COLORADO Fiscal Institute

The Women's Foundation of Colorado
Women Thriving. Colorado Rising.®

DEEPENING THE DIVIDE

H.R. 1 and the Feminization of Poverty

October 2025

Analysis conducted by the Colorado Fiscal Institute for The Women's Foundation of Colorado.

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INTRODUCTION

This brief explores the economic impacts of H.R. 1 (also known as the "One Big Beautiful Bill Act," or OBBBA) through a gender equity lens, examining how selected provisions disproportionately affect women's economic security and ability to thrive. Changes to taxation, public revenues, and spending priorities impact the resources available for programs that support women and families, including child care, health care, and income supports. By analyzing how the bill's fiscal impacts intersect with gendered economic realities, the brief will identify how H.R. 1 deepens the systemic drivers of women's poverty and highlight opportunities to promote gender-equitable economic outcomes.

What Is the Feminization of Poverty?

The term *feminization of poverty* captures two realities: women's disproportionate representation among people in poverty and the policies, labor-market dynamics, and care responsibilities that systematically heighten women's economic risk. In 2023, 7.3 million single mothers headed more than 80% of all single-parent households. While three-quarters of single mothers are employed and most work full time, their typical annual earnings are just $40,000, and 28% live below the poverty line. Single mothers make the pattern visible, but the underlying drivers, such as pay gaps, caregiving, and precarious work, affect women broadly. Throughout this brief, we look at H.R. 1 through a *feminization of poverty* lens, asking, at each step, what it means for women's economic security in Colorado.

The feminization of poverty is perpetuated by multiple intersecting factors:

01

FAMILY & HOUSEHOLD STRUCTURE

Single-mother households face higher poverty risks due to single incomes, disproportionate caregiving responsibilities, and limited access to affordable child care.

02

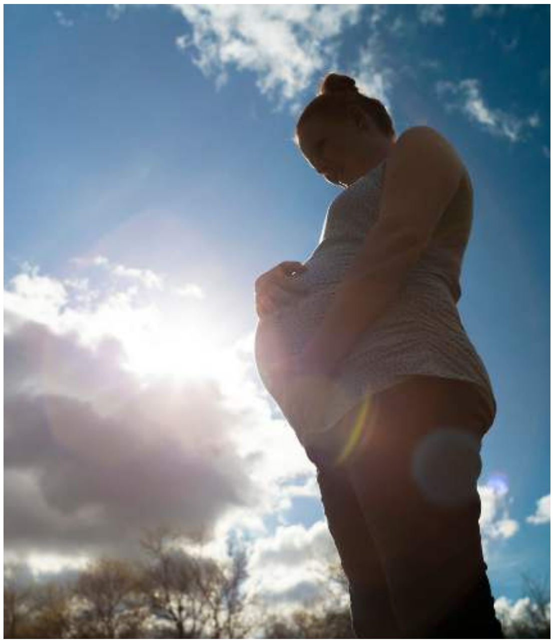
LABOR & EMPLOYMENT

Occupational segregation and persistent wage gaps leave many women concentrated in lower-paying, less secure jobs.

03

HEALTH & WELL-BEING

Women are more likely to experience economic strain from caregiving, pregnancy, and health-related work interruptions.



TAXES & BUDGET

Tax policy is one of the clearest mirrors of our values, determining who benefits and who is left behind. H.R. 1's shift from refundable credits to deductions disproportionately excludes low-income women, stripping resources from those already most affected by wage gaps and caregiving responsibilities. Instead of closing disparities, these changes deepen the feminization of poverty by funneling benefits to wealthier Coloradans.

Deductions Leave Women Behind

Unlike refundable tax credits, which benefit taxpayers regardless of whether they owe any taxes, deductions only reduce taxable income—the amount left after subtracting exemptions and deductions from adjusted gross income (AGI). Because tax rates are applied to taxable income, deductions provide little or no benefit to low-income filers who already owe little or nothing in taxes.

Many of the "middle-income tax cuts" in H.R. 1 take the form of deductions, meaning a large share of low-income filers, who are disproportionately women, cannot fully benefit from them.

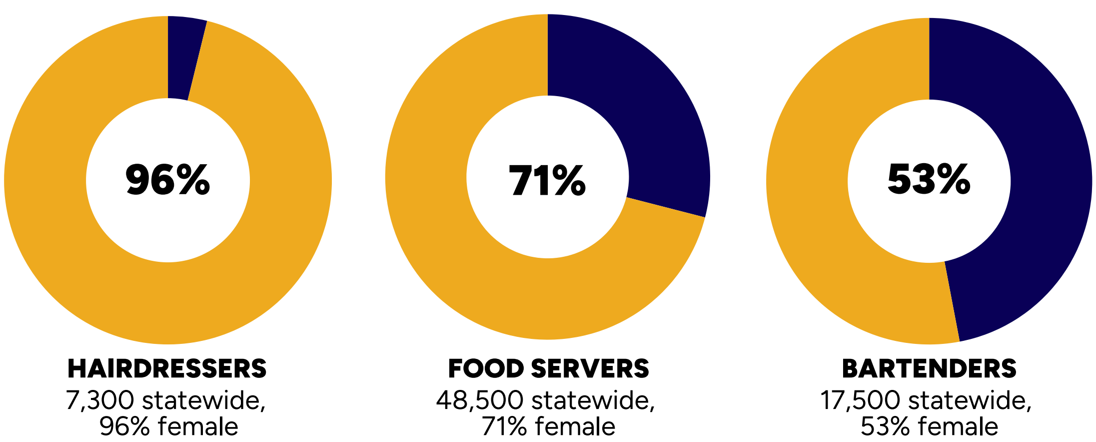
Tip Income Deduction Excludes Many Low-Income Women

H.R. 1 creates a new deduction, available to both itemizing and non-itemizing taxpayers, of up to $25,000 in qualified tip income. This is an "above-the-line" deduction, meaning it reduces adjusted gross income (AGI) before taxable income is calculated. The benefit phases out for tax filers with income above $150,000. However, taxpayers with little or no taxable income may not fully benefit. For example, if a server earns $22,000 in wages and tips but, after the standard deduction, has only $2,000 in taxable income, the maximum tax savings is based on that $2,000—far less than the full $25,000 deduction allows.

Who are the workers who won't be fully able to benefit from this?

CFI used 2023 American Community Survey (ACS) data, identifying bartenders, hairdressers, and servers with annual incomes under $35,000 as a proxy for tipped workers unlikely to fully benefit from the OBBBA's new $25,000 tip income deduction. Tipped workers in Colorado are disproportionately women, so they will benefit—but here's the catch: **the workers most likely to take full advantage of the OBBBA's $25,000 tip income deduction are less likely to be female.**

Women Are Overrepresented in Service Jobs Less Likely To Benefit From the $25,000 Tip Deduction



Yet many servers, despite making up the largest share of the tipped workforce, won't have enough taxable income to deduct the full $25,000. Among the subset of servers who can claim the full deduction, only 56% are women, meaning the largest benefits will flow to a more male-heavy portion of the industry.

Despite its surface appeal, the "no tax on tips" policy would help only a small fraction of low-wage workers—many of whom already pay no income tax—and risks enabling employers to lower base wages, deepen dependence on volatile tip income, and expand tipping into more industries.

Overtime Deduction Skews Toward Male-Dominated Jobs

H.R. 1 creates a new overtime pay deduction of up to $12,500 for single filers on the overtime premium portion of wages, available to both itemizers and non-itemizers, and phased out for incomes above $150,000.

Given that women and men often differ in labor force participation rates, overtime eligibility, sector representation, and average income, the overtime deduction could disproportionately benefit one group, but the data isn't available to say which way. For instance, men are more likely to work in sectors that include Fair Labor Standards Act (FLSA)-covered overtime (manufacturing, logistics), while women predominate in caregiving or administrative roles, which might not be eligible. So it might better benefit men. On the other hand, since the deduction phases out at higher incomes, and because women often earn less than men, women might either benefit less (if they work fewer overtime hours) or benefit more (if they stay within income limits).

Auto Loan Deduction Fails To Reach Low-Income Women

H.R. 1 establishes a Temporary Auto Loan Interest Deduction (2025–2028) of up to $10,000 annually for interest on loans for qualifying U.S.-assembled personal-use vehicles, phasing out for incomes above $100,000. While the data isn't available for a gender analysis, this deduction suffers the same fate: it won't be fully utilized by filers once they get to zero taxable income. That's why **refundable tax credits—unlike deductions—deliver their full value to all eligible filers**, putting the greatest benefit in the pockets of lower-income households, and especially women, who are more likely to earn less and see little gain from deduction-based cuts. In the next section, we examine how H.R. 1's tax credit provisions work—and why their design matters for equity.

100% Refundable tax credits deliver their full value to all eligible filers, unlike deductions.

Refundable Credits Reach Women Where Deductions Cannot

H.R. 1 also makes permanent and adjusts family-related credits. The Child Tax Credit (CTC) is permanently set at $2,200 per child, indexed for inflation, with a refundable portion (e.g., $1,700 in 2025) to benefit lower-income households. The Other Dependent Credit—worth $500 for dependents who are not qualifying children, such as older children, adult children with disabilities, or other qualifying relatives—is also made permanent, though it's not refundable. CTC participation is slightly higher among women-headed households compared to male-headed households.

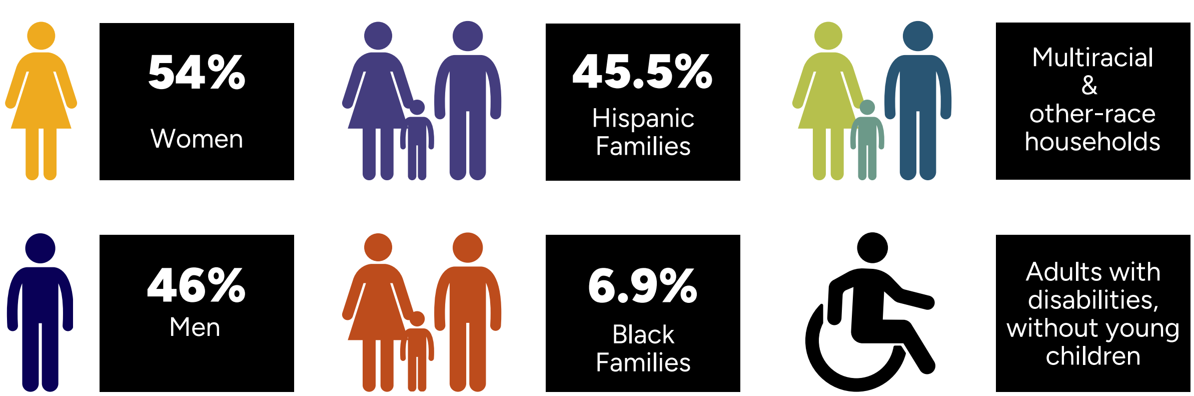
The refundable portion of the CTC is especially important for ensuring these benefits reach women in full. The Other Dependent Credit (ODC) is also likely claimed more often by women, as they are overrepresented in caregiving roles for older children, aging parents, and adult relatives with disabilities, and are more likely to head single-parent households. However, because the ODC is nonrefundable, it dampens its boost to women tax filers.

Colorado Families Lose Important Credits Under H.R. 1

Colorado's Family Affordability Tax Credit (FATC), which boosts the state's Earned Income Tax Credit (EITC) and Child Tax Credit for working families, is tied to a revenue growth trigger. When the state's general fund revenue grows fast enough, qualifying families can receive several thousand dollars in tax relief. But because Colorado's tax code uses rolling conformity, we automatically adopt many federal tax changes—including those in H.R. 1. These changes reduce Colorado's taxable income starting in 2025 and will eliminate the FATC credit entirely for tax years 2026 and 2027. **In short, a federal tax cut for the wealthy means working families in Colorado lose theirs.**

Who is the beneficiary of the EITC and CTC? According to the demographic note done on HB23-1112, Coloradans in lower-income households, especially those with young children, are more likely to be women, Black or Hispanic, multiracial, or of another race compared to the statewide population. Those without children under six are also more likely to be living with a disability, while those with young children are less likely to be. For example, while just 3.6% of the state identifies as Black and 22.0% as Hispanic, those numbers jump to 6.9% and 45.4%, respectively, among low-income households with children under six. While females make up half of the overall population in Colorado, they make up 54% of tax filers benefiting from these credits.

Who Benefits Most from the EITC & CTC in Colorado



EDUCATION

Education should be a pathway to opportunity, but under H.R. 1, new student loan limits, capped borrowing, and expanded voucher programs make it harder for women to get ahead. Because women carry most student debt, earn lower wages after graduation, and make up most of the public school workforce, these policies reinforce gendered barriers at every stage. Rather than reducing inequities, they compound the financial and professional strains that drive women into poverty.

Student Loan Cuts Hit Women Borrowers Hardest

H.R. 1 dramatically reshaped the student loan system by doing two key things: 1) simplifying repayment plans in a new Repayment Assistance Plan (RAP) by cutting dozens of options down to just two—a fixed-term plan and a new income-tied plan; and 2) tightening borrowing limits, especially for graduate, professional, and Parent PLUS loans. Gone are the many flexible repayment options, and students now face stricter rules on how much they can borrow and how they pay it back—making it simpler but potentially more restrictive and burdensome.

For graduate and professional programs, it ends the Grad PLUS loan for new borrowers and introduces strict borrowing caps effective July 1, 2026: $20,500 per year (up to $100,000 lifetime) for graduate degrees, and $50,000 per year (up to $200,000 lifetime) for professional degrees. Parent PLUS loans are also restructured, with an annual limit of $20,000 and a $65,000 total cap per dependent. These loans will no longer qualify for income-driven repayment plans. Across all federal student loans, a $257,500 lifetime borrowing cap is introduced. Repayment options are simplified to just two: a fixed Standard Plan (10–25 years) or the new income-based Repayment Assistance Plan (RAP)—offering flexibility tied to earnings but over a longer term. Additionally, deferment for unemployment or economic hardship is eliminated starting in 2027.

New Repayment Rules Deepen the Gender Debt Gap

Women hold a disproportionate share of student loan debt in the U.S., carrying 63.6% of the total—about $833 billion—and borrowing more often and in larger amounts than men at every degree level. On average, women graduate with $31,700 in debt but earn just 89.3% of men's post-graduation salaries, making repayment more burdensome. Black women face the steepest challenges, with the highest cumulative debt and, over 12 years, an average balance that grows 13% due to interest and costs, compared to white women whose balances decline 28% and white men whose balances drop 44%.

In other words, while some borrowers chip away at their debt over time, many women, especially Black women, see their balances swell, like trying to empty a bathtub while the faucet is still running. Women also take about two years longer than men to repay loans, are more likely to borrow from both federal and private sources, and experience higher rates of financial strain—underscoring the outsized impact that resumed loan collections and federal loan cuts, such as those in OBBBA, would have on women borrowers.

Given that women consistently borrow more, and subsequently repay more slowly, H.R. 1's stricter borrowing caps and reduced repayment flexibility are likely to disproportionately burden female borrowers. For instance, under the revised Repayment Assistance Plan (RAP), even the lowest payments could pose greater hardship for women with lower income and higher debt loads. The loss of deferment options further erodes financial resilience, particularly for single mothers or caregivers, who are disproportionately female. As a result, these reforms risk deepening gender inequities in higher-education financing and long-term economic outcomes.

Tax-Advantaged Savings Accounts Favor Wealthy, Male-Headed Households

H.R. 1 includes a provision establishing "Trump Accounts," giving every child born after the program begins an automatic $1,000 deposit to jumpstart long-term savings, which can be invested tax-free alongside additional family contributions and later withdrawn tax-free for approved uses such as education, buying a home, or starting a small business—benefits that are likely to be greatest for families able to continue making regular contributions.

Because $1,000 represents a far larger share of income for a low-income household than for a high-income one, the initial deposit into a Trump Account would, on paper, deliver a proportionally greater immediate benefit to low-income families. For example, $1,000 is 5% of annual income for a family earning $20,000 but only 0.5% for a family earning $200,000. This dynamic would initially benefit female-headed households in particular, as they are more likely to have lower incomes and therefore see a greater relative boost from the deposit.

Because women, on average, earn less than men and are more likely to work in lower-paying, part-time, or caregiving roles that limit savings capacity, they are less likely to contribute the maximum to savings accounts like these "Trump Accounts"—or to participate at all. This means the largest benefits from tax-free investment growth will accrue to higher-earning households, who are disproportionately male or male-headed.

Contributions to 529 college savings plans illustrate how tax-advantaged benefits skew toward higher-income households. CFI analysis shows that 80% of Colorado's 529 tax benefit flows to families with taxable incomes more than twice the state's median, and one in five dollars goes to the top 1% of earners—those making over $500,000 a year.

Voucher Expansion Threatens Women as Teachers and Parents

H.R. 1 makes sweeping changes to how federal dollars can be used for K–12 education, expanding voucher-style programs and introducing new tax incentives for private and alternative schooling. At the center of these changes is the creation of a federal tax-credit scholarship program that allows individuals to claim a nonrefundable federal tax credit of up to $1,700 per taxpayer for donations to state-approved Scholarship Granting Organizations (SGOs). These SGOs award scholarships that can be used for tuition at private schools, including religious institutions, as well as for certain homeschooling expenses, tutoring, and other eligible education costs.

The argument is the same in any voucher debate: Supporters argue that this approach increases parental choice by expanding access to private education and alternative learning options. Critics counter that it risks diverting public funds away from traditional public schools, which serve the vast majority of students, while channeling resources into institutions that can set their own admissions criteria, curricula, and disciplinary rules—raising concerns about equity, transparency, and the potential for discrimination.

Women make up 74% of public K–12 teachers and are overrepresented among single-parent households, so voucher expansion can impact them both as educators and parents. Reduced public school funding threatens jobs in a female-dominated, lower-paid professions, while lower incomes and limited resources mean many women—especially single mothers—may be unable to access the private school options vouchers support, leaving the greatest benefits to higher-income, male-headed households.

HEALTH & WELLBEING

Medicaid is fundamental to women's health and economic security, especially for single mothers and women of color. H.R. 1 undermines this lifeline with new restrictions, work requirements, and copays that will push more women off coverage while increasing financial hardship. Combined with parallel changes to SNAP, these provisions compound barriers to meeting basic needs. The bill weakens access to care and food assistance, further intensifying the structural drivers of the feminization of poverty and leaving families with fewer tools to stay healthy and economically stable.

Medicaid Is a Lifeline for Women's Economic Security

Medicaid helps close health and economic gaps for women by lowering out-of-pocket costs, preventing medical debt, and ensuring access to essential care. For many families, it is the difference between stability and crisis.

Single mothers remain among the most economically vulnerable households in Colorado. Those with children under 14 would be exempt from H.R. 1's work requirements, but single mothers of teens and other non-exempt women would face a heightened risk of losing coverage. Restrictions on immigrant eligibility, copay increases, and more frequent redeterminations would further undermine access, with disproportionate impacts on women and communities of color. While these measures may appear to reduce federal spending, the trade-off is higher uninsured rates, greater strain on state budgets, and fewer protections for families already struggling at the margins.

Disparities in Medicaid Coverage and Poverty: Overview of Baseline Statistics

Medicaid plays a critical role in supporting women's health and economic stability, yet reliance on the program varies sharply by race, ethnicity, and immigration status. These differences matter because while not all women on Medicaid, nor all single mothers, will be directly affected by new work requirements, the fact that these groups rely so heavily on Medicaid means that any threat to the program places them at risk. In other words, when Medicaid is destabilized, the women and families most dependent on its protections stand to lose the most.

Even when examined as a gender issue, disparities remain: single mothers in Colorado, particularly women of color, are far more likely than other groups to rely on Medicaid and to live in poverty. These intersecting vulnerabilities illustrate why policy changes like H.R. 1, which restrict access or add barriers, compound existing inequities, even before accounting for projected coverage losses.

Table 1. Medicaid Coverage and Poverty Rates for All Women and Single Mothers

Race/Ethnicity	Medicaid (All Women)	Medicaid (Single Mothers)	Poverty (All Women)	Poverty (Single Mothers)
American Indian and Alaska Native	51.6%	68.2%	12.1%	12.4%
Black	32.7%	51.4%	12.5%	27.6%
Hispanic/Latine	26.0%	44.8%	10.8%	17.1%
Asian/PI	13.6%	35.8%	8.6%	21.9%
White	13.1%	34.5%	6.6%	11.0%
Immigrant	15.6%	22.3%	13.3%	21.6%
U.S.-Born	18.3%	34.6%	6.9%	11.6%

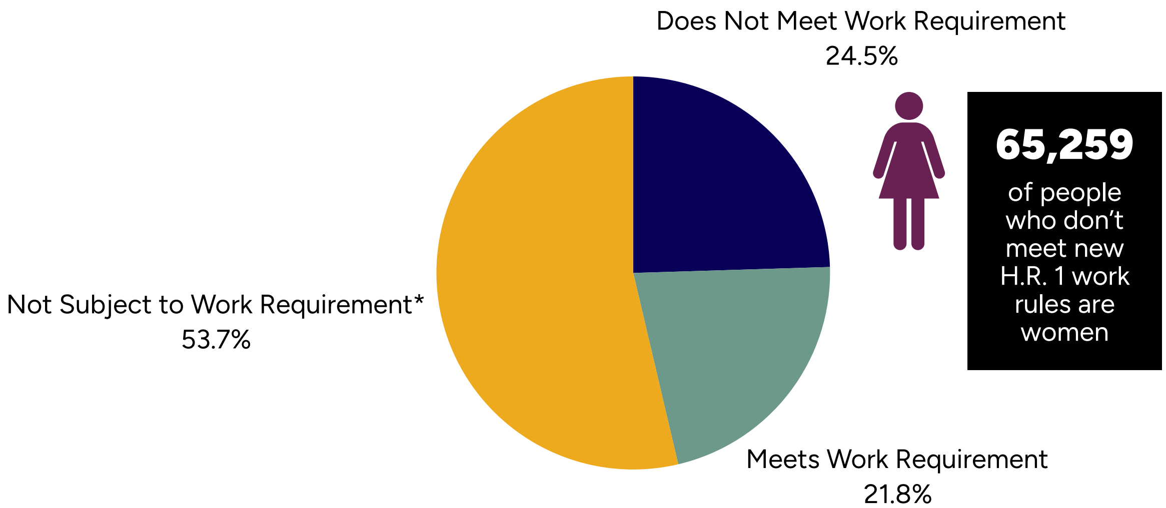
Source: CFI analysis of 2023 PUMS microdata; IPUMS USA, University of Minnesota, www.ipums.org

American Indian and Alaska Native (AIAN) and Black women show disproportionately high Medicaid reliance, with more than half covered, and poverty rates that remain elevated relative to other groups. Single mothers in these communities face a double bind: they are both more likely to depend on Medicaid and more likely to struggle with poverty. This makes them especially vulnerable to policies that weaken Medicaid (e.g., copays), even if they are formally exempt from work requirements until their children turn 14.

Projected Impacts of Medicaid Work Requirements

H.R. 1 imposes new "community engagement" requirements that target a specific subset of Medicaid expansion enrollees—namely, able-bodied adults without dependents (ABAWD) who are neither in school nor have a disability (herein referred to as the "nonexempt" population). In Colorado, this demographic is approximately 50.4% female, according to CFI's analysis of 2023 Census data.

Figure 1: Colorado Medicaid Recipients Ages 19-64 Subject to New H.R. 1 Work Rules



*People With Disabilities, Students, and Parents of Children Under 14

Methodology: CFI's analysis determined eligibility and risk estimates based on the American Community Survey (ACS) Public Use Microdata Sample (PUMS) for Colorado, accessed via IPUMS USA (University of Minnesota). All estimates are weighted using person-level survey weights. We define the Medicaid-eligible base as adults ages 19–64 who report Medicaid/CHIP coverage. ***Non-exempt*** adults are those not identified as post-secondary students, people with disabilities, or parents of children under age 14. Disabilities are conservatively defined as individuals receiving Supplemental Security Income (SSI) for the purposes of this analysis, which likely understates the full number of enrollees with health-related exemptions. This condition was selected because "Medicaid eligibility for individuals who have blindness or a disability is generally determined using the income methodologies of the SSI program administered by the Social Security Administration" (Medicaid.gov). The threshold of under 14 years old for parent exemptions reflects the change introduced in H.R. 1, which narrows the previous standard of under 18. ***At-risk*** adults are non-exempt enrollees working fewer than 80 hours per month, calculated from the reported usual hours worked and weeks worked per year then divided by 12 for annual monthly average. Administrative loss scenarios (10%, 15%, and 25%) are applied to the share of non-exempt women who are not already at risk, reflecting potential coverage losses due to reporting errors, paperwork burdens, or other redetermination challenges rather than true noncompliance. These definitions follow common research conventions but may not perfectly replicate federal Modified Adjusted Gross Income (MAGI) rules or state-specific Medicaid eligibility processes.

We estimate that roughly 22.4% of the Medicaid population will fail to meet the 80-hour-per-month work requirement, or 49.7% of the non-exempt population. That estimate does not yet account for those who might comply with the required work hours but still lose coverage due to additional administrative burdens, such as paperwork, red tape, and more frequent eligibility verifications (see Table 2 for projected administrative losses).

Women's economic reliance on Medicaid is rooted in structural inequities. They are more likely than men to be eligible in the first place, not because of individual choices, but because of lower wages, occupational segregation into low-paying jobs, and disproportionate caregiving responsibilities that limit earning potential. In Colorado, women make up more than half of all Medicaid enrollees ages 19–64 and nearly 60% of the exempt group (parents of young children, students, or people with disabilities). Because of this greater reliance, H.R. 1's work requirements and copay provisions carry uniquely gendered consequences:

01

WORK REQUIREMENTS

Women are somewhat less likely than men to lose coverage solely because of hours reporting, since they tend to maintain steadier low-wage work that meets the 80-hour threshold. However, this is not an advantage because despite often working more, women earn less per hour than men. The gender wage gap means women remain concentrated in poverty even when employed full-time.

02

COPAYS

A greater share of women fall in the 100–138% of federal poverty level (FPL) income band targeted for new copayments. Nearly 58% of adults in this group in Colorado are women. Research shows that even modest copays reduce low-income women's use of essential care, creating new barriers to preventive services, chronic illness management, and mental health treatment.

03

THE TRIPLE BIND

More women meet the 80-hour-per-month work requirement than men in the non-exempt pool, yet 1) they earn less, 2) they are more likely to be caregivers, which limits job advancement, and 3) they are overrepresented in the poverty band where copays apply. This is the feminization of poverty in practice—where systemic inequities compound and where policy designs like H.R. 1 reinforce, rather than dismantle, these barriers.

Instead of addressing the root causes of women's economic precarity, H.R. 1 deepens them. Work requirements penalize unstable work patterns without raising wages, while copays increase the financial strain of accessing care. For women—especially single mothers and women of color—this creates a cycle of reduced access to health care, poorer health outcomes, and greater economic insecurity.

Who Is at Risk of Losing Coverage?

Risk by Parent-Status

The way H.R. 1 defines exemptions to Medicaid work requirements has profound gendered implications. By tying protection to having children under 14 in the household, the bill ignores the broader realities of caregiving and disproportionately exposes certain groups of women to coverage loss.

Table 2: At-Risk Adults by Household With and Without Children

Parent Status	Medicaid Adults	% At-Risk	Share of All At-Risk	% Women At-Risk
No children <19 in HH	292,314	40.9%	91.2%	49.3%
Child <14 in HH	207,275	0%	0%	—
Teen (14–18) in HH	44,320	25.9%	8.8%	55.7%

Source: CFI analysis of 2023 PUMS microdata; IPUMS USA, University of Minnesota, www.ipums.org

Parents with children under the age of 14 (a group primarily composed of women) are exempt from meeting work requirements and, subsequently, coverage loss. However, mothers of teens (14–18) lose that protection despite ongoing caregiving demands for their children, who are not yet adults and still dependent on them. Nearly 56% of this group (parents of teens not working 80 hours per month) are women, meaning they face new risks of losing coverage even as their caregiving responsibilities continue. Adults without children, or those who fall within the expansion population, make up the largest at-risk group and account for 9 in 10 of all at-risk adults, with nearly half of those being women.

H.R. 1's narrow exemption design reflects a limited view of caregiving, treating it as only relevant for mothers of young children. By doing so, it ignores the unpaid labor of mothers of older children and women who provide care outside of parenthood—exposing them to unnecessary risk. In effect, the policy penalizes women for the age of their children or for not having children at all, further entrenching the structural inequities that fuel the feminization of poverty.

Risk by Administrative Loss

Beyond formal eligibility, women also face risks of losing Medicaid through administrative loss, or cases where people remain eligible but are cut off due to missed paperwork, confusing reporting systems, or barriers to verifying work hours. In Arkansas, when work requirements were implemented, more than 18,000 people (about 25% of adults subject to the policy) lost coverage. Researchers found that nearly everyone targeted by the policy already met the requirements or qualified for an exemption, meaning coverage losses were overwhelmingly the result of reporting barriers rather than true ineligibility.

The consequences were severe—while most coverage losses in 2018 were reversed in 2019 after the court order, affected adults faced lasting harm in the meantime. Among 30- to 49-year-olds who lost Medicaid, half reported serious problems paying off medical debt, 56% delayed care due to costs, and 64% delayed medications due to cost. Importantly, research found that work requirements did not increase employment over an 18-month follow-up period. Instead, Arkansas's work requirement became a case study in how such policies produce net-negative outcomes, such as coverage loss, worse health, and deeper financial strain, with no offsetting economic benefits.

Georgia's recent Medicaid work requirements experiment, called "Pathways," also highlights the failure of such a model, as it experienced massive administrative costs with little return. The program cost more than $40 million through June 2024, with nearly 80% of the funds spent on administration and consulting fees rather than on health care.[5] Together, these cases show that work requirement programs strip coverage from people who remain eligible, while diverting resources away from care and into unnecessary bureaucracy.

Table 3. Women Overall at Risk of Medicaid Coverage Loss

Category	Women (Weighted)	% of All Women on Medicaid
All Women on Medicaid	302,391	100%
Non-Exempt Women	129,856	42.9%
Baseline At-Risk	65,259	21.6%
10% Administration Scenario	88,972*	29.4%
15% Administration Scenario	100,828*	33.3%
25% Administrative Scenario	124,542*	41.2%

Source: CFI analysis of 2023 PUMS microdata; IPUMS USA, University of Minnesota, www.ipums.org
Note. We model administrative losses that can affect both exempt and non-exempt women. Additional losses are applied uniformly at 10%, 15%, and 25% to the admin-touchable pool, defined as all women not already baseline at risk (W-B). Total affected under each scenario equals baseline at risk (B) plus additional admin loss. Results are shown as a percent of all women on Medicaid.

Colorado will not be spared from the impact of administrative losses, and as Table 3 shows, even modest assumptions of administrative loss (10–25%) substantially increase the number of women at risk of losing Medicaid. While mothers of young children are formally exempt, tens of thousands of other women, including mothers of teens and women without children, remain vulnerable not only to the eligibility thresholds of H.R. 1 but to the administrative pitfalls built into its design.

Together, the tax, education, and health provisions of H.R. 1 form a cumulative squeeze on women's economic security. By reducing family credits, restricting student loan options, and cutting off access to Medicaid, the bill strips away the very supports that help women balance low wages, caregiving responsibilities, and systemic inequities. Instead of dismantling the feminization of poverty, H.R. 1 reinforces it and locks women, especially single mothers, women of color, and immigrant women, deeper into cycles of financial precarity.

Urban vs. Rural Risk of Medicaid Coverage Loss

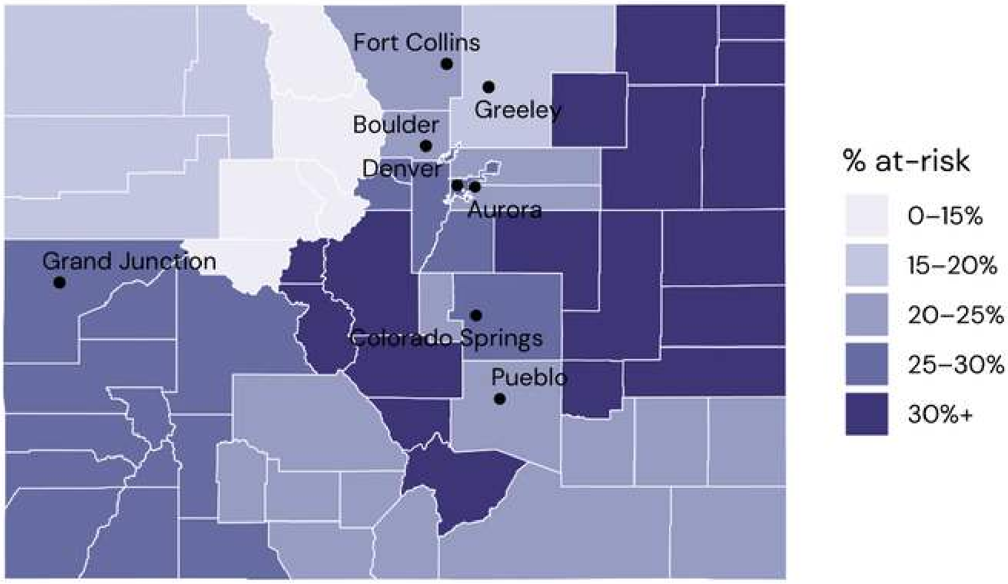
Colorado's data on adults at risk of losing Medicaid coverage under new work requirements reveals a sharp divide rooted in economic structure more than geography. Urban centers show the highest concentrations of residents vulnerable to coverage loss: north Aurora (4.4%), downtown Denver (3.8%), southwest Denver (3.9%), and south Colorado Springs (3.9%) all exceed the statewide average share of the population likely to lose Medicaid coverage. These are dense, working-class communities with large numbers of hourly, gig, and service-sector employees—people who already work but whose unstable hours and reporting challenges put them at greater risk of losing eligibility. Even within cities, risk drops steeply in higher-income suburbs such as South Metro (1.3%) and Highlands Ranch (0.6%), reflecting how economic privilege shapes both employment stability and administrative access.

Rural regions tell a similar story. Although smaller in total population, areas like West Central Colorado (4.2%), Pueblo (4.0%), Mesa (4.0%), and the Central and Southwest Mountains (3.7–3.8%) show equal or higher percentages of residents at risk. These economies rely heavily on agriculture, tourism, and seasonal work, all industries with unpredictable hours and income that conflict with rigid monthly work-hour reporting requirements. As a result, rural areas may see fewer total coverage losses but experience deeper proportional impacts and fewer safety-net alternatives when they occur.

In contrast, suburban and affluent areas such as Boulder (1.1%), Parker (0.8%), and Highlands Ranch (0.6%) remain largely insulated, supported by higher rates of employer-based coverage and lower reliance on Medicaid. Mid-tier regions such as Greeley, Fort Collins, and Lakewood (2.5–2.7%) illustrate how vulnerability cuts across geography, linking small metros and rural communities through shared "working poor" demographics. Overall, the new work requirements threaten coverage for low-wage Coloradans in both cities and rural counties, disproportionately affecting women and regions defined by unstable, part-time, or seasonal employment. In essence, poverty—not place—is the clearest predictor of who stands to lose coverage.

Figure 2. Percent of Adults on Medicaid at Risk of Losing Coverage by County, Colorado

Rural regions show the highest proportional risk of coverage loss under H.R. 1's work requirements.



Source: CFI analysis of 2023 PUMS microdata; IPUMS USA, University of Minnesota, www.ipums.org

When calculated as a share of Medicaid enrollees (see Figure 2), rural areas again show disproportionate vulnerability to coverage loss. Many mountain and southern counties exceed 30% of Medicaid adults at risk of losing coverage, nearly double the rate in metro areas along the Front Range. Women make up roughly half of all at-risk adults statewide, but the gender gap widens outside metropolitan areas where low-wage service jobs and seasonal work dominate local economies. Urban centers such as Denver and Colorado Springs also show elevated risk, where there are large numbers of low-wage workers who would be expected to navigate complex reporting systems. Suburban counties, by contrast, have the lowest Medicaid reliance and the smallest share of at-risk enrollees, underscoring how relative economic stability better positions residents to meet work and paperwork requirements. For those with the least stability, these same rules become barriers, turning safety-net programs into systems that favor the relatively secure over those with the least economic security.

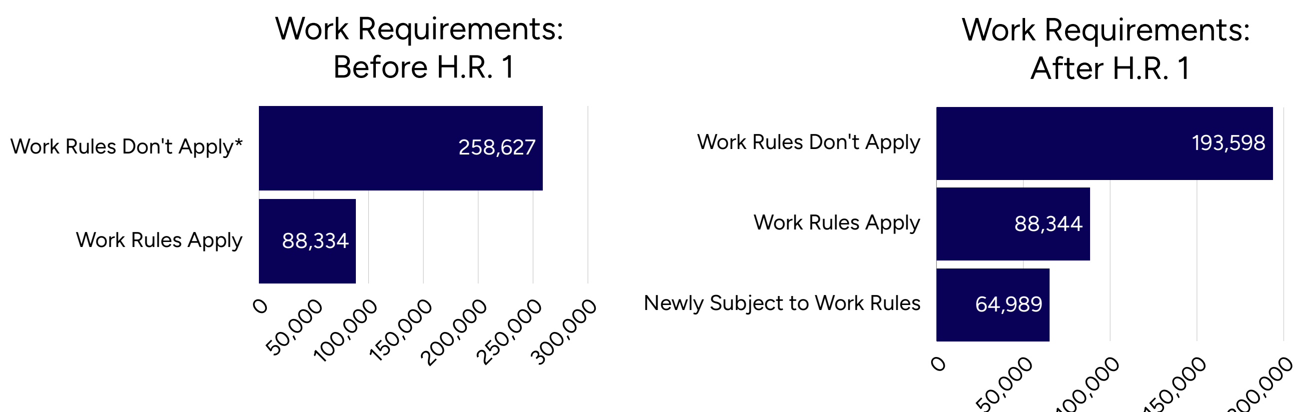
H.R. 1's design compounds structural inequalities along both gender and geographic lines. In urban centers, women concentrated in service and caregiving jobs would face steep administrative barriers; in rural regions, limited full-time employment and under-resourced administrative infrastructures further heighten the risk of people losing coverage. Even among those meeting work requirements, barriers such as transportation access, digital connectivity, and administrative capacity make it harder for rural residents to consistently remain insured. The result is a widening urban-rural divide layered atop existing gender and racial inequities, where coverage loss extends beyond poorer health outcomes, creating a rippling effect that also weakens local economies and reduces community resilience.

Beyond Health Care: H.R. 1 Threatens Food Security

Like Medicaid, SNAP is an important support for women and families living on low incomes, reducing hunger and stabilizing household budgets. Women—and particularly single mothers—are more likely to participate in SNAP and rely on it to meet basic food needs.

H.R. 1's expanded work requirements would put many of these women, especially those between the ages of 54 and 64 or with children ages 14–17, at risk of losing benefits. While supporters claim work requirements encourage employment, research has consistently shown this to be false—instead, it mostly increases administrative hurdles and reduces participation, even among those who are working. For households stretched thin, the loss of SNAP means higher food insecurity, greater financial strain, and fewer resources to support children's health and well-being.

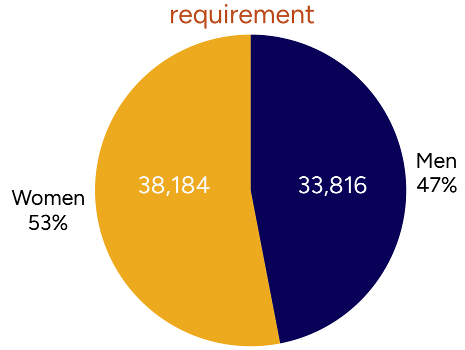
Figure 3. How H.R. 1 Expands Work Requirements for SNAP Recipients



*People With Disabilities, Students, and Parents of Children Under 14

At Risk of Losing SNAP Benefits by Gender

Estimated people subject to work requirements who do not meet the 80-hour-per-month requirement



Before H.R. 1 passed, about 88,000 Colorado SNAP recipients were subject to work requirements. By no longer exempting parents of teens and adults ages 54–64, the law makes 65,000 more Coloradans subject to the new rules. In total, 72,000 adults are now at risk of losing SNAP benefits—38,184 of whom are women. Viewed alongside Medicaid changes, the new SNAP restrictions reveal how H.R. 1 expands work requirements across safety net programs, compounding risks for women already balancing low wages, caregiving responsibilities, and systemic inequities.

CONCLUSION

H.R. 1 is not a gender-neutral fiscal package. By cutting refundable credits, tightening student loan rules, restricting Medicaid and SNAP access, and expanding voucher programs, it shifts resources away from women and families and deepens the feminization of poverty. The heaviest burdens will fall on single mothers of teens, women of color, and immigrant women—groups that already face the sharpest economic inequities.

If policymakers in Colorado are serious about fostering economic security, they must expand refundable tax credits, protect access to health care, and invest in public education and child care. These investments are not only essential for women's equality but also for the economic strength of Colorado.

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