

A giant question looms over GOP's new Medicaid work requirements

The law doesn't require states to report on implementing work requirements. Will we know their consequences?

By [John Wilkerson](#) – STAT News

April 28, 2026

John Wilkerson, a Washington correspondent, is the author of [D.C. Diagnosis](#), a twice-weekly newsletter about the politics and policy of health and medicine.

WASHINGTON — Democrats and Republicans are at odds over a consequential health care policy embedded in last year's tax cut law.

Democrats say the law's Medicaid work requirements will create red tape that leads to people losing their coverage. Republicans say the measure encourages work.

But because the law doesn't require states to report on the implementation of this massive change to Medicaid, we may never get a detailed account of how the policy is working.

Work requirements are one of the health care measures that Republicans used to partially pay for \$4.5 trillion in tax cuts passed summer. In all, the law cut more than \$1 trillion from health care over a decade.

The requirement that some people on Medicaid work was one of the most popular health care cost-cutting measures among Republicans, who say this requirement makes people healthier, reserves Medicaid for the truly needy, and encourages employment. The policy is estimated to reduce federal Medicaid spending by \$326 billion, costing 5.3 million people their Medicaid coverage.

All states are required to put work requirements in place starting on Jan. 1, but some are acting earlier. Work requirements take effect in Nebraska this Friday.

The requirements apply to some people who became eligible under the Affordable Care Act's Medicaid expansion.

Groups who are exempt include enrollees who are pregnant, medically frail, disabled veterans, or caregivers of children under 14. Medicaid-expansion enrollees may keep coverage if, twice a year, they document that they're working at least 20 hours a week. They could also maintain coverage if they perform community service or are enrolled in educational programs. For this reason, the law refers to the measure as community engagement requirements.

The law requires the federal agency that runs Medicare and Medicaid to issue a regulation by June on implementation of work requirements. Due to the time crunch, there is no plan to start with a proposed rule, as is typically the case, that is publicly debated. The Centers for Medicare and Medicaid Services has the authority to require more detailed reporting on work requirement implementation, but the agency did not respond to a question about whether it plans to.

A future Democratic administration could also implement such a requirement, and independent health care researchers are also likely to study this massive policy change.

Congressional Medicaid advisers are considering recommending that the federal government require states to report on how work requirements affect eligibility, enrollment, health status, and employment. They also are considering recommendations to track how much states spend to put work requirements in place.

Angelo Giardino, a member of the Medicaid and CHIP Payment and Access Commission, said this month at a MACPAC meeting that the experiences with Arkansas' work requirements and the post-pandemic Medicaid unwinding demonstrate the need to closely monitor work requirements.

"I do not believe that the stated intention of community engagement is to willy-nilly disenroll people," Giardino said.

Democrats fear that many enrollees will lose coverage because they don't fill out paperwork, even though they meet the requirements. They point

to Arkansas, where a work requirements pilot program led to thousands of people losing coverage, even though they were eligible, because of difficulties navigating the bureaucracy of the system. A federal judge halted Arkansas' program in 2019, because it did not address "whether and how the project would implicate the 'core' objective of Medicaid: the provision of medical coverage to the needy."

If states are not required to report on the implementation of work requirements, it will be difficult to determine why people fall off the rolls, according to CJ Young, a spokesperson for Rep. Frank Pallone (N.J.), the top Democrat on the House Energy and Commerce Committee.

"We will have no idea why people lost their health care because Republicans intentionally covered their tracks," Young said.

The last time Medicaid faced a major loss of enrollment, states were required to keep track of why people lost coverage. That was after the Covid-19 pandemic; states were allowed to begin removing people from Medicaid again, after the rolls were frozen during the crisis. About 25 million people were disenrolled during this "unwinding" period.

States had to report monthly on how many people were automatically reenrolled and how many were mailed renewal forms that had to be filled out. For people who were disenrolled, states had to report how many were determined ineligible and how many didn't complete the renewal paperwork. States also reported performance metrics, such as call wait times at help centers.

That data showed that large shares of people were disenrolled for paperwork or procedural reasons, not because they were ineligible.

States are still reporting that information, but it's not broken out by the Medicaid expansion population, making it difficult to study the impact of work requirements, according to Jennifer Tolbert, the director of state health policy and data at KFF.

"We won't be able to isolate that expansion group and the group subject to work requirements," Tolbert said. "We will be pretty limited as to what we're going to be able to say and understand about how things are going."

However, Sophia Tripoli, senior director of health policy at the advocacy group Families USA, said some states might track the effects of work requirements and groups like hers will do their best to document why people lose coverage.

“I think as time goes on and the law is being implemented, there will be data to be able to point to what this means in terms of coverage losses and enrollment numbers,” Tripoli said.