



Know the Facts: Medicaid, Work & Work Requirements

The issue of requiring certain Medicaid clients to work as a condition of health care coverage has gotten a lot of attention in recent months. Here's what we know about the topic.

Medicaid in CT: Who's covered?

Medicaid – known as HUSKY in Connecticut – provides health insurance to low-income children and adults. More than half of the cost is paid by the federal government.

As of [October 2024](#), HUSKY covered:

- 515,900 low-income children and their parents (HUSKY A)
- 83,800 low-income seniors and people with disabilities (HUSKY C)
- 311,400 low-income adults without minor children (HUSKY D)

Most adults with HUSKY already work.

Data indicate that two-thirds of non-elderly, non-disabled adults with HUSKY have jobs.

According to an [analysis by the nonpartisan organization KFF](#), there were 326,000 adults in Connecticut who were covered by HUSKY in 2021 who were under 65 and did not receive federal disability payments or Medicare coverage.

Among those 326,000 adults:

- 67% worked fulltime or part-time
 - 46% worked fulltime
 - 21% worked part-time
- 87% lived in a household with at least one worker

Most non-working adults have disabilities or are ill, in school, or caretaking.

[National data](#) indicates that most adults in Medicaid who do not work are either ill or have disabilities, are taking care of children or others, or are attending school.

Data on Connecticut is more limited, but 2021 [data](#) indicates that 15% of non-elderly, non-disabled adults covered by HUSKY were not working because they were taking care of someone else.

Most working adults with HUSKY work in retail, health care, social assistance, and food service jobs, or are self-employed.

According to [the U.S. Department of Health and Human Services](#), among Connecticut Medicaid clients who worked in 2021:

- 20% worked in retail jobs
- 20% worked in health care and social assistance
- 14% were self-employed
- 10% worked in accommodation or food service jobs
- 7% worked in manufacturing
- 7% worked in educational services

Medicaid work requirements have led to low enrollment, coverage losses because of reporting challenges, and millions spent on administrative costs.

Some states are considering requiring certain Medicaid enrollees to report work hours as a condition of receiving Medicaid coverage. Georgia is the only state that currently imposes a work requirement.

In Georgia, 90% of spending in the first year went to administrative and consulting costs.

- Since July 2023, Georgia has provided Medicaid coverage to adults earning up to the federal poverty level if they meet work requirements.
- As of [January 2, 2025](#), only 6,503 adults were enrolled in this coverage, even though an estimated 175,000 adults were eligible based on their incomes, [according to KFF](#).
- In 2023, Georgia spent \$26.6 million on this program – of which only \$2 million went to cover medical care. More than 90% of the total spending [went to administrative and consulting costs](#).

In Arkansas, people lost coverage because of barriers to reporting work even if they qualified for coverage.

Arkansas had a work requirement in place for several months in 2018 and 2019 before reversing it following legal action.

- Researchers [surveyed Medicaid beneficiaries](#) in the group subject to the work requirement.
- Of those surveyed, more than 95 percent either met the work requirement or were eligible for an exemption, but some still lost coverage. Researchers said this suggested that many people lost coverage because of barriers to reporting their data to the state.
- Of the people surveyed who lost coverage, nearly half reported serious problems paying off medical debt, more than half delayed needed care because of the cost, and nearly two-thirds delayed taking medication because of the cost.

Based on states' brief experiences with work requirements, the [Congressional Budget Office in 2022](#) said that work requirements in Medicaid "cause a substantial portion of adults who are not exempt from them to lose coverage, and they appear to have little effect on employment."