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By Design: Work Requirements in H.R. 1 Reduce Access to Medicaid and Food Assistance

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Starting at Square One

On July 4, 2025, the 'One Big Beautiful Bill Act' —hereafter referred to as H.R. 1— was signed into law. This legislation made permanent major tax cuts adopted in 2017 that primarily benefit wealthy Americans. These costs were offset by more than $1 trillion in cuts over the next decade to Medicaid – particularly the expansion populations - and the Supplemental Nutrition Assistance Program (SNAP), among other policy changes. A key component of these cuts is imposing strict work requirements on people currently on these programs or applying for them in the future. The Congressional Budget Office recently estimated that 5.3 million people will lose Medicaid-based health insurance[1] and more than 22 million families will lose nutrition assistance from SNAP when the law takes full effect on January 1st, 2027.[2]

Work requirements in H.R.1 for Medicaid and SNAP

The focus of this policy explainer is how work requirements are used to reduce access to Medicaid and SNAP, and how H.R. 1 and additional proposed state legislation will impact Kansas and Missouri families. While the idea of work requirements may initially sound reasonable, they are in fact impractical to implement and create significant barriers for already struggling people to maintain or enroll in safety net programs.

So, what are the work requirements in H.R. 1?

Work Requirements Under H.R. 1*	
Medicaid Expansion Group	**SNAP**
• Verified to be working 80 hours a month or some combination of the following: employment, a workforce or job training program, half-time enrollment (six credit-hours) in an educational program, or community service for Medicaid expansion group, ages 19-64.	• Similar to Medicaid, for 'able-bodied adults without dependents', defined as between the ages of 18 and 64, physically and mentally able to work, and not having a dependent child under the age of 14.
• Subjected to a review of the previous one to three months' work history to ensure applicants have been complying with the above requirement before becoming eligible, also called a 'look-back'.	• There is no 'look-back' provision in SNAP but participants lose benefits if they are out of compliance with the work requirement for three months.
• Program participants are subjected to a compliance check of this requirement every six months.	• Participants are subjected to an annual compliance check.
*There are numerous exemptions to these requirements that vary across the programs such as for pregnant people and disabled veterans. In the case of Medicaid expansion groups, those who are 'medically frail' are exempt. A new rule issued on June 1st by the Centers for Medicare & Medicaid Services (CMS) directs states to create lists of conditions but bans them from providing categorical exemptions to people with those conditions. However, the rule does not define how severe the conditions must be to qualify for an exemption. What this means, practically, is that a cancer patient would need to somehow demonstrate that their illness is so severe that they cannot work. The documentation required to do so was not defined in the rule.	

A Brief History of Work Requirements

Work requirements in the United States, which link wage labor to accessing state benefits, have a history dating to the Jim Crow era. After the adoption of the Aid to Dependent Children (ADC) program in the Social Security Act of 1935, 'farm policies' were put in place by Southern states that cut off access to the program if Black men, women, and children did not work, especially during harvest time.[3]

The reform of cash assistance programs during the Clinton Administration put in place more harsh work requirements, limits on assistance, and sanctions for social safety net programs. The result is that only 21% of families with children in poverty receive benefits as opposed to the 68% that did when the law was signed in 1996.[4] The conclusion is clear: by design, work requirements are intended to reduce eligibility and limit access to services for people in need.

Work Requirements Don't Work

Proponents of work requirements often promote them as a way to motivate people who receive public assistance to gain employment and get off those programs. In reality, work requirements simply make it harder for eligible people to access these benefits by placing additional hurdles before them. Or, if they are already enrolled, it makes it much more likely that they will be disenrolled due to a paperwork error.

Most people supported by the social safety net already work.

Much of the justification for passing the work requirements in H.R.1 was that there are people who are not contributing or earning their way into these programs. In fact, about 90% of people on Medicaid in Missouri are working, caretaking, disabled, or have some other likely exempt workforce status.[5]

In Kansas, 70% of people on Medicaid are working.[6] Although we do not have data on why others may not be employed, the reasons are likely similar to those in Missouri – some are sick, disabled, caretaking for a family member, or have other exemptions from requirements. The assumption that most people on these programs are getting something for nothing is false.

Arkansas' Failed Medicaid Work Requirements Experiment[7]

In 2018, Arkansas received a waiver from the Centers for Medicaid and Medicare Services (CMS) to implement work requirements for its Medicaid program, ones nearly identical to those passed in H.R. 1 in 2025. Once implemented, 18,000 people lost their health insurance coverage and only 11% of people who lost it regained it the next year. Even available exemptions did not prevent people from losing coverage as requirements were onerous, confusing, and people applying lacked proper technology to complete documentation. Most importantly, the work requirements did not increase employment. Many Medicaid experts expect what happened in Arkansas eight years ago will be scaled to the entire country starting January 2027.

The Impact to People in Kansas and Missouri: Medicaid and SNAP

Medicaid

The simple answer to how this will impact people in Kansas and Missouri is that many previously eligible and enrolled people will be denied health care and food assistance. The full extent of the impact of new work requirements for Medicaid will not be known until 2027.

During H.R. 1's journey to become law, estimates based on existing data helped inform the law's overall impact.[1] Below are estimates from two analyses to help provide a sense of the magnitude and range of coverage losses.

Early estimates from state-level and federal analyses show that H.R. 1 could result in significant Medicaid coverage losses and reduced federal funding in both Kansas and Missouri. The chart below compares projected impacts by state, drawing on estimates from the REACH and United Methodist Health Ministry Fund commissioned analysis, by Manatt Health[8], as well as estimates from the Congressional Budget Office (CBO).[9]

Medicaid Work Requirements - Tina's Story

The true impact of work requirements is best understood by the people who will bear the brunt of these severe policy changes. Take **Tina** for example. She's from Kansas City, Missouri and is caring for her five children. She has been on Medicaid due to a disability to cover her family's health care needs while she waits for her Social Security Disability Insurance (SSDI) to process and be covered through that program. She also wants to dispel the narrative around work requirements: "Don't look at it as people being lazy...I worked, I wasn't lazy, and for whatever reason it happened to me and my health issue changed...That's something that can happen to anyone.

This story was gathered in trust by the **Community Health Commission of Missouri**, in collaboration with FamiliesUSA. You can go here to read Tina's full story, as well as others' who will be impacted by work requirements.

Kansas Estimates		
	Manatt Health	Congressional Budget Office
Loss of Medicaid	13,000 people	30,000 people
Loss of federal funding	$3.6 billion	$3 billion

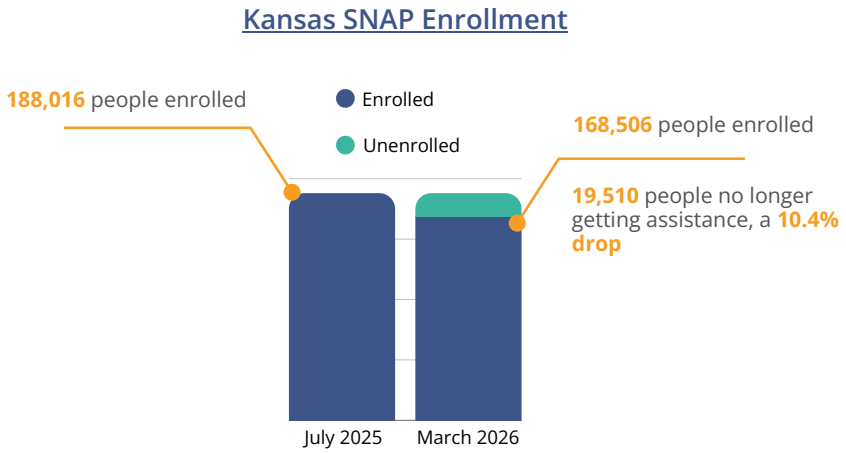
Missouri Estimates		
	Manatt Health	Congressional Budget Office
Loss of Medicaid	130,000 people	156,000 people
Loss of federal funding	$25 billion	$12 billion

Source: Center on Budget and Policy Priorities calculations from USDA and state program data.

SNAP

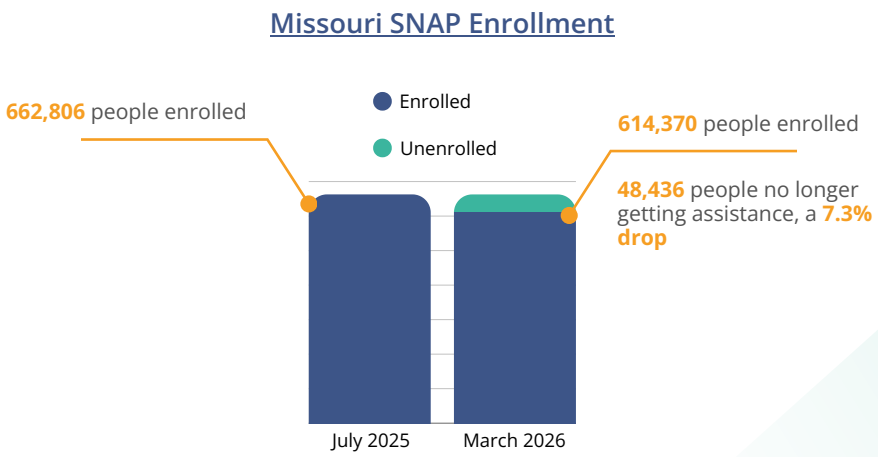
Unlike the Medicaid work requirements provisions, SNAP recipients have been subjected to increasingly stringent work requirements since the 1990s. H.R. 1 contained a provision that further expanded the work requirement to include people up to the age of 64, where previously it applied only to people up to age 54.[10] Other major changes will limit people's access to SNAP.

One is subjecting adults in households with dependents who are older than 14 to work requirements. The previous age for this rule was 18 or above. SNAP work requirements went into effect immediately after the legislation was signed into law on July 4, 2025. Since then, both Kansas and Missouri have seen significant drops in SNAP enrollment. Food assistance recipients in **Kansas dropped by more than 19,500 people in only nine months**.



Source: Center on Budget and Policy Priorities calculations from USDA and state program data.

Missouri has nearly 50,000 fewer people receiving food assistance in less than a year since H.R.1 was signed into law.



Source: Center on Budget and Policy Priorities calculations from USDA and state program data.

These significant reductions in SNAP over such a short period provide an alarming preview of what Medicaid enrollment trends are likely to look like when those work requirements go into effect on January 1st, 2027. Again, most people who lose coverage are, in fact, eligible by income or enrollment category, but the onerous administrative burden of work requirements or complicated paperwork to attain an exemption prevents thousands from accessing these life-saving programs.

Accelerating Work Requirements in Kansas and Missouri

While H.R. 1 sets work requirements in law at the federal level, lawmakers in Kansas and Missouri recently introduced legislation that mirrors or accelerates those found in federal law. This is notable because even if federal work requirements were repealed, state law could still be in effect. Here's a quick overview of major legislation considered in 2026 in each state:

Kansas	Missouri
Sub HB 2731 (previously SB 363): • Disallows 'self-attestation', a provision that reduced barriers and time delays for enrolling in Medicaid and SNAP. Limits exemptions to work requirements and increases age for able-bodied adults and reduces age of eligible dependents. This bill was passed by the legislature, vetoed by the Governor, overridden by the legislature, and will take effect July 1st, 2026. *For a detailed breakdown and comparison of SB 2731 and HR 1, see a recent report issued by the Kansas Health Institute.	**HJR 154:** • The initial version would have implemented the harshest work requirements laid out in H.R. 1 to the Medicaid Expansion population in Missouri. A later version included more general language saying the legislature 'may' impose work requirements. As a joint resolution, this legislation would have been voted upon by the people, and if passed, another vote of the people or a supermajority in the legislature would be the only way to remove it. **This bill died at the end of the 2026 session.**

Since work requirements will not be fully implemented until the start of 2027, some time remains to anticipate and plan for their impacts. Key indicators to watch in the interim include:

1. **Medicaid and SNAP enrollment declines.** The work requirements are designed to keep people off these programs and to disenroll those already on them. In the first few months of 2027, it is almost certain that fewer people will be on these programs. We will update this explainer and use other resources to show that.

2. **Uninsured rates will increase.** This will lag a bit further behind enrollment declines, but many people who are covered by Medicaid will simply not find other health insurance. Not having health insurance has wide-ranging impacts on people's daily lives – from medical debt impacting credit scores to delayed treatment[11] – and is a significant factor in health and financial well-being.

3. **Increases in poverty and food insecurity.** The loss of health care and nutritional support will increase poverty rates – SNAP alone helps to keep over 4 million people out of poverty each month.[12] Without the modest amount of support families get through SNAP, many would become food insecure and have difficulty meeting their daily meal needs.

What Can Be Done?

1. **Build awareness, especially with the most impacted communities.** Conducting outreach, ensuring present Medicaid recipients have up-to-date information to the state, convening community groups and partners, and building an overall awareness campaign are the highest priority now. Many groups in our service area – be it rural, suburban, or urban – are already doing this but in an ever-shifting policy context, this work needs to be consistent and sustained.

2 **Advocate against state policies that mirror federal legislation.** Many states, including Kansas and Missouri, have considered or passed legislation that would put in statute at the state level what passed federally. As we work to undo the harm from H.R. 1 over the coming years, having state laws on the books would complicate the policy landscape if and when federal work requirements are removed.

3 **Collect and share stories on the impact of work requirements.** It is essential to document how these policy changes affect people and their lived experience, including what happened from losing benefits and the difficulty in navigating these new processes. Collecting and sharing stories – especially with policymakers – is an essential part of policy advocacy to build awareness and create the conditions to change policy in the future.

Sources and Citations

[1]Center on Budget and Policy Priorities. (2025). By the numbers: Harmful Republican Megabill will take health coverage away from millions of people and raise families' costs. https://www.cbpp.org/research/health/by-the-numbers-harmful-republican-megabill-will-take-health-coverage-away-from

[2]Wheaton, L., Giannarelli, S.M., & Dehry, I. (2025). How the Senate budget reconciliation SNAP proposals will affect families in every U.S. state. Urban Institute. https://www.urban.org/research/publication/how-senate-budget-reconciliation-snap-proposals-will-affect-families-every-us

[3]Minoff, E. (2020). The racist roots of work requirements. Center for the Study of Social Policy. https://cssp.org/wp-content/uploads/2025/03/Racist-Roots-of-Work-Requirements.pdf

[4]Shrivastava, A. & Azito Thompson, G. TANF cash assistance should reach millions more families to lessen hardship. Center on Budget and Policy Priorities. https://www.cbpp.org/research/family-income-support/tanf-reaching-few-poor-families

[5]Eisenstein, S.A. & McBride, T.D. (2026). Work experience of Medicaid recipients in Missouri. Washington University Center for Advancing Health Services, Policy & Economics Research. https://bpb-us-e2.wpmucdn.com/sites.wustl.edu/dist/4/4348/files/2026/04/Work-Experience-of-Medicaid-Recipients-in-Missouri-3.pdf

[6]KFF. (2025). Medicaid in Kansas. https://files.kff.org/attachment/fact-sheet-medicaid-state-KS

[7]Harker, L. (2023). Pain but no gain: Arkansas' failed Medicaid work-reporting requirements should not be a model. Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be

[8]Manatt Health. (2025). Analyzing the impact of potential Medicaid cuts: A toolkit for states. https://shvs.org/resource/analyzing-the-impact-of-potential-medicaid-cuts-a-toolkit-for-states-2/

Sources and Citations

[9]Congressional Budget Office. (2025). Estimated budgetary effects of H.R. 1, the One Big Beautiful Bill Act. https://www.cbo.gov/publication/61461

[10]Bauer, L. & East, C.N. (2026). A primer on SNAP work requirements. The Brookings Institute. https://www.brookings.edu/wp-content/uploads/2026/04/20260409_THP_SNAPWorkRequirements_Paper.pdf

[11]Tolbert, J. Cervantes, S., Bell, C., & Damico, A. (2026). Key facts about the uninsured population. KFF. https://www.kff.org/uninsured/key-facts-about-the-uninsured-population/?entry=executive-summary-introduction

[12]Wimer, C., Lee, J., Collyer, S., Curran, M., & Parolin, Z. (2025). The impact of the Supplemental Nutritional Assistance Program (SNAP) on monthly poverty rates. Columbia University Center on Poverty and Social Policy. https://povertycenter.columbia.edu/publication/impact-of-snap-on-monthly-poverty