

Medicaid Work Requirements Jeopardize Cancer Patients & Survivors

Medicaid is a joint federal–state program that provides comprehensive health coverage for certain individuals, including those with limited incomes and disabilities. Most adults enrolled in Medicaid are actively employed: in 2021, 42% of adult Medicaid enrollees aged 19–64 were employed full-time, working an average of 34 hours per week, and another 23% were not working due to caregiving responsibilities, illness or disability, or school attendance.¹

In states that have expanded Medicaid, adults working full-time in low-wage jobs often qualify for coverage because their incomes fall within eligibility limits. For example, a resident of an expansion state earning the federal minimum wage (\$7.25 per hour) and working 35 hours per week year-round makes \$12,688 annually. This amount is below the 2024 Federal Poverty Level (FPL) of \$21,597 for an individual and within the Medicaid eligibility threshold of 138% of FPL. However, in non-expansion states, working adults face far more restrictive criteria.² As of January 2023, non-expansion states have much stricter Medicaid income limits, making it difficult for many low-income adults to qualify. In most of these states, only parents with extremely low incomes can get coverage, and adults without children typically aren't eligible at all.³

Despite these facts, some policymakers support conditioning Medicaid enrollment on working or volunteering a certain number of hours per week. While these proposals often include exemptions for people with cancer, qualifying for and maintaining an exemption can be confusing and onerous; and exemptions often do not cover all situations in which an enrollee is impacted by cancer.

The American Cancer Society Cancer Action Network (ACS CAN) strongly opposes any attempt by the federal government or states to condition Medicaid coverage on work or community engagement because:



People impacted by cancer could be locked out of coverage

In 2023, over 16% of working-age Americans with a history of cancer relied on Medicaid for their health care.⁴ Many of these individuals impacted by cancer are physically unable to hold a job or engage in a job search – and while some may be exempt from work requirements, the administrative complexity of constantly reporting work or health status could still lead to them being locked out of coverage.

A 2022 Congressional Budget Office (CBO) analysis estimates that implementing Medicaid work requirements nationwide would result in approximately 2.2 million adults losing Medicaid coverage.⁵ This reduction represents a substantial portion of the adults subject to the requirements, while many others would be exempt.



People who need cancer screenings could be locked out of coverage.

Many individuals who fail to meet a work requirement and are locked out of coverage will become uninsured and ineligible for coverage of important health services like cancer screenings or preventive services. American Cancer Society research shows that individuals without health insurance are diagnosed with cancer at later stages when the disease is more expensive to treat, and survival is less likely.⁶



Work requirements are already a failed experiment

With so many individuals on Medicaid already working or unable to work due to caregiving responsibilities, school, or serious health challenges, Medicaid work requirements are unlikely to increase employment. Instead, these policies disproportionately punish individuals by imposing bureaucratic hurdles, creating barriers to coverage rather than providing meaningful incentives to work. This often results in widespread coverage losses without achieving the intended outcomes.

One example of the challenges posed by Medicaid work requirements can be seen in Georgia's Pathways to Coverage program, launched in July 2023. This initiative imposes stringent work or community engagement requirements, mandating participants to document at least 80 hours per month of qualifying activities—such as employment, job training, education, or volunteering—to maintain their Medicaid benefits.⁷ Although designed to increase accountability and extend coverage to low-income adults, the program has encountered significant obstacles:

- **Low Enrollment:** By mid-December 2023, only 2,344 of the estimated 345,000 individuals eligible were actively enrolled in the program, far short of the state's goal of 100,000 participants in its first year.⁸
- **High Administrative Costs:** The program has already cost nearly \$26 million to implement, with 90% of funding directed toward administrative expenses, including application processing and work requirement verification.⁹ These costs divert resources from direct health care services.
- **Barriers to Access:** Participants faced substantial challenges navigating the enrollment process, including technical glitches, non-functional websites, and unclear guidance on documentation. These hurdles discourage many from applying or maintaining their benefits.

Georgia's experience mirrors the failures of similar initiatives, like Arkansas' short-lived program, where over 18,000 individuals—nearly 25% of those subject to the requirement—lost coverage due to administrative confusion.¹⁰ Evidence from these programs shows that work requirements not only fail to improve employment outcomes but also disproportionately harm low-income individuals by creating unnecessary barriers to critical health coverage.



Access to Medicaid should be expanded, not limited

Research consistently shows that expanding access to Medicaid increases insurance coverage rates among cancer patients and survivors, early-stage cancer diagnoses, access to timely cancer treatment, receipt of cancer screenings and preventive services, and survival rates.¹¹ For example, a recent study showed that Medicaid expansion was associated with an increase in survival from cancer at two years post diagnosis, and the increase was most prominent among non-Hispanic Blacks in rural areas, highlighting how expanding Medicaid can reduce health disparities.¹²

ACS CAN is a leader in advocating for Medicaid expansion in the 10 states that have failed to expand this coverage. We also strongly support other policies that make it easier for eligible individuals to become aware of Medicaid, apply for it, and maintain their coverage.

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¹ Lee A, Ruhter J, Peters C, De Lew N, Sommers BD. Medicaid Enrollees Who are Employed: Implications for Unwinding the Medicaid Continuous Enrollment Provision (Issue Brief No. HP-2023-11). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 2023.

² Poverty Guidelines for 2025. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

³ Id.

⁴ 2023 National Health Interview Survey data. Analysis performed by American Cancer Society Health Research Services, December 2024.

⁵ Congressional Budget Office. Work Requirements and Work Supports for Recipients of Means-Tested Benefits. June 2022. <https://www.cbo.gov/publication/58199>.

⁶ Zhao, J., Han, X., Nogueira, L., Fedewa, S.A., Jemal, A., Halpern, M.T. and Yabroff, K.R. (2022), Health insurance status and cancer stage at diagnosis and survival in the United States. *CA A Cancer J Clin*. <https://doi.org/10.3322/caac.21732>.

⁷ Musumeci, M., Leiser, E., & Douglas, M. (2024, September 11). Few Georgians are enrolled in the state's Medicaid work requirement program. The Commonwealth Fund. Retrieved from <https://www.commonwealthfund.org/blog/2024/few-georgians-are-enrolled-states-medicaid-work-requirement-program>.

⁸ Id.

⁹ Id.

¹⁰ Harker, L. (2023, August 8). Pain but no gain: Arkansas' failed Medicaid work-reporting requirements should not be a model. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be#:~:text=In%20the%20first%20seven%20months,market%20realities%20beyond%20their%20control>.

¹¹ Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. Published May 6, 2021. <https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/>.

¹² Han, Xuesong, et al. Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Diagnosed Cancer Patients. *Journal of the National Cancer Institute*. 2022 Aug 8;114(8):1176-1185. doi: 10.1093/jnci/djac077.