Congressional Testimony for the Record
Opposition to Medicaid Work Requirements in Ohio

Submitted by:
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To the Esteemed Members of the Ohio Legislature:
Although a relatively new resident of Ohio, I respectfully submit this statement for the record as the legislature debates adding work requirements to the state's Medicaid benefit. I believe I have a unique perspective relative to this topic that can serve as a warning to some of the policy errs that I have witnessed over the past decade. Without hesitation, I write to express my unequivocal opposition to the imposition of work requirements on Ohio's Medicaid population.

As a former Arkansan, I bore witness to the human cost and policy failure of the nation's first Medicaid work requirement rollout. Despite its framing as a pathway to self-sufficiency, the Arkansas experiment led to more than 18,000 people losing coverage—many of whom remained eligible but were tripped up by bureaucratic red tape. One of them was Adrian McGonigal, a working man with a chronic illness who reported his hours but misunderstood the ongoing requirements. He lost his coverage, then his health, then his job, and eventually—his life. That tragic sequence was not an isolated case. It was the direct result of a flawed policy.

Some lawmakers now claim that today's proposals have learned from Arkansas' missteps—by easing paperwork, enhancing outreach, and integrating employment services. But these technical fixes cannot obscure the core reality: Medicaid is a health insurance program, not a job placement agency. Its statutory purpose is to provide medical assistance to those in need—not to enforce employment compliance.

The best available evidence does not support the rationale for work requirements. A 2023 analysis by the Congressional Budget Office found that a national Medicaid work requirement would remove coverage from 1.5 million Americans. The Urban Institute puts that number as high as 5 million. Critically, multiple peer-reviewed evaluations of Arkansas' policy showed no increase in employment but a substantial rise in uninsurance. In fact, over 90% of Medicaid enrollees nationally are either working, in school, caregiving, or unable to work due to disability. The notion that Medicaid enrollees are unwilling to contribute to society is a myth.

My unique perspective is also shaped by my family's ongoing involvement in Medicaid policy. My sister serves as a consumer representative on Utah's Medicaid Advisory Board, and through her work and our conversations, I've seen the burdens beneficiaries face just trying to access the benefits to which they are entitled. These challenges are often invisible to policymakers but all too real for the people navigating inconsistent guidance, complex forms, and time-consuming reporting processes—all of which worsen under work requirements.

What work requirements actually do is erect administrative hurdles that disproportionately harm the poor, the chronically ill, and those with limited digital or transportation access. These are the

very populations Medicaid is designed to serve. No amount of streamlining can eliminate the confusion and harm caused by conditioning health coverage on complex compliance rules.

Furthermore, prior to moving to Ohio, I worked in Maryland within their Department of Health, specifically on Medicaid policy and Healthcare Financing. As someone who has served inside a state Medicaid agency and worked on real-world implementation of policy, I can sympathize with the desires to balance escalating health costs. However, imposing more administrative hoops through work requirements are not grounded in public health principles or sound economics. They generate “savings” not by promoting employment, but by reducing enrollment.

Ohio has an opportunity to lead with integrity and compassion. Rejecting work requirements is not about opposing work; it is about preserving health care access and avoiding costly, ineffective experiments that have already failed elsewhere.

Our focus should be on strengthening health care access, addressing social determinants of health, and expanding workforce supports outside the Medicaid eligibility process—not on punishing poverty with more paperwork.

Respectfully submitted,
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