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Medicaid Work Requirements: Barriers by Design

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Everyone deserves access to affordable health care, and Medicaid, the joint federal and state-run health insurance program for people with low incomes and other barriers to coverage, serves as an essential source of that coverage. Yet new federally mandated work requirements threaten to rip that coverage away with increased obstacles to eligibility along with burdensome paperwork and reporting requirements. The impending catastrophic loss of coverage will undermine residents' health, as uninsured residents are more likely to delay or go without needed medical care because they can no longer afford it.¹

Instead of creating unnecessary barriers to care, policymakers should protect and strengthen Medicaid by making it easier for eligible residents to enroll in and keep their coverage. As New Jersey state leaders implement the new work requirements, they must incorporate community input and build safety net mechanisms that address the reality of residents' barriers to Medicaid coverage.

To minimize coverage losses, this report recommends:

- building a statewide outreach and enrollment support network;
- providing clear and consistent guidance and simple ways to submit and track documentation;
- prioritizing utilizing existing administrative data and self-attestation to reduce unnecessary paperwork;
- and continuing health care coverage through a Medicaid bridge program.

Many Medicaid Members Must Soon Meet New Work Requirements

Mandating work activities in order to enroll in or keep Medicaid coverage threatens low-income residents' access to health care. While there are a few different ways to meet the requirements, this additional barrier to health coverage counteracts the program's purpose of providing insurance to those who need it most.

Work requirements, also called "community engagement requirements," direct Medicaid applicants and enrollees to prove through documentation that they are working, looking for work, attending school, volunteering, or participating in other qualifying activities.² Medicaid is

a health insurance program for people who cannot work or cannot get coverage through their job. Because of this, work requirements have not historically applied to the program. Still, similar requirements apply to other means-tested programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program.³ Congress changed this longstanding policy in 2025, when it passed H.R. 1, also known as the “One Big Beautiful Bill Act.” The new law establishes nationwide work requirements for Medicaid beginning January 1, 2027.⁴

The new rules apply to the Medicaid expansion population: adults with income up to 138 percent of the federal poverty level. This includes many adults without dependents, who were ineligible prior to the expansion.⁵ These enrollees must complete 80 hours per month of a qualifying activity, or document income equal to or greater than 80 hours at the federal minimum wage per month (\$580/month in 2026). Residents must prove they meet the requirements when applying for coverage. Current enrollees must prove it again every six months, when the State renews their Medicaid eligibility.⁶ This increase from once-a-year renewals adds a new administrative burden for Medicaid expansion enrollees.⁷

Medicaid Enrollees Must Meet Work Requirements Through Approved Activities

Meeting the monthly requirement involves either:

1. Documenting a monthly income (or average monthly income over six months for seasonal workers) of \$580 [equivalent to 80 hours at the federal minimum wage] OR
2. Completing and Documenting 80 hours per month of any of the below activities.

Type of Activity	Activity Description
Work	Paid work, work in exchange for goods or services, or certain unpaid work (outside of “community service” as defined below).
Participation in a Work Program	Certain federally or state recognized employment and training programs.
Enrollment in an Educational Program	At least half-time enrollment in an institution of higher education, a career and technical education program, a high school, or a high school equivalency program.
Community Service	Unpaid work for community benefit that takes place within a structured program overseen by a public or nonprofit organization.
A Combination of These Activities	Individuals may meet the 80-hour monthly requirement through any combination of the activities listed above.

Source: Center for Health Care Strategies. [A Summary of Federal Medicaid Work Requirements](#). Updated June 2026.

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Some groups, such as people enrolled in traditional Medicaid and people enrolled through the Aged, Blind, Disabled (ABD) program, do not have to meet the new work requirements because they are not a part of the Medicaid expansion enrollment group. Other enrollees, such as parents/caregivers of children under 14 years old, pregnant people, and those with serious medical conditions, may need to provide documentation to prove that they do not need to meet those requirements.⁸

Whether subject to the work requirements or not, eligible residents may still lose coverage if they cannot manage complex reporting and documentation requirements, creating administrative barriers to accessing care. Previous states' attempts at imposing work requirements for Medicaid have resulted in loss of coverage; for example, Arkansas' program that ran from June 2018 to March 2019 resulted in more than 18,000 people losing coverage, largely because they did not complete the required reporting and documentation.⁹ Since July 2023, Georgia has included work requirements in their Pathways program, but is finding significant under-enrollment attributed to a cumbersome enrollment process and restrictive eligibility criteria.¹⁰

The Garden State has seen similar harmful effects when more administrative tape has been introduced to critical safety net programs. The challenges of communication and documentation during the recent "Medicaid unwinding," or removal of COVID-19 pandemic protections, in New Jersey resulted in more than 490,000 people losing coverage simply due to technical barriers.¹¹ Nearly three-quarters of Medicaid members in New Jersey who were disenrolled during unwinding were terminated for procedural reasons.¹² These types of losses worsen racial disparities in coverage, as Black and Hispanic/Latinx enrollees are most likely to face occupational, physical, and other obstacles in completing paperwork processes.¹³ The introduction of work requirements will result in similar types of administrative challenges and loss of coverage.

Work Requirements Harm All Enrollees

Policies that set standards of which people are "worthy" of health care coverage inherently create barriers that will have far-reaching effects beyond the targeted groups.¹⁴ They do this simply by making it harder to get and keep coverage — both for those who must meet the new requirement and those who have to prove that they do not need to meet it.

Evidence from previous state experiences and national research shows that Medicaid work requirements do not encourage employment as proponents suggest, but instead create administrative barriers that cause eligible people to lose health coverage.¹⁵ In New Jersey, the new requirements are expected to increase paperwork for both residents subject to the requirements and those who have to prove that the requirements do not apply to them, leading

to unnecessary coverage losses, a higher uninsured rate, and increased costs for the state's health care system.¹⁶ With around 540,000 participants in New Jersey's Medicaid expansion population, hundreds of thousands of people will face these new barriers to keeping their coverage.¹⁷

Documenting Work Requirements Requires Overcoming Numerous Barriers

Coverage losses are expected to occur not because people fail to meet the work requirements, but because they cannot manage complex and more frequent reporting and documentation rules, or run into technical and administrative problems. National evidence shows that most adults under 65 who are enrolled in Medicaid (64 percent) are already working full or part time.¹⁸ Yet the tasks for documenting work requirements can be especially hard for people with variable work schedules, non-traditional or varied employment and work activity arrangements, limited internet access, language barriers, or frequent address changes.¹⁹

In New Jersey, residents applying for NJ FamilyCare — the state's Medicaid and Children's Health Insurance Program (CHIP) — can apply in person at a County Social Service Agency, by phone, online or by paper application, or may be referred to Medicaid after applying for marketplace coverage through GetCoveredNJ.²⁰ For some members, renewal forms must also be submitted to verify continued Medicaid eligibility. Changes in federal law have increased those renewals from once a year to every six months for Medicaid expansion participants.²¹ The multi-page paperwork has traditionally required extensive personal information, including Social Security numbers or other identification numbers for immigrants, as well as employer and income information.²² These identification numbers have been used to verify income levels and other eligibility information. Notably, residents have not had to specify how many hours they regularly work to earn income.

Once the work requirements are imposed, some residents who qualify through the Medicaid expansion but do not meet the \$580/month minimum income threshold will have to provide documentation of the hours worked. Generally, this will require supervisors to provide an employee, trainee, or volunteer with specific forms listing the hours worked and the income earned for each month. Then, the employee must upload or mail those documents. If the State cannot verify that an enrollee meets work reporting rules through available electronic data, the State must issue a formal notice of noncompliance and allow 30 days for enrollees to show that they are compliant or that an exemption applies to them.²³

This process reveals a variety of barriers for residents trying to document their work hours to obtain or keep their coverage:

Language Barrier: While many state forms are available in other languages, it can still be difficult to use the system to reach those forms or get questions answered for people whose primary language is not English. With health care forms requiring technical information that can be difficult for even an English-language speaker to understand, applicants who speak English as a second language are more likely to struggle understanding them.

Technological Barrier: While there is a Medicaid application portal available online, many residents still face a barrier in using online forms either because they struggle with technology more broadly (such as older adults or people with disabilities) or do not have easy access to computers or the internet at home. Additionally, many people in underserved communities only access the internet on a mobile phone, or rely on their phone as their primary way online, and state applications and resources are not always mobile-friendly.²⁴

Information Barrier: Understanding what documentation is needed for the work requirements also requires a Medicaid member to understand what eligibility group they are a part of for their Medicaid coverage. For example, to know if they are a Medicaid expansion participant, a member would have to look for the plan name of “ABP” (Alternative Benefit Plan) on their health insurance card.²⁵ This information can be difficult for residents to understand or find, creating another barrier to getting the help they need.

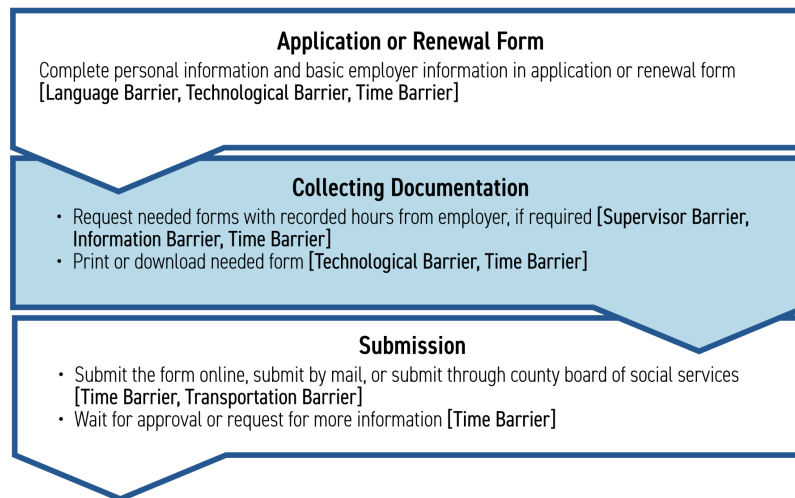
Supervisor Barrier: Gathering the required documents from supervisors can be difficult for participants who meet work requirements through 80 or more hours of qualifying work, community service, training, or educational enrollment. This is especially challenging where participants have multiple jobs or activities, temporary or seasonal jobs, or other non-traditional types of employment.

Transportation Barrier: Participants must find a way to gather and submit their documents. If they cannot do so online because of limited internet access or other technological barriers, then they have to physically collect and submit their forms and documentation. This requires transportation to the post office, a County Social Service Agency, and potentially to their supervisor at a non-work time.

Time Barrier: Every step in the application process takes time, from gathering records and documentation from a supervisor or other source to submitting them. Filling out forms, collecting documents, and submitting them all require applicants and enrollees to commit hours of their day to the process. Waiting for documentation or approval can delay the process further.

Documenting Needed Hours Requires Reliable Supervisors and Overcoming Time and Transportation Barriers.

Breakdown of Medicaid Application/Renewal Process and Accompanying Barriers.



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Residents Seeking Exceptions to Work Requirements Face Additional Challenges

While many people will have to meet the work requirements, some will not, because they fall into certain enrollee categories named in the law. But they can still lose coverage if they cannot successfully document their status. The State will use administrative data to automatically verify that status for some residents, but others will need various additional forms of documentation to be waived from work requirements.²⁶

Certain Medicaid Enrollees Will Not Have to Meet Work Requirements

The work requirements do not apply for those who qualify for traditional Medicaid (non-Medicaid Expansion) plans. Additionally, some Medicaid Expansion enrollees will have the requirements waived once certain statuses are documented.

Work Requirements Do Not Apply (Not Part of the Medicaid Expansion Population)	Work Requirements Do Not Apply Due to Documented Status (Part of the Medicaid Expansion Population)
Children under 19	Parents and caregivers of a child under age 14 or a person with disabilities
Aged, Blind, Disabled (ABD) members	Medically frail individuals - Persons with a qualified and documented serious physical health condition, mental health condition, or substance use/addiction
Current foster youth	Pregnant individuals
Parents and other caretaker relatives qualified under Traditional Medicaid	Individuals within 1 year postpartum (after a pregnancy has ended)
Individuals receiving federal Supplemental Security Income (SSI) benefits	American Indians, Alaska Natives, and California Indians
	Veterans with total disability ratings
	Former foster youth under age 26
	Temporary Assistance for Needy Families (TANF) recipients who comply with work requirements
	Supplemental Nutrition Assistance Program (SNAP) recipients who are not exempt from work requirements
	Individuals participating in a qualified drug addiction or alcohol treatment rehabilitation program
	Current or recent incarcerated individuals of jails, prisons, or other public institutions

Source: NJPP analysis utilizing: New Jersey Department of Human Services. [Division of Medical Assistance and Health Services: Overview of Federal Changes to NJ FamilyCare/Medicaid](#). Jun. 22, 2026. Meuse, Dan. State Health & Value Strategies. "[Medicaid Work Reporting Requirements: Implementation Basics and State Decision Points](#)." Aug. 15, 2026.

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Obtaining and maintaining a documented status that waives the requirements often involves submitting paperwork, medical documentation, or other proof to the state on an ongoing basis. “Medically frail” individuals, including people with disabilities and serious medical conditions, may have to provide documentation to verify their medical condition, as well as show that it prevents them from working.²⁷ H.R. 1 also limits states’ ability to accept self-attestation, the practice of allowing Medicaid applicants or enrollees to certify that they qualify for an exception without submitting additional documentation.²⁸ These administrative requirements create additional ways for eligible residents to lose coverage because of paperwork burdens, processing delays, or confusion about the reporting process.

“Medically frail” enrollees, in particular, will face significant additional challenges on top of the previously mentioned barriers. Obtaining the documentation needed to qualify for this status and confirm that work requirements do not apply raises the following barriers:²⁹

Accessibility Barrier: Medically frail individuals may face mobility limitations, limited access to specialized providers, and long wait times for appointments. Cognitive or functional limitations may also make it difficult to understand notices, schedule appointments, complete forms, gather records, or submit documentation by required deadlines.

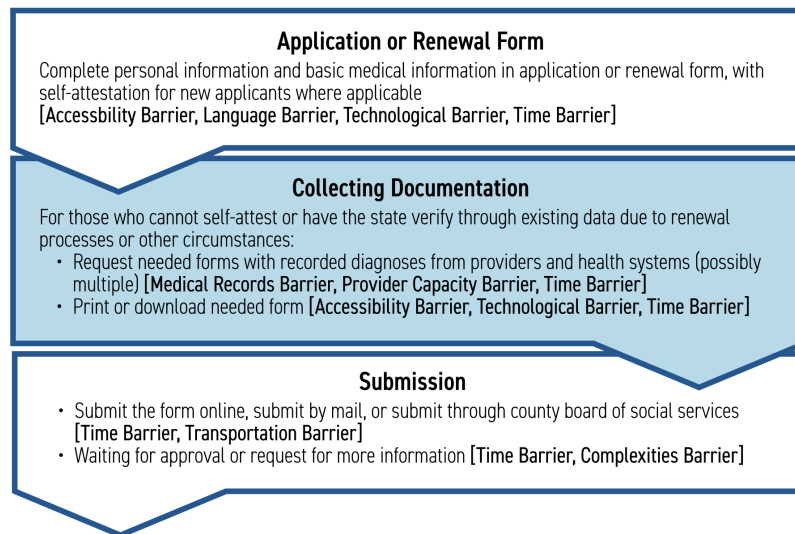
Medical Records Barrier: People with multiple or complex conditions often receive care from several providers and health systems. Their medical records may not clearly capture the full extent of their functional limitations, requiring them to coordinate across providers to obtain documentation.

Provider Capacity Barrier: Providers must understand the exemption criteria, determine whether patients qualify, and complete additional forms. In already overburdened health care practices, this additional administrative work could delay documentation or discourage providers from completing forms altogether.

Complexities Barrier: For medically frail individuals, the steps needed to obtain and submit documentation can take significant time and may be difficult to complete within a short redetermination window. Extended processes can create growing physical challenges for people with certain medical conditions. Strict deadlines could cause eligible residents to lose coverage simply because they could not finish the documentation process in time.

Documenting Medical Statuses Requires Overcoming Significant Additional Barriers.

Breakdown of Medicaid Application/Renewal Process and Accompanying Barriers.



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Losing Coverage Raises Health Care Costs and Worsens Public Health

When more New Jerseyans are uninsured, worsening public health and increasing costs harm communities across the state. The new Medicaid work requirements could result in significant coverage losses in New Jersey, even among people who remain eligible for the program. Nationwide, millions of people are at risk of losing Medicaid coverage, with researchers predicting 7.1 million people will lose Medicaid coverage and become uninsured.³⁰ In New Jersey, of the 540,000 adults included in the Medicaid expansion population, 300,000 could lose coverage.³¹ This loss of coverage could cause an annual increase of approximately \$669 million in uncompensated care costs, placing additional strain on New Jersey's Charity Care system.³²

Losing Coverage Worsens Health Outcomes

Residents who lose eligibility due to the work requirements are likely to become uninsured because there is no safety net program providing temporary coverage for those who lose Medicaid coverage. Having more uninsured residents will likely lead to a decrease in preventive care and increase in emergency room visits.³³ Because people without coverage are more likely to delay preventive care, forgo treatment, and rely on emergency departments for conditions that could have been addressed earlier, they often experience poorer health outcomes.³⁴

New Jersey's experience during the COVID-19 pandemic demonstrated the importance of maintaining access to health coverage during a public health crisis. In the first months of the pandemic, an estimated 124,000 New Jerseyans lost access to employer-sponsored insurance after losing their jobs and were unable to obtain other coverage.³⁵ This brought the state's uninsured population to approximately 701,000 non-elderly adults, or 13 percent, by May 2020. This crisis temporarily pushed the uninsured rate back to pre-Affordable Care Act levels, erasing years of progress.³⁶ Changes introduced through the Affordable Care Act, like the Medicaid expansion, helped to keep the crisis from escalating further.³⁷ At the same time, New Jersey hospitals faced increased pressure to provide care to uninsured residents, prompting the State to provide additional funding to help hospitals cover uncompensated care.³⁸

Threats to public health programs, especially Medicaid coverage, also worsen racial disparities in health coverage and outcomes. The effects of historical racism mean that differences in access to care across communities in New Jersey persist.³⁹ Increased barriers to completing procedural requirements, like those seen during the removal of COVID-19 coverage protections, can worsen these differences by causing people to lose health coverage.⁴⁰ Increasingly higher uninsured rates mean that, during a crisis, the harms for Black, Hispanic/Latinx, and other communities who are more likely to be uninsured are magnified.⁴¹ New Jersey's challenges during and after the pandemic underscored how quickly coverage losses can translate into broader challenges for residents' access to care and the health care system's ability to meet their needs.

More Uninsured Residents Destabilizes the Health Care System

Coverage losses also carry significant financial consequences for New Jersey's health care system. Because uninsured residents often delay care until an illness has become further advanced and are then more likely to seek care through emergency rooms, the demands on a health care system become less predictable and more unstable.⁴² Health care providers must absorb increasing uncompensated care costs while simultaneously losing the payments that would have come if these same patients were covered by Medicaid. This imbalance of funding could lead to health care system cuts and more limited availability of services.⁴³

Before the Affordable Care Act's Medicaid expansion, hospitals provided substantially more uncompensated care to uninsured patients. As Medicaid coverage expanded and the uninsured rate declined, uncompensated care costs fell, reducing pressure on hospitals and the State's Charity Care program, which helps hospitals cover the cost of care provided to eligible uninsured and underinsured patients.⁴⁴

Reversing the coverage gains from the ACA by imposing work requirements will shift greater health care costs to providers, the State, and other residents.⁴⁵ Assuming predictable health

care cost inflation and considering previous estimates for the needed care for uninsured individuals, an increase of 300,000 more uninsured residents in New Jersey may require the State to devote around \$669 million more each year to help hospitals fill the gap and absorb the cost of care provided to newly uninsured residents.⁴⁶ These catastrophic harms grow even larger when factoring in the projected \$2.6 billion in other H.R. 1 cuts to provider payments and approximately \$3 billion in surrendered federal matching dollars due to these enrollment losses.⁴⁷

Recommendations

As the federal government adds more hurdles to health care coverage, it becomes increasingly urgent for state governments to proactively protect their residents. By taking actions to work around those hurdles and ease the process of getting and keeping coverage, state leaders can keep New Jerseyans healthy and thriving. These same actions can also ensure that losing one type of coverage does not immediately devastate a resident or family.

The following recommendations offer some first, clear steps toward protecting residents and their health care:

Build a Statewide Outreach and Enrollment Support Network

New Jersey should build on its existing stakeholder outreach, including its partnership with the New Jersey Health Care Quality Institute, to launch a statewide effort that reaches Medicaid members through every available channel to help them understand the new requirements and how to comply.⁴⁸ This should include coordinated outreach through health care providers and health systems, managed care organizations, state agencies, faith-based organizations, community groups, public messaging, and social media. The State should also provide funding, training, and other support to county boards and community organizations, including the State Navigators, that help residents apply for coverage and submit documentation. This would enable them to offer extended hours, evening and weekend appointments, and in-person assistance for people who may have difficulty completing these processes on their own.

Provide Clear, Consistent Guidance and Simple Ways to Submit and Track Documentation

The State should establish clear and uniform guidance explaining how members can document work requirements and demonstrate that they qualify for statuses that waive the requirements, particularly medical frailty. For medical frailty, the State should develop a standardized, simple provider form that minimizes the information health care providers must supply and reduces

unnecessary paperwork. For tracking hours, the State should provide simple, uniform forms for recording volunteer and work hours and other necessary information.

New Jersey should also improve its online systems so that members can submit documentation and quickly check their application and eligibility status, including whether they are subject to the work requirements. Streamlining the Medicaid application process with other resident-serving online portals such as GetCoveredNJ would enable immediate eligibility determinations so people seeking health care could access all their coverage options in one place. Clear, consistent guidance and accessible tools will help prevent confusion and reduce the risk that eligible residents lose coverage because they do not understand what is required of them.

Prioritize Administrative Data and Self-Attestation to Reduce Unnecessary Paperwork

New Jersey should build on its ongoing efforts to integrate data across state and county systems and maximize the use of administrative data and self-attestation to verify eligibility and exemptions before requiring members to submit additional documentation. This is consistent with federal H.R. 1 implementation guidance that requires states to use data whenever possible to verify Medicaid eligibility.⁴⁹ The State is already developing systems to connect information from Medicaid claims, Social Security, SNAP and TANF, education, wage, and other data sources, with the goal of automatically identifying members who are exempt from or compliant with work requirements.⁵⁰ By continuing to expand these data connections and improving how they support automatic eligibility determinations, the State can avoid unnecessarily asking members it can already verify to complete renewal packets or provide additional proof.

New Jersey leaders have indicated that they will prioritize self-attestation whenever permitted in 2027.⁵¹ The State should build on this commitment by making self-attestation the standard pathway whenever administrative data cannot verify an exemption or qualifying activity, rather than requiring third-party documentation. Member notices and renewal materials should clearly explain when self-attestation is available, what information members are being asked to certify, and what they should do if they cannot self-attest. This approach would reduce unnecessary paperwork and make it easier for eligible residents to maintain coverage, while allowing the State to use existing data and other verification tools to identify eligibility and prevent improper enrollment.

Continue Health Care Coverage through a Medicaid Bridge Program

New Jersey should establish a state-funded bridge coverage program for Medicaid members who lose coverage because they fail to meet the new work reporting requirements. Rather than these residents becoming immediately uninsured, the State could provide temporary coverage

while residents resolve their compliance issues, appeal a termination, or transition to another affordable coverage option. Some states have created a bridge program for people who lose Medicaid coverage because of income ineligibility or have transitioned them directly to state-based exchange coverage.⁵² While H.R. 1 rules prevent the state from seamlessly transitioning people to subsidized marketplace coverage, a bridge program would keep people insured while they figure out alternative coverage options.⁵³ This approach would help prevent disruptions in access to care while reducing the risk that administrative barriers turn into prolonged gaps in coverage.

Conclusion

The implementation of H.R. 1 work requirements will create new administrative hurdles for New Jersey residents who rely on Medicaid, making it critical that the State act now to prevent eligible people from losing coverage simply because they cannot navigate a complex process. New Jersey should prioritize clear communication, accessible enrollment assistance, streamlined documentation, self-attestation wherever permitted, and the use of existing administrative data to verify eligibility. With nearly 1.8 million residents relying on NJ FamilyCare for health coverage, the State has an opportunity to build an implementation system that protects coverage while minimizing unnecessary burdens on members and providers.⁵⁴ The time to build that system is now, before the new requirements take effect in 2027.

¹ Tolbert, J., Cervantes, S., Bell, C., and Damico, A. [Key Facts about the Uninsured Population](#). KFF. Jun. 16, 2026.

² Meuse, D. [Medicaid Work Reporting Requirements: Implementation Basics and State Decision Points](#). State Health & Value Strategies. Aug. 15, 2025.
New Jersey Department of Human Services. [Division of Medical Assistance and Health Services: Community Engagement/Work Requirements](#). Accessed Sep. 14, 2026.

³ Center on Budget and Policy Priorities. [Policy Basics: Introduction to Medicaid](#). Updated Nov. 4, 2025; Guth, M. and Musumeci, MB. “[What is the history of Medicaid and work requirements?](#)” in An Overview of Medicaid Work Requirements: What Happened Under the Trump and Biden Administrations? KFF. May 3, 2022; Congressional Budget Office. [Work Requirements and Work Supports for Recipients of Means-Tested Benefits](#). Jun. 2022; Aguas, T. [TANF Explained: New Jersey’s Safety Net Steadily Falls Short](#). New Jersey Policy Perspective. Apr. 21, 2026.

⁴ [P. L. No. 119-21, 139 Stat. 78. Section 71119.](#)

⁵ Spiegel, J. [NJ FamilyCare 101: How Medicaid Works in New Jersey](#). New Jersey Policy Perspective. Sept. 2026; Center for Health Care Strategies. [A Summary of Federal Medicaid Work Requirements](#). Updated Jun. 2026; New Jersey Department of Human Services. [MEDICAID COMMUNICATION NO. 26-03](#). Feb. 26, 2026. In NJ, using 2026 eligibility threshold levels for a family of three, the Medicaid expansion population would include those making from \$509/month to \$3,142/month. Important Note: the work requirements will apply based on members’ statuses - that is, for members such as children enrolled through New Jersey’s Cover All Kids program, the work

requirements will not apply because they are children-only member households. Parents who are not members will not be subject to work requirements just because their children are enrolled.

⁶ [P. L. No. 119-21, 139 Stat. 77. Section 71107.](#)

⁷ Seraf, K. and Dervan, E. [New CMS Guidance on Six-Month Renewals in Medicaid](#). State Health & Value Strategies. Mar. 12, 2026.

⁸ Center for Health Care Strategies. [A Summary of Federal Medicaid Work Requirements](#). Updated June 2026.

⁹ Hinton, E. and Rudowitz, R. [5 Key Facts About Medicaid Work Requirements](#). KFF. Feb. 18, 2025.

¹⁰ Chan, L. [Georgia's Pathways to Coverage Program: The First Year in Review](#). Georgia Budget & Policy Institute. Oct. 29, 2024.

¹¹ New Jersey Department of Human Services. [Medicaid Monthly Renewal Report: June 2024 Report](#). p. 6. Jun. 2024.

¹² United States Government Accountability Office. [Medicaid and Children's Health Insurance: Disenrollments After COVID-19 Varied Across States and Populations](#). Jun. 2025. p. 35.

¹³ Rumalla, K.C., Nelson, D.B., McConnell, K.J., and Zhu, J.M. [Racial and Ethnic Disparities in Medicaid Disenrollment After the End of the COVID-19 Public Health Emergency](#). JAMA Internal Medicine. vol 184, no. 8. Jun. 3, 2024. pp. 987-989.

¹⁴ For a discussion of the concept of “worthiness” or “deservingness” and its role in people’s opinions about work requirements, see: Haeder, S.F., Sylvester, S.M., and Callaghan, T. “[Lingering Legacies: Public Attitudes about Medicaid Beneficiaries and Work Requirements](#).” Journal of Health Politics, Policy and Law. vol. 46, no. 2. Apr. 1, 2021. pp. 305-355.

¹⁵ Guth, M. and Musumeci, MB. “[What is the history of Medicaid and work requirements?](#)” in An Overview of Medicaid Work Requirements: What Happened Under the Trump and Biden Administrations? KFF. May 3, 2022; Haeder, S.F., Sylvester, S.M., and Callaghan, T. “[Lingering Legacies: Public Attitudes about Medicaid Beneficiaries and Work Requirements](#).” Journal of Health Politics, Policy and Law. vol. 46, no. 2. Apr. 1, 2021. pp. 305-355; Lukens, G. and Zhang, E. [Medicaid Work Requirements Could Put 36 Million People at Risk of Losing Health Coverage](#). Center for Budget and Policy Priorities. Feb. 5, 2025; Musumeci, M. [Disability and Technical Issues Were Key Barriers to Meeting Arkansas' Medicaid Work and Reporting Requirements in 2018](#). KFF. Jun. 11, 2019.

¹⁶ New Jersey Department of Human Services. [New Jersey Calls on CMS to Simplify Medicaid Community Engagement Requirements to Protect Health Coverage](#). Press Releases 2026. Aug. 17, 2026; Spiegel, J. [Proposed Medicaid Work Rule Puts Coverage for the Medically Frail at Risk](#). New Jersey Policy Perspective. Jul. 30, 2026.

¹⁷ New Jersey Department of Human Services. [Key Direct Impacts of H.R. 1: New Jersey](#). May 2026.

¹⁸ Hinton, E. and Rudowitz, R. [5 Key Facts About Medicaid Work Requirements](#). KFF. Feb. 18, 2025.

¹⁹ Wagner, J. [Falling Through the Cracks: Major Gaps in Medicaid Work Requirement Policy](#). Center for Budget and Policy Priorities. Jul. 29, 2026; Brower, C. [How Some Medicaid Work Requirements Hurt Freelancers and Gig Workers](#). HR Executive. Aug. 4, 2025.

²⁰ New Jersey Department of Human Services. [Division of Medical Assistance and Health Services: NJ FamilyCare/Medicaid](#). Accessed Sep. 3, 2026; New Jersey Department of Human Services. [NJ FamilyCare Application](#). 2026. Accessed Sep. 3, 2026; New Jersey Department of Banking and Insurance. [GetCoveredNJ: NJ FamilyCare](#). Accessed Sep. 3, 2026.

²¹ Meuse, D. [Medicaid Work Reporting Requirements: Implementation Basics and State Decision Points](#). State Health & Value Strategies. Aug. 15, 2025.

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- ²² New Jersey Department of Human Services. [NJ FamilyCare Application](#). 2026. Accessed Sep. 3, 2026.
- ²³ U.S. Department of Health and Human Services - Centers for Medicare & Medicaid Services. [Medicaid Program; Community Engagement Requirement for Certain Individuals](#). Federal Register, vol. 91, no. 106. pp. FR 33348-33482. File Code CMS-2454-IFC. Jun. 3, 2026.
- ²⁴ Pew Research Center. [Mobile Fact Sheet](#). Nov. 20, 2025.
- ²⁵ New Jersey Department of Human Services. [Division of Medical Assistance and Health Services: Overview of Federal Changes to NJ FamilyCare/Medicaid](#). Jun. 22, 2026.
- ²⁶ New Jersey Department of Human Services. [Division of Medical Assistance and Health Services: Overview of Federal Changes to NJ FamilyCare/Medicaid](#). Jun. 22, 2026; Meuse, D. [Medicaid Work Reporting Requirements: Implementation Basics and State Decision Points](#). State Health & Value Strategies. Aug. 15, 2025.
- ²⁷ New Jersey Department of Human Services. [Comments on 'Medicaid Program; Community Engagement Requirement for Certain Individuals](#). Regulations.gov, Public comment. Jul. 31, 2026.
- ²⁸ Manatt Health. [CMS Releases Interim Final Rule on Medicaid Work Reporting Requirements](#). State Health & Value Strategies. Jun. 15, 2026.
- ²⁹ Swenson, A. [Too sick to work, but can they prove it? New Medicaid rule worries patients](#). AP News. Jun. 11, 2026; Whitehead, S. [Doctors 'Cringe' at Possibility of Documenting Which Medicaid Enrollees Too Sick To Work](#). KFF News. Jul. 20, 2026.
- ³⁰ Lukens, G. and Zhang, E. [Medicaid Work Requirements Will take Away Coverage From Millions: State and Congressional District Estimates](#). Center for Budget and Policy Priorities. Jul. 22, 2025.
- ³¹ New Jersey Department of Human Services. [Key Direct Impacts of H.R. 1: New Jersey](#). May 2026.
- ³² Calculated using the estimated annual cost of \$2,230 per uninsured individual in 2030 multiplied by the projected 300,000 current Medicaid enrollees who will lose coverage due to work requirements. NJPP analysis using dollar estimates and methods from Argüello, A. and Ducas, A. [New CBO Estimates Confirm Massive Rise in Uncompensated Care Costs Under One Big Beautiful Bill Act](#). Center for American Progress. Jun. 10, 2025.
- ³³ Abelson, R. [Uninsured Patients Rise Sharply, Hospitals Report, Citing Obamacare Cuts](#). New York Times. Jul. 30, 2026; Oguntuase, F., Uzzi, C., Okahia, T., Adetifa, O., Eziechi, C., Okobi, O., Nwoagbe, O., and Dare, O. [Relationship Between Health Insurance Status and Frequency of Routine Medical Checkups](#). Cureus. vol. 17, no. 7. Jul. 13, 2025. p. e87847; DeVoe, S., Roberts, L., Davis, W., and Wallace-Brodeur, R. [Identifying Barriers to Access and Utilization of Preventive Health-Care Services by Young Adults in Vermont](#). Journal of Adolescent Health. vol. 62, no. 6. 2018. pp. 674-680.
- ³⁴ Tolbert, J., Cervantes, S., Bell, C., and Damico, A. [Key Facts about the Uninsured Population](#). KFF. Jun. 16, 2026.
- ³⁵ Holom-Trundy, B. [COVID-19 Job Loss Leaves More Than 100,000 New Jerseyans Uninsured](#). New Jersey Policy Perspective. Aug. 6, 2020.
- ³⁶ Holom-Trundy, B. [Mind the Gap: Keeping New Jerseyans Covered in the Face of Federal Cuts](#). New Jersey Policy Perspective. Feb. 6, 2026.
- ³⁷ Holom-Trundy, B. [COVID-19 Job Loss Leaves More Than 100,000 New Jerseyans Uninsured](#). New Jersey Policy Perspective. Aug. 6, 2020.
- ³⁸ New Jersey Department of Health. [Murphy Administration Provides \\$731 Million in Funding for New Jersey's Hospitals](#). Press Releases 2021. Apr. 6, 2021.

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- ³⁹ Holom-Trundy, B. [Mind the Gap: Keeping New Jerseyans Covered in the Face of Federal Cuts](#). New Jersey Policy Perspective. Feb. 6, 2026.
- ⁴⁰ Rumalla, K.C., Nelson, D.B., McConnell, K.J., and Zhu, J.M. [Racial and Ethnic Disparities in Medicaid Disenrollment After the End of the COVID-19 Public Health Emergency](#). JAMA Internal Medicine. Jun. 3, 2024. vol 184, no. 8. pp. 987-989.
- ⁴¹ Holom-Trundy, B. [Unprecedented and Unequal: Racial Inequities in the COVID-19 Pandemic](#). New Jersey Policy Perspective. Oct. 14, 2020.
- ⁴² Tolbert, J., Cervantes, S., Bell, C., and Damico, A. [Key Facts about the Uninsured Population](#). KFF. Jun. 16, 2026; Association of American Medical Colleges (AAMC). [Proposed Cuts to Medicaid Would Harm Patients and Hospitals](#). Accessed Sep. 3, 2026.
- ⁴³ Blavin, F., Buettgens, M., and Simpson, M. [Health Care Providers Would Experience Significant Revenue Losses and Uncompensated Care Increases in the Face of Reduced Federal Support for Medicaid Expansion](#). Urban Institute. Mar. 11, 2025.
- ⁴⁴ Schubel, J. and Broadus, M. [Uncompensated Care Costs Fell in Nearly Every State as ACA's Major Coverage Provisions Took Effect](#). Center for Budget and Policy Priorities. May 23, 2018; New Jersey Department of Health. [Office of Health Care Financing: Hospital Care Payment Assistance Program \(Charity Care\) Unit Overview](#). Accessed Sep. 3, 2026; New Jersey Department of Health - Office of Health Care Financing. [Calendar Year 2024: Documented Charity Care Report](#). 2026. Accessed Sep. 3, 2026.
- ⁴⁵ Bennett, C. [New Jersey is Staring into a Healthcare Fiscal Abyss](#). New Jersey Monitor. May 20, 2026.
- ⁴⁶ Calculated using the estimated annual cost of \$2,230 per uninsured individual in 2030 multiplied by the projected 300,000 current Medicaid enrollees who will lose coverage due to work requirements. NJPP analysis using dollar estimates and methods from Argüello, A. and Ducas, A. [New CBO Estimates Confirm Massive Rise in Uncompensated Care Costs Under One Big Beautiful Bill Act](#). Center for American Progress. Jun. 10, 2025.
- ⁴⁷ New Jersey Department of Human Services. [Key Direct Impacts of H.R. 1: New Jersey](#). May 2026.
- ⁴⁸ New Jersey Department of Human Services. [Meeting of the Medical Assistance Advisory Council: July 22, 2026](#). p. 43.
- ⁴⁹ U.S. Department of Health and Human Services - Centers for Medicare & Medicaid Services. [Medicaid Program; Community Engagement Requirement for Certain Individuals](#). Federal Register, vol. 91, no. 106. pp. FR 33348-33482. File Code CMS-2454-IFC. Jun. 3, 2026; Manatt Health. [CMS Releases Interim Final Rule on Medicaid Work Reporting Requirements](#). State Health & Value Strategies. Jun. 15, 2026.
- ⁵⁰ New Jersey Department of Human Services. [Meeting of the Medical Assistance Advisory Council: April 22, 2026](#). p. 19.
- ⁵¹ NJPP Communication with NJ Department of Human Services staff. Records on file with the authors.
- ⁵² Oregon Health Authority. [Oregon Health Plan \(OHP\) Bridge](#). Accessed Sep. 2, 2026; Murphy, N. and Millender, S. [How States Can Build Bridges by Smoothing Medicaid-to-Marketplace Coverage Transitions](#). Center for American Progress. Feb. 14, 2023.
- ⁵³ Center on Budget and Policy Priorities. [Key Facts: Medicaid Work Requirements and Six-Month Redeterminations](#). Health Reform: Beyond the Basics Project. Jun. 2026. p. 6.
- ⁵⁴ Spiegel, J. [NJ FamilyCare 101: How Medicaid Works in New Jersey](#). New Jersey Policy Perspective. Sep. 2026.