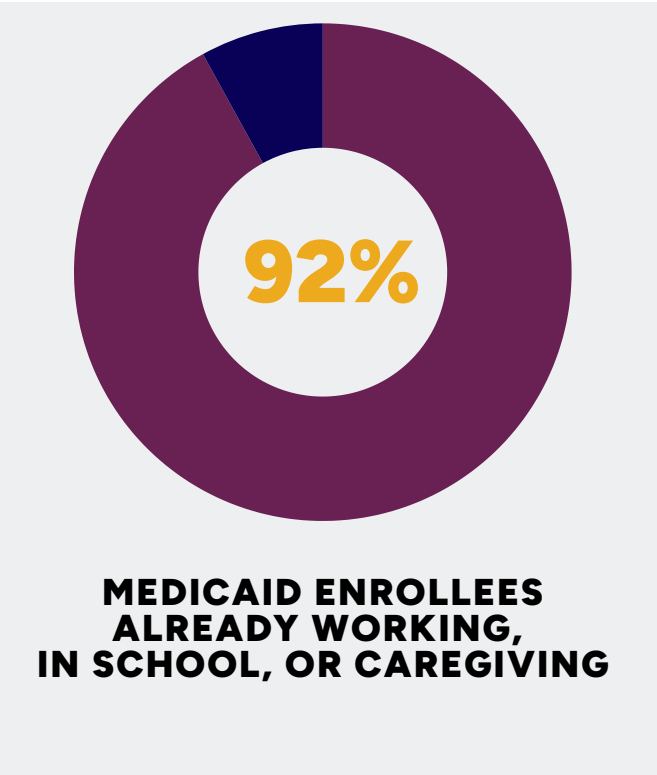


Medicaid work requirements are policies that condition continued health coverage on a person’s ability to meet certain “community engagement” activities—such as employment, education, or volunteering—and regularly report those activities. Supporters of these policies argue they incentivize work, reduce reliance on government assistance, and promote health and independence through greater self-sufficiency. These arguments often rest on a flawed assumption: that large numbers of Medicaid recipients are not working by choice. In reality, most enrollees are already employed, would qualify for an exemption, or face significant barriers to work, such as chronic illness, caregiving responsibilities, or unstable living conditions.



Work requirements are rooted not in evidence, but in longstanding stereotypes related to race, gender, disability status, and income. They ignore the realities of low-wage, unstable jobs; persistent discrimination that limits opportunities for people of color and women; widespread gaps in child care and paid leave; and the health or caregiving needs that make consistent employment difficult or impossible for many.

Currently, Georgia is the only state enforcing a Medicaid work requirement, though its implementation has been largely unsuccessful and placed a significant administrative burden on the state. Other states have explored or temporarily implemented similar policies, such as Arkansas, where thousands lost coverage due to confusing systems and complex documentation rules. Research shows that rather than boosting employment, these requirements tend to cause large-scale health coverage losses, raising serious concerns about access to care and worsening health outcomes.

WHAT ARE “COMMUNITY ENGAGEMENT” ACTIVITIES?

“Community engagement activities” is the term often used by policymakers to describe the actions some Medicaid enrollees must complete to maintain their health coverage under work requirement policies. These activities generally fall into three categories:



Work: This usually includes part-time or full-time employment, paid internships, or self-employment. Some states require a minimum number of hours per week—often around 20 hours—to remain eligible.



Education: Enrollees may meet requirements through participation in high school, college, GED programs, vocational training, and other job-readiness courses.



Volunteering: This may involve unpaid community service with a nonprofit or public agency. In some states, caregiving for a family member may also count as a qualifying activity.

WHO QUALIFIES FOR AN EXEMPTION?

Many enrollees may be exempt from work requirements based on their circumstances. A few common exemptions include:

- People with disabilities or chronic health conditions
- Pregnant individuals
- Full-time caregivers for children, elderly relatives, or people with disabilities
- Full-time students

The exact criteria and required documentation for exemptions vary by state and waiver policy. While these exemptions are intended to protect vulnerable groups, accessing and maintaining them often involves navigating complex paperwork and reporting systems, which can cause eligible individuals to lose coverage unintentionally.

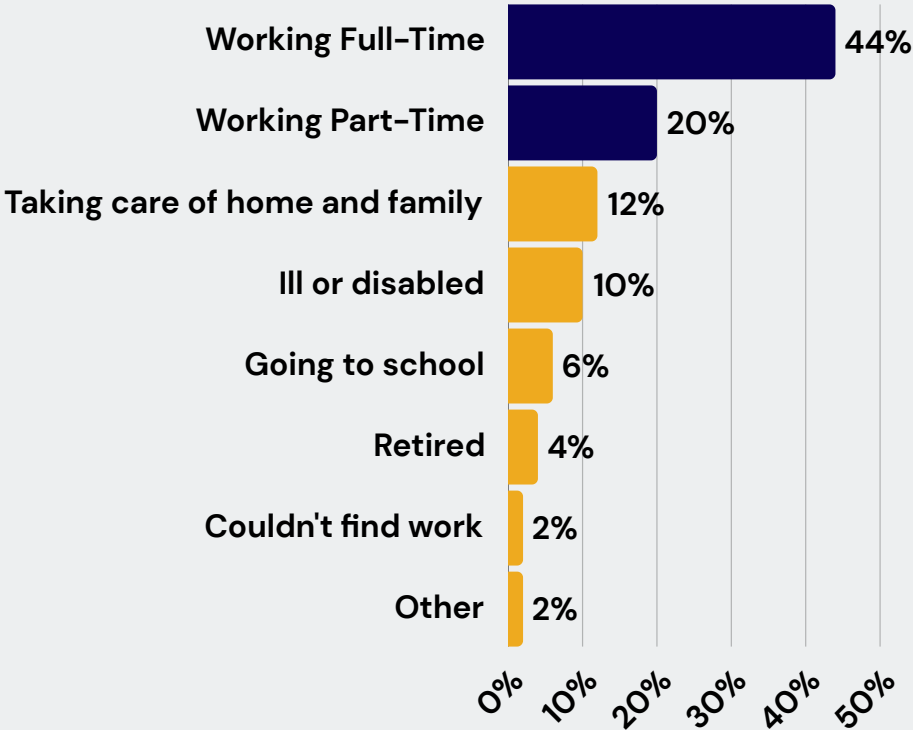
Since most enrollees already work, work requirements have little effect on employment outcomes—but pose a significant risk of coverage loss, especially for those already managing difficult life circumstances or bureaucratic barriers.

MEDICAID WORK REQUIREMENTS ARE REDUNDANT AND INEFFICIENT

Unlike Medicaid, many other public programs—such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF)—already impose work requirements or related conditions. Because many people enrolled in Medicaid also participate in these programs, adding a separate work requirement to Medicaid duplicates effort, creates additional red tape, and drives up administrative costs for states.

MEDICAID MYTHS VS FACTS	
Most Medicaid enrollees don't work and need an incentive to do so.	The majority of non-elderly Medicaid enrollees who can work are already working, often in low-wage or unstable jobs without benefits.
Work requirements will help people lift themselves out of poverty.	There's no strong evidence that work requirements increase long-term employment or earnings. They more often lead to loss of health coverage.
Reporting requirements are simple and fair.	Many people lose coverage not for failing to work, but because of missed deadlines, online system errors, or confusing paperwork.
Only "able-bodied" adults are affected.	Work requirements can inadvertently impact people with serious health conditions, caregivers, and others facing substantial real-life obstacles, causing them to lose coverage.

Most adults with medicaid work—and those who don't mainly are caring for family, ill or disabled, or going to school



Note: Percent who worked in 2023 and reasons for not working among those who did not work. Responses are among adults aged 19–64 with Medicaid coverage who did not receive SSI income and were not covered by Medicare. Full-time work is defined as 35 hours or more per week.

Source: Center on Budget and Policy Priorities | [CBPP.ORG](https://www.cbpp.org), CBPP Analysis of March 2024 Current Population Survey

WHAT ARE THE RISKS FOR COLORADO? THE COST OF WORK REQUIREMENTS

If Colorado were to implement Medicaid work requirements, the consequences could be severe, not just for individuals but for the state as a whole.

In Colorado, this could mean:

- Increased uninsured rates, especially in rural communities and among people of color
- Higher uncompensated care costs for hospitals and clinics
- Worsening health outcomes due to delayed or missed care
- Disruptions in treatment for chronic illnesses, mental health, or substance use
- High administrative costs to implement and enforce the policy

Under TABOR (Taxpayer’s Bill of Rights), Colorado cannot raise or spend new state funds without voter approval. That means any additional administrative costs for enforcing Medicaid work requirements would likely force cuts to other essential services—such as education, transportation, or public safety—or reduce funding for Medicaid itself. In short, the policy would be expensive, inefficient, and harmful.

Medicaid is a lifeline for hundreds of thousands of Coloradans—providing essential health care, stability, and dignity. Work requirements threaten that foundation.