enrollees posed by work requirements.

Ohio's application indicates that it does not expect any Medicaid enrollees to start working as a result of the work requirement. In the first demonstration year, Ohio projects that 61,826 people will not be working and not exempt and also "estimat[es] that 61,826 enrollees will lose their Medicaid eligibility."[41] Instead of projecting that the work requirement will lead at least some share of these enrollees to begin working, Ohio instead predicts that all of these enrollees will lose coverage, leaving only people who already were working prior to the work requirement or exempt enrolled in Medicaid.

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."[42] The authors noted that "more than 95% of persons who were targeted by the policy already met the requirement or should have been exempt."[43] A study published in *Health Affairs* evaluating the impact of Arkansas's Medicaid 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.[44] Focus groups of Arkansas Medicaid enrollees also found that most were already working and were highly motivated to work due to economic pressures.[45]

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[40] 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/.

[41] Ohio Department of Medicaid, Group VIII 1115 Demonstration Waiver Application at 6 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.

[42]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.

[43] 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.

[44] 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).

[45] 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/.

Multiple government and independent analyses conclude that work requirement programs do not result in sustainable employment gains.[46]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.[47] 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."[48] Notably, "[a]fter five years, those who were not required to work were just as likely or more likely to be working compared to those who were subject to a work requirement."[49]

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."[50] All of these rates were significantly higher compared to people who remained enrolled in Medicaid.[51] People who lost coverage in the prior year because of Arkansas's work

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[46] "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.

[47] 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.

[48] 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).

[49] 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).

[50] 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).

[51] 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): 1522-1530, https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2020.00538 (last visited Feb. 13, 2025).

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.[52]

III. Work requirements do not "improve health outcomes by encouraging individuals to be engaged with their health and healthcare."[53]

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."[54] 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.)."[55] 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."[56] 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."[57] 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.[58] The studies cited by Ohio in support of its claim that work improves patient engagement involved interventions such as health education and coaching; these studies did not identify work as an intervention that improved patient engagement.[59] While the studies cited by Ohio demonstrate a

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[52] 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): 1522-1530, https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2020.00538.

[53] Ohio Dept. of Medicaid, "Group VIII 1115 Demonstration Waiver Application", 2 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.

[54] 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/.

[55] 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/.

[56] 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/.

[57] 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/.

[58] 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.

[59] Lisa Harvey, Jinnet Briggs Fowles, Min Xi, and Paul Terry, "When Activation Changes, What Else Changes? The Relationship between Change in Patient Activation Measure (PAM) and Employees' Health Status and Health

relationship between patient engagement and positive health behaviors, these studies do not suggest that work improves patient engagement.[60]

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.[61] Having access to regular preventive health care to manage chronic conditions, access medications, and address health issues before they worsen can help support work.[62] 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."[63]

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.[64] Arkansas Medicaid enrollees also reported that the work requirement created heightened stress and fear that they might lose coverage.[65] 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

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Behaviors." *Patient Education and Counseling,* 88, no. 2 (2012): 338–43. https://doi.org/10.1016/j.pec.2012.02.005; Leigh Ann Simmons, Ruth Q. Wolever, Elizabeth M. Bechard, and Ralph Snyderman. "Patient Engagement as a Risk Factor in Personalized Health Care: A Systematic Review of the Literature on Chronic Disease." *Genome Medicine*, 6, no. 2 (2014): 16. https://doi.org/10.1186/gm533.

[60] Lisa Harvey, Jinnet Briggs Fowles, Min Xi, and Paul Terry, "When Activation Changes, What Else Changes? The Relationship between Change in Patient Activation Measure (PAM) and Employees' Health Status and Health Behaviors." *Patient Education and Counseling,* 88, no. 2 (2012): 338–43. https://doi.org/10.1016/j.pec.2012.02.005; Leigh Ann Simmons, Ruth Q. Wolever, Elizabeth M. Bechard, and Ralph Snyderman. "Patient Engagement as a Risk Factor in Personalized Health Care: A Systematic Review of the Literature on Chronic Disease." *Genome Medicine*, 6, no. 2 (2014): 16. https://doi.org/10.1186/gm533.

[61] 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/.

[62] 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/.

[63] 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/.

[64] 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).

[65] 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.

major health conditions and chronic diseases," and "more likely to be hospitalized for avoidable health problems and to experience declines in their overall health."[66]

Work requirements also harm healthcare providers' financial standing due to the increase in uninsured people. 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.[67] 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.[68] Since many rural hospitals are already operating at a loss, they will be hit especially hard by coverage losses from Medicaid work requirements.[69]

IV. Data matching will not protect eligible people from losing coverage.

Ohio proposes to use data matching to verify compliance with its work requirement, 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 or were exempt and therefore should have remained enrolled.[70] 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.[71]

Data matching puts people with disabilities at substantial risk of erroneously losing coverage. A KFF analysis of Arkansas's work requirement found that "[p]eople with disabilities were particularly

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[66] 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/.

[67] 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.

[68] "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.

[69] 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.

[70] 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.

[71] 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.

vulnerable to losing coverage. . ., despite remaining eligible."[72] Arkansas's process for exempting people who were "medically frail" "did not identify all enrollees whose disabilities or health conditions prevented them from complying."[73] There is no reason to expect that Ohio's experience will be different. Ohio's demonstration application acknowledges that it "does not collect information regarding some of the exemptions that will be allowed under the proposal" and therefore cannot accurately estimate the number of people expected to be exempt.[74] The application contains vague and incomplete information about how data matching will work, particularly for identifying people with disabilities who should be exempt. The application refers to exempting people with "intensive physical health care needs or serious mental illness,"[75] people who "cannot work due to underlying mental health, substance use, or medical conditions,"[76] and "[i]ndividuals who have applied for or are enrolled in another program that has disability as a basis for enrollment."[77] It is unclear whether Ohio considers these to be equivalent or different standards.

A substantial number of people with disabilities are eligible for Medicaid as expansion adults and therefore at risk of losing coverage due to data matching errors. 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.[78] This means that they likely qualify for Medicaid through a MAGI pathway, such as the ACA expansion. Data confirm that the ACA expansion group accounts for 20 percent

[72] 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/.
[73] 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/.
[74] Ohio Dept. of Medicaid, "Group VIII 1115 Demonstration Waiver Application", 5 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.
[75] Ohio Dept. of Medicaid, "Group VIII 1115 Demonstration Waiver Application", 1 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.
[76] Ohio Dept. of Medicaid, "Group VIII 1115 Demonstration Waiver Application", 2 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.
[77] Ohio Dept. of Medicaid, "Group VIII 1115 Demonstration Waiver Application", 22 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.
[78] 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/.

of Medicaid enrollees who use institutional long-term services and supports, and 10 percent of Medicaid enrollees who use home and community-based services.[79]

Data matching can be especially problematic and inaccurate for low-wage earners, because work hours change so frequently. Household income fluctuation is common among low-income populations. These include hourly and seasonal workers, young adults, individuals leaving incarceration, and households with young children.[80] Among parents working hourly jobs, 70 percent to 80 percent have erratic schedules, causing income fluctuations throughout the year. [81] One study found that 74 percent of individuals in the lowest income quintile have more than a 30-percent, month-to-month change in total income.[82] Low-wage workers often lack control over the hours they work and may be unaware of what their schedule will be even a week out. [83] Additionally, data matching will not identify earnings for self-employed workers.[84]

Ohio already experiences a high rate of procedural disenrollments. Seventy percent of people who lost Medicaid during the post-COVID unwinding were disenrolled for procedural reasons and not because they were actually determined ineligible.[85] Ohio's demonstration application says that the work

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[79] 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/.

[80] Jennifer Wagner and Judith Solomon, "Continuous Eligibility Keeps People Insured and Reduces Costs", Center on Budget and Policy Priorities, May 4, 2021, https://www.cbpp.org/sites/default/files/5-4-21health.pdf; Sarah Sugar, Christie Peters, Nancy De Lew, Benjamin D. Sommers, *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic*, Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Health Policy, Issue Brief, HP-2021-10 (April 12, 2021) https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

[81] Liz Ben-Ishai, "Volatile Job Schedules and Access to Public Benefits", Center for Law and Social Policy, September 16, 2015, https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2015.09.16-Scheduling-Volatility-and-Benefits-FINAL.pdf.

[82] Anthony Hannagan and Jonathan Morduch, "Income Gains and Month-to-Month Income Volatility: Household evidence from the US Financial Diaries", U.S. Financial Diaries, March 16, 2015, https://www.usfinancialdiaries.org/paper-1/; Diana Farrell and Fiona Greig, "Paychecks, Paydays, and the Online Platform Economy, Big Data on Income Volatility", JPMorgan Chase & Co. Institute, February 2016, https://www.jpmorganchase.com/institute/all-topics/careers-and-skills/report-paychecks-paydays-and-the-online-platform-economy.

[83] Michael Karpman, Heather Hahn, and Anuj Gangopadhyaya, "Precarious Work Schedules Could Jeopardize Access to Safety Net Programs Targeted by Work Requirements", Urban Institute, June 11, 2019, https://www.urban.org/research/publication/precarious-work-schedules-could-jeopardize-access-safety-net-programs-targeted-work-requirements (last visited March 31, 2025).

[84] Michael Karpman, Jennifer M. Haley, and Genevieve M. Kenney, "Assessing Potential Coverage Losses among Medicaid Expansion Enrollees under a Federal Medicaid Work Requirement", Urban Institute, March 17, 2025, https://www.urban.org/research/publication/assessing-potential-coverage-losses-among-medicaid-expansion-enrollees-under.

[85] "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-

requirement "process will follow the same steps as annual Medicaid eligibility renewals with additional verification of the new Group VIII eligibility requirements."[86] Additional eligibility criteria requiring additional verification will only increase the risk that eligible people will lose coverage. Ohio's application says that if it cannot certify compliance with the work requirement using data available to the state, it will employ a third-party vendor to verify eligibility using "external data sources." It is unclear what these "external data sources" are, and how they will verify enrollees' status as low-wage workers, students, or disabled.

Data matching does not obviate the need for enrollees to verify and report information to maintain eligibility, risking erroneous coverage loss due to confusion and administrative errors. During the post-COVID unwinding, 35 percent of Ohio Medicaid enrollees who ultimately retained coverage had to complete a renewal form because the state could not renew their coverage ex parte.[87] Ohio's application includes multiple references to enrollees needing to provide or verify information to establish or maintain their eligibility. For example, "[i]ndividuals will be required to confirm or dispute the data provided to county caseworkers" from external data sources.[88] Ohio has not proposed how it will reach Medicaid populations that are harder to reach, including individuals with multiple jobs, people without internet or computer access, limited English proficiency, college students, and people with unstable housing.

When Medicaid work requirements were in effect, enrollees who were working or exempt lost coverage due to administrative errors and confusion about reporting requirements. 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."[89] 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."[90] Work requirements put

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,Note:%20Based%20on%20the%20most%20recent%20state%2Dreported%20unwinding%20data,on%20the%20process%20for%20renewal.

[86] Ohio Dept. of Medicaid, "Group VIII 1115 Demonstration Waiver Application", 6 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.

[87] "Medicaid Enrollment and Unwinding Tracker, *Kaiser Family Foundation*, last modified 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.

[88] Ohio Dept. of Medicaid, "Group VIII 1115 Demonstration Waiver Application", 5 (Feb. 28, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf.

[89] *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

[90] "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;

significant and confusing reporting burdens on enrollees, and enrollees risk losing their coverage if they are unable to verify their compliance.[91] [92] Verifying work hours can be especially difficult for people with multiple jobs, people without internet or computer access, and people with limited English proficiency.[93] 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.[94] 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.[95] 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.[96] 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.[97]

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

Ohio's proposal to verify work before enrolling people in coverage will lead to further application processing delays. Ohio's MAGI application processing time already falls below the national average, according to the most current data (April-June 2024). For example, Ohio is able to process just 13 percent

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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.

[91]Jennifer Wagner and Jessica Shubel, "States' Experiences Confirm Harmful Effects of Medicaid Work Requirements," *Center on Budget and Policy Priorities*, last modified November 18, 2020, https://www.cbpp.org/health/states-experiences-confirming-harmful-effects-of-medicaid-work-requirements.

[92] 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/.

[93]Jennifer Wagner and Jessica Shubel, "States' Experiences Confirm Harmful Effects of Medicaid Work Requirements," Center on Budget and Policy Priorities, Updated November 18, 2020, https://www.cbpp.org/health/states-experiences-confirming-harmful-effects-of-medicaid-work-requirements.

[94]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.

[95]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.

[96] 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.

[97] 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)

of applications in less than 24 hours; nationally, 44 percent of applications are processed within this timeframe.[98] Additional eligibility criteria will only further delay this process in Ohio.

Barriers to enrollment associated with work requirements prevent eligible people from signing up for Medicaid. Georgia's enrollment numbers have been extremely low since its work requirement began: 18 months into the program, only 6,500 individuals were successfully enrolled, out of the 240,000 uninsured people estimated to be eligible.[99] [100] In both Arkansas and Georgia, potential applicants reported numerous barriers to Medicaid enrollment, due to complex work requirement rules and burdensome application processes.[101] [102] 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 system.[103] [104] Similarly, focus groups in Arkansas revealed enrollees' extreme frustrations and challenges with complex enrollment processes.[105]

Evidence shows that the administrative burden and complexity of work requirements deters eligible individuals from even applying for Medicaid. Application data suggests that in some months, upwards of

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[98] "Medicaid Modified Adjusted Gross Income & Children's Health Insurance Program Application Processing Time Report," *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.

[99] "Data Tracker," GeorgiaPathways, Georgia Budget and Policy Institute, Updated 2025, 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

[100] 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.

[101] 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.

[102] 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.

[103] 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.

[104] 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.

[105] 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.

40 percent of people who started applications for Georgia's program gave up.[106] 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.[107] [108] 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.[109] And, potential enrollees have been deterred from applying for TANF due to adverse publicity.[110]

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.[111] The Ohio executive budget recommended zero funding for the OhioMeansJobs workforce development program for FY2026 and FY 2027.[112] Successfully increasing employment among low-income people requires "resources to help develop job skills" as well as "job training, education, and earnings supplements."[113] None of these components are funded by Medicaid, and it is unclear that Ohio's existing workforce development programs can meet these needs. "Employment and training services [already] have limited resources to assist people in

[106]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.

[107] 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.

[108]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.

[109] 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.

[110] 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.

[111] 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/.

[112] "The State of Ohio Executive Budget Fiscal Years 2026-2027," Ohio Office of Budget and Management, Released February 3, 2025, https://archives.obm.ohio.gov/Files/Budget_and_Planning/Operating_Budget/Fiscal_Years_2026-2027/Blue%20Book%20FY%202026-2027.pdf

[113] 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.

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."[114]

Many individuals who are not working face significant employment barriers that Medicaid work requirements do not address.[115] 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."[116] Offering little else but low-intensity services, such as job search, is unlikely to be successful.[117] 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.[118] 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.[119] 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.[120]

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[114] 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.

[115] 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/.

[116] 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/(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.)

[117] 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.

[118]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.

[119] 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).

[120] 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.[121] 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.[122] 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.[123] Implementation of Arkansas' work requirement cost an estimated $26.1 million in federal and state funds.[124]

Research on SNAP and TANF demonstrate that work requirements are an inefficient use of limited state administrative resources.[125] The administrative resources needed to verify enrollees' compliance with work requirements are substantial and often require significant caseworker time.[126] As noted above, Ohio's proposal will require substantial reporting and verification, beyond data matching, to ensure that eligible people are enrolled in coverage. This is likely to overwhelm the limited resources of eligibility case workers and risks substantial numbers of eligible low income workers losing essential health coverage.

Conclusion

For the foregoing reasons, APHA and the individual public health deans and scholars listed below urge HHS to reject Ohio's Section 1115 demonstration waiver application. Thank you for your consideration of

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[121] 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.

[122] 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.

[123] 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.

[124] 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.

[125] 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.

[126] 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.

our comments. If you need any additional information, please contact MaryBeth Musumeci at marybethm@gwu.edu.

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