



Policy explainer Medicaid Work Requirements in Ohio

Over 760,000 working-age Ohioans with lower incomes — more than 6% of the state's population — are enrolled in Medicaid through expansion. Research shows that Medicaid expansion is associated with improvements to care access, affordability, state economies and self-reported health. Recent federal policy changes will require that Medicaid expansion enrollees meet work or community engagement requirements to be eligible for coverage in the coming years.

This policy explainer describes:

- The Medicaid work requirements established by federal law in July 2025
- How federal Medicaid work requirements compare to the work requirements proposed by Ohio policymakers through an 1115 waiver proposal submitted in February 2025
- The potential impacts of Medicaid work requirements
- Key points in the implementation timeline and decisions for state policymakers

What is the status of Medicaid work requirements in Ohio?

In recent years, many states have proposed adding work and community engagement requirements to Medicaid eligibility. However, only a few states, such as Arkansas and Kentucky, have reached the point of implementing work requirements.

The Ohio Department of Medicaid (ODM) first submitted an 1115 waiver application to mandate work requirements for the Medicaid expansion population in April 2018. This application was approved by the Centers for Medicare and Medicaid Services (CMS) in 2019 but never implemented because of the COVID-19 pandemic.³ The approval was subsequently rescinded during the Biden administration.⁴



Medicaid Basics

The Medicaid program is jointly funded by the federal government and states. The Affordable Care Act and a subsequent U.S. Supreme Court decision permitted states to optionally extend Medicaid eligibility to adults ages 19-64 earning less than 138% of the federal poverty level. Ohio began offering coverage to the Medicaid expansion population in January 2014.

For more information, see 2025
Ohio Medicaid Basics

Additionally, the state fiscal years 2024-2025 Ohio operating budget, **HB 33**, mandated that ODM submit another work requirements 1115 waiver application for the Medicaid expansion population by early 2025, **which ODM did this February**. That application has not yet been approved or denied.

HR 1, the federal reconciliation bill that is sometimes referred to as the "One Big Beautiful Bill Act," requires that all states establish work requirements for Medicaid expansion eligibility, with some mandatory exemptions for enrollees meeting certain conditions.⁵ For more information about federal work requirements, see KFF's **Health Provisions in the 2025 Federal Budget Reconciliation Law**.

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Comparison of work and community engagement requirements in HR 1 and ODM submitted 1115 waiver application

	HR 1: One Big Beautiful Bill Act (became law in July 2025)	Ohio Department of Medicaid 1115 waiver application (submitted February 2025)
Hours of work or activity required	80 hours per month	20 hours per week
Start date	No later than January 2027, with possibility of an extension until January 2029; states can also implement requirements earlier through the waiver process	Revised start date of mid-2026
Verification of compliance	Verification of employment or education status with existing data sources is permitted, but enrollees may have to submit documentation for some types of engagement	No additional reporting required; would use existing sources for verification
Eligible types of work or activity		
Paid employment	Approved	Approved
Work/ occupational programs	Approved	Approved
Educational programs	Approved	Approved
Community service	Approved	Approved – classified as 'unpaid employment'
Combination of above	Approved	Uncertain
Exemptions		
Age	No provision, adults aged 19-64 must meet requirements	Over age 55
Dependents	Parent, guardian, caretaker relative, or family caregiver of a child who is less than 14 years old or disabled	"Unpaid family caregiver[s]"
Pregnancy	Pregnant individuals and those receiving postpartum care	No provision
Medical conditions	Individuals who are medically frail or have special medical needs	"Individuals who cannot work due to underlying mental
	Includes substance use disorders, disabling mental disorders, blindness, disability and conditions that "significantly impair the ability to perform one or more activities of daily living"	health, substance use, or medical conditions"
Substance use treatment	"Participating in a drug addiction or alcoholic treatment rehabilitation program"	"Participating in an alcohol and drug addiction treatment program"
Short-term hardships	States can optionally grant short-term exemptions for individuals who: 1. experienced recent inpatient hospitalization; 2. live in a county with a federally-declared emergency; 3. live in a county with an unemployment rate above 8% / 1.5x the national unemployment rate	No provision

What are the potential impacts of Medicaid work requirements in Ohio?

The U.S. Secretary of Health and Human Services is required to issue an interim final rule to guide the implementation of Medicaid work requirements by June 1, 2026. Estimating the exact impacts of work requirements is challenging since the specific implementation details are unknown. Analysis of Ohio's most-recent 1115 waiver application conducted by the Urban Institute estimated this year that more than 200,000 Ohioans could lose health coverage⁶, while ODM estimated that 62,000 would lose coverage.⁷

Other states have implemented work and community engagement requirements for the Medicaid expansion population in the past. Evaluations from states such as Arkansas show that these requirements resulted in significant coverage loss, with more than 17,000 becoming uninsured in the first six months of implementation, but no meaningful change in the overall employment rate.⁸ There is evidence that many individuals lost coverage not because they failed to meet the requirements, but instead because of burdens associated with demonstrating compliance⁹, including internet access difficulties when reporting work hours in an online portal.¹⁰ Additionally, those who lost coverage experienced high rates of delayed care due to cost and issues with paying off medical debt.¹¹

AARP notes that older adults, who are *not* exempted in the HR 1 work requirements, will be particularly at risk for coverage loss and difficulties navigating compliance verifications.¹² The use of external data sources by state Medicaid programs to automatically verify compliance and exemptions can potentially limit burdens for all enrollees (see below).¹³

What are the next steps for implementing work requirements in Ohio?

The implementation of work requirements will occur over the next few years and will be impacted by upcoming regulatory decisions from CMS. Additionally, Ohio policymakers will need to make important decisions related to work requirements in the state.

Key Medicaid work requirement dates in Ohio 1115 waiver and HR 1



Key Decisions for Ohio Policymakers

► Reconciling submitted 1115 waiver application

The 1115 waiver submitted by ODM in February 2025 is currently under review by CMS. ¹⁴ Some components of Ohio's proposed waiver do not align with the requirements in HR 1, including exemptions for people over 55. While it is not currently clear what decision CMS will make regarding Ohio's application, a modified approved waiver could mean that work requirements begin even earlier than the federally mandated January 2027 implementation date. Importantly, states can request to delay implementation of the federally mandated work requirements until January 2029 (see table on page 2), which may be necessary given the systems changes that need to happen to comply with the federal law. Evidence from Georgia's recent implementation of work requirements suggests that setting up these verification systems can be time-intensive and add significant administrative costs. ¹⁵

► Setting up short-term hardship exemptions

HR 1 optionally allows states to establish short-term hardship exemptions for work requirement compliance, including for enrollees who are hospitalized, living in counties with a federally declared emergency, or living in counties with a high unemployment rate. These exemptions could prevent individuals from losing their coverage during a time when securing or retaining employment is more difficult.

► Establishing processes for verification of compliance

HR 1 mandates that states use external sources such as labor or tax data to verify employment and exemptions for enrollees "where possible," as an alternative to requiring enrollees to submit documentation themselves. Ohio already uses these types of verification procedures (known as ex parte review or verification) for Medicaid eligibility renewals¹⁶, but new systems will need to be set up for verifying some types of community engagement, such as education and community service. Evidence from previous work requirements suggests that additional responsibilities for enrollees to upload documentation or log work hours often result in coverage losses, even when an individual is meeting the requirements.¹⁷ States must also confirm that an individual is compliant with the requirements for at least one month before being enrolled or renewed, but can choose to expand this up to three months.



About HPIO's healthcare access and affordability in Ohio series

This series of HPIO publications includes data and analysis about the current challenges facing working Ohioans and examines how recent policy changes, such as HR 1 (the federal reconciliation bill) and HB 96 (the state budget bill) will impact access to care and affordability in Ohio.

Notes

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