

Projected Reductions in Medicaid Expansion Enrollment Under OBBBA's Work Requirements and Six-Month Redeterminations: National and State Estimates for 2028

Executive Summary

Matthew Buettgens, Michael Karpman, Jennifer M. Haley, Jameson Carter, and Genevieve M. Kenney

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The One Big Beautiful Bill Act (OBBBA) or H.R.1, the budget reconciliation bill signed into law in July of 2025, included many important changes to the Medicaid program, including the mandatory implementation of work requirements for adults ages 19 to 64 who have Medicaid coverage through the Affordable Care Act (ACA) expansion in the 41 states (including the District of Columbia) that have expanded Medicaid under the ACA.¹ The work requirements will also apply to Medicaid waiver programs in some nonexpansion states.² OBBBA requires that expansion/waiver applicants and enrollees

work, attend school, or participate in other specified activities as a condition for receiving Medicaid coverage unless they qualify for an exemption, such as being parents of children age 13 or younger or being medically frail. States have the option to implement work requirements in 2026, but must begin implementing them by January 1, 2027, unless they have sought and obtained permission from the Secretary of Health and Human Services to delay implementation.

The law gives states some flexibility in implementing work requirements, and forthcoming guidance from the Centers for Medicare & Medicaid Services (CMS) is expected to further clarify the extent of states' choices. Variation in state decisions and operational capacity will likely lead to variation in how work requirements are implemented, including on the extent to which states rely on existing data sources to determine compliance and exemptions through ex parte processes (i.e., automatic verification or data-matching); how medical frailty and other exemptions are defined; what documentation for compliance or exemptions may be required; the number of months applicants must meet work requirements before enrolling; the number of months enrollees must comply between eligibility redetermination periods; and how frequently verification of compliance or exemption is required.

In this analysis, we consider potential national, state, and subgroup implications for Medicaid expansion enrollment (and waiver enrollment for people below 100 percent of the federal poverty level in Wisconsin, a nonexpansion state) of OBBBA's work requirements. We project enrollment in 2028, the second year of implementation, assuming all states implement work requirements by January of 2027. We build on a new analysis of the OBBBA provision that mandates Medicaid expansion enrollees' eligibility be redetermined every six months, which found that it would lower Medicaid expansion enrollment in an average month by 2.0 to 3.1 million in 2028 relative to the annual redeterminations that were required under prior law (Buettgens et al. 2026a).³ We then use the Urban Institute's Health Insurance Policy Simulation Model to estimate the impacts of work requirements on retention of Medicaid coverage among expansion and waiver enrollees (hereafter, expansion enrollees), potential reenrollment, and new applications.

Given the flexibilities states have with respect to implementation and likely variation in their administrative approaches and capabilities, we provide estimates of coverage changes among expansion enrollees under three potential scenarios:

1. **High mitigation**, which is defined as implementation and policy choices that would use extensive automatic data-matching for eligibility redeterminations and for assessing compliance with work requirements, along with imposing the minimum allowable work effort and broader definitions of exemptions such as medical frailty, to maintain Medicaid coverage among people who are meeting work requirements or exempt from them;

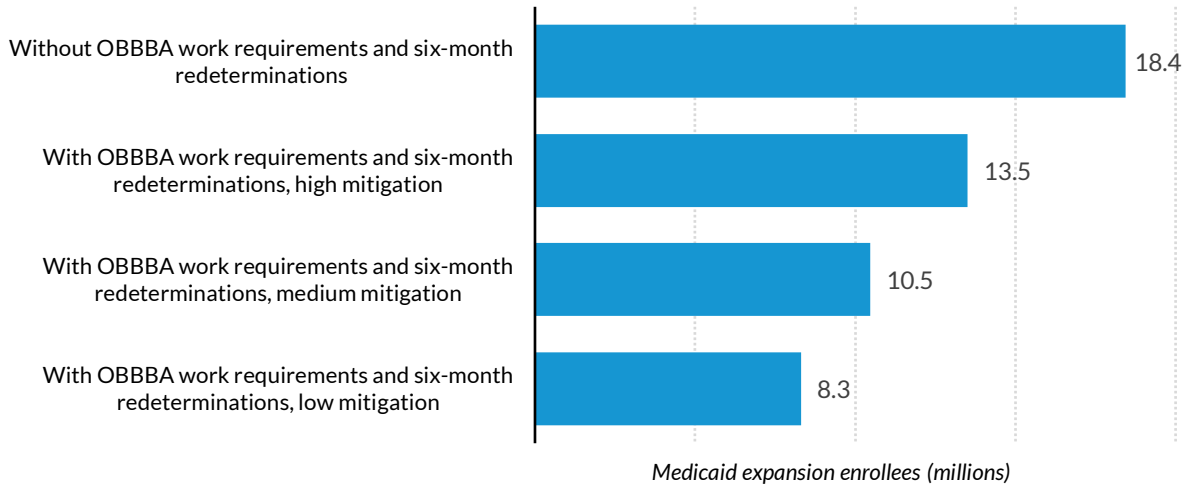
2. **Low mitigation**, which is defined as implementation and policy choices that would use less automatic data-matching for redeterminations and for assessing compliance with work requirements which would, in turn, require that more enrollees take action to maintain coverage such as providing the state with documentation of their work hours, along with imposing greater levels of work effort and narrower definitions of exemptions; and
3. **Medium mitigation**, in which the scope and effectiveness of automatic data-matching and definitions of exemptions are between the high and low mitigation scenarios.

Under all three scenarios, we project that the OBBBA work requirement would result in much lower Medicaid expansion enrollment in 2028 relative to under prior law, compounding the coverage losses resulting from more-frequent redeterminations. Our key findings are as follows:

- Combining the effects of six-month redeterminations and work requirements, we project that between 4.9 and 10.1 million fewer people will be enrolled in Medicaid expansion coverage in an average month in 2028 than under a scenario without either of these two policies, an enrollment decline of between 27 and 55 percent among those subject to work requirements.
 - » Under both policies, enrollment would be 8.3 million, 10.5 million, and 13.5 million under low, medium, and high mitigation, respectively, compared with 18.4 million without either policy (figure ES.1).

FIGURE ES.1

Medicaid Expansion Enrollment: Projected Average Monthly Enrollment in 2028, With and Without OBBBA’s Work Requirements and Six-Month Redeterminations, Under High, Medium, and Low Mitigation Scenarios



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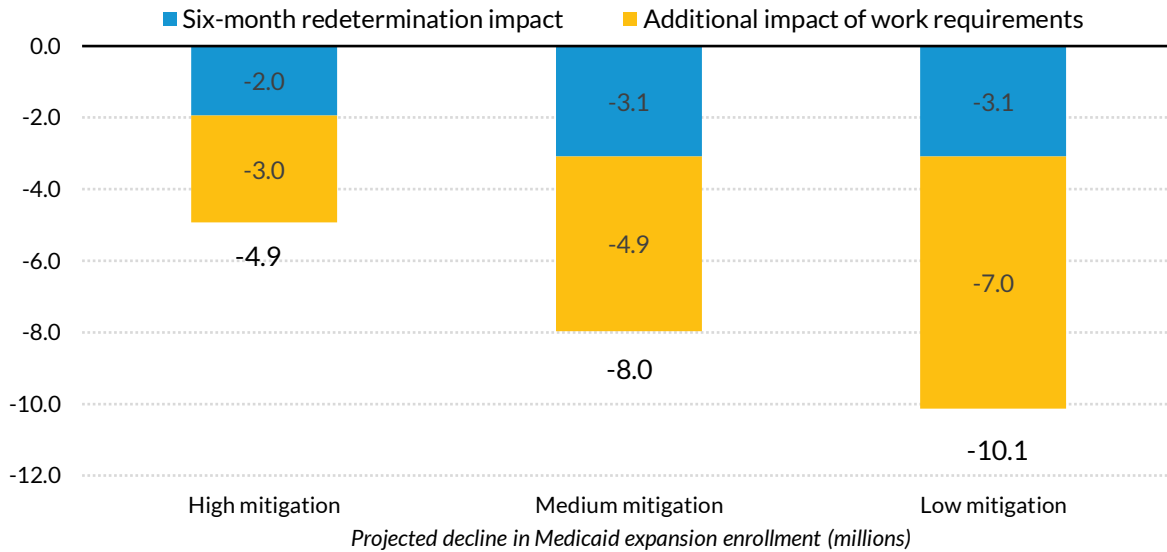
Source: Urban Institute, Health Insurance Policy Simulation Model, 2025.

Notes: Enrollment refers to average monthly enrollment. Estimates are rounded to the nearest hundred thousand. Estimates include waiver enrollment in Wisconsin. See executive summary page vi for the definition of high, medium, and low mitigation scenarios.

- We project coverage losses of between 3.0 and 7.0 million expansion enrollees because of work requirements alone, on top of the declines in expansion enrollment of between 2.0 and 3.1 million in 2028 from six-month redeterminations (figure ES.2).⁴
 - » Even with the most robust mitigation efforts in maintaining enrollment for people who are exempt from or are fulfilling the work requirements in every state, the incremental effect of OBBBA’s work requirements would reduce average monthly Medicaid expansion enrollment in 2028 by 3.0 million relative to a scenario without them.
 - » Enrollment would be much lower with more limited mitigation efforts regarding work requirements. We project that Medicaid expansion enrollment would decline due to work requirements by an additional 7.0 million under the lowest mitigation scenario and by 4.9 million under the medium mitigation scenario relative to a scenario with six-month redeterminations but without work requirements.

FIGURE ES.2

Projected Decline in Average Monthly Medicaid Expansion Enrollment in 2028 Under OBBBA’s Work Requirements and Six-Month Redeterminations, By Mitigation Scenario



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Source: Urban Institute, Health Insurance Policy Simulation Model, 2025.

Notes: Enrollment refers to average monthly enrollment. Estimates include waiver enrollment in Wisconsin. Estimates are rounded to the nearest hundred thousand. See executive summary page vi for the definition of high, medium, and low mitigation scenarios.

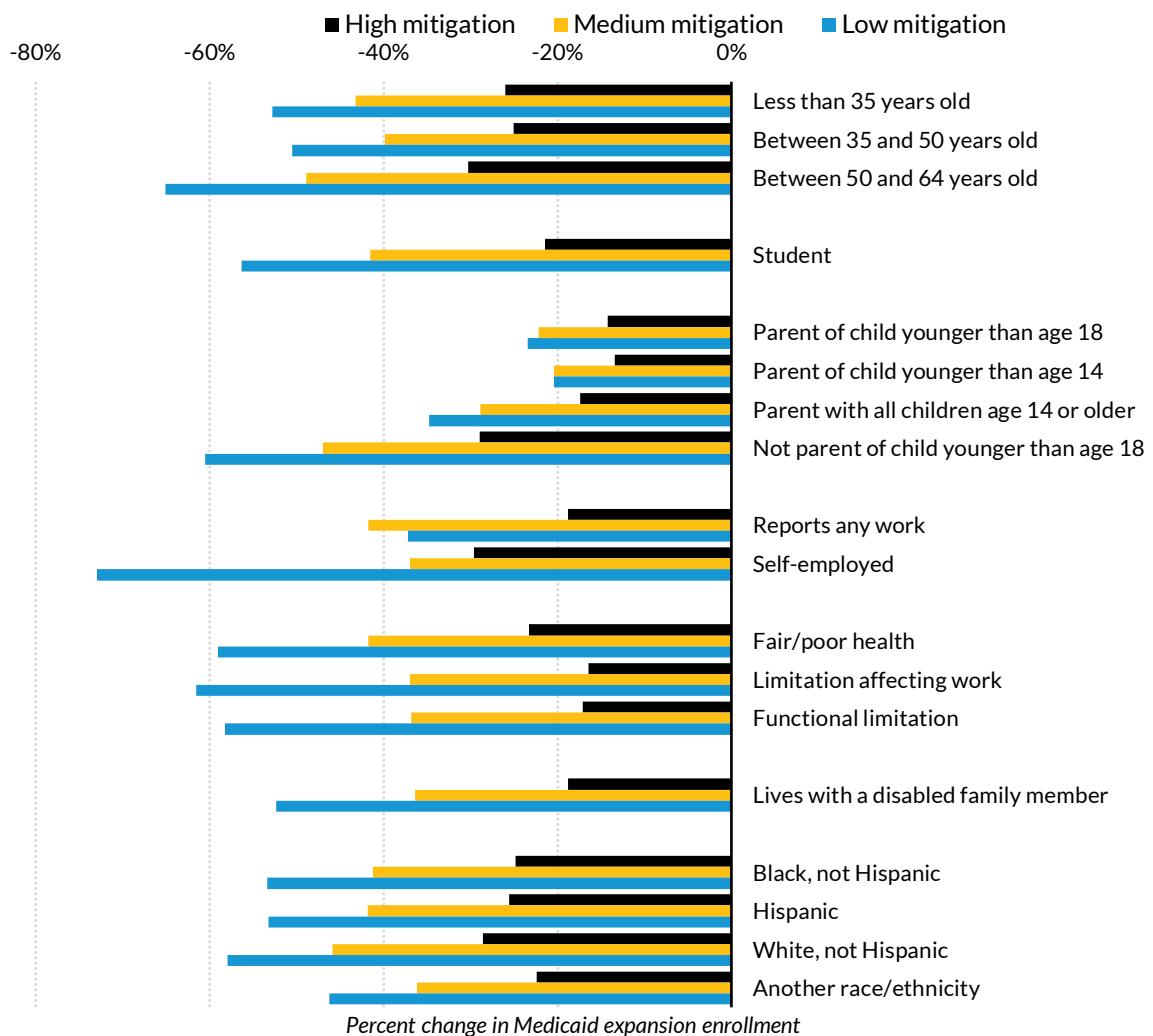
- Our projections find that the work requirement and six-month redetermination provisions of OBBBA would result in lower enrollment in every expansion state, with the relative size of state-level enrollment declines varying within a given scenario based on differences in the characteristics of each state’s Medicaid expansion population and certain pre-OBBBA state policy decisions.⁵
 - The combined effects of these two provisions would result in lower Medicaid enrollment in every expansion state, with expansion enrollment falling by 37 to 68 percent in the low mitigation scenario, by 30 to 54 percent in the medium mitigation scenario, and by 18 to 33 percent in the high mitigation scenario.
 - Because states are currently still devising implementation plans, our state-level coverage projections assume each state makes the same policy and operational choices within each of the three mitigation scenarios. Ultimately, the actual enrollment change in each state will depend on individual state choices and capacities regarding the robustness of mitigation efforts.

- With more limited mitigation with respect to work requirements, we find that many people who may qualify for an exemption or who are working will go without Medicaid coverage due to their states' more limited efforts and/or capacities to conduct automatic data matches, challenges they face complying with reporting requirements, and instability in their participation in approved activities over time. But even with robust mitigation efforts, we project that many will lose Medicaid despite potentially meeting work requirements or qualifying for an exemption.
 - » Under both work requirements and six-month redeterminations, enrollment would fall by 19/37 percent with high/low mitigation among those who are working because some who are meeting the work requirement would be unable to manually verify compliance and because others are working less than 80 hours per month but do not have monthly income equivalent to 80 work hours at the federal minimum wage (figure ES.3). The increased frequency of redeterminations would also reduce workers' coverage.
 - » Other subgroups face the prospect of even larger coverage losses if states cannot address gaps in available data. Because self-employment income is particularly difficult for states to automatically verify, we estimate that between 30/73 percent of self-employed people subject to work requirements would lose Medicaid with high/low mitigation.
 - » Though states must provide exemptions for adults who are medically frail or have special medical needs, these exemptions may be difficult for states to verify using available data, or states may define them narrowly, excluding many enrollees and applicants with disabilities⁶ or serious health conditions. We estimate that enrollment would fall for many people who may qualify for a medical frailty exemption but would not receive one, including declines between 16/62 percent among those with an impairment or health condition that they report inhibits their ability to work, and between 17/58 percent among those with a functional limitation under high/low mitigation, respectively. Enrollment would fall by between 23/59 percent among those reporting they are in fair or poor health. Although self-reported health status and ability to work are not conditions for defining medical frailty, this highlights the impact that the policy would have on those with higher health care needs.
 - » States are also required to exempt caregivers for people with disabilities. However, because of states' limited ability to automatically determine caregiving status, we estimate that Medicaid expansion enrollment would decline by 19/52 percent under high/low mitigation scenarios among those living with a family member with a disability, for whom they may serve as a caregiver.

- » We project that people ages 50 to 64 would disproportionately lose Medicaid under work requirements and six-month redeterminations, with enrollment losses of between 30/65 percent under high versus low mitigation, mainly because they are less likely to be parents living with dependent children younger than age 13 and less likely to be automatically found to have satisfied the work requirement through employment.

FIGURE ES.3

Projected Decline in Average Monthly Medicaid Expansion Enrollment in 2028 Under OBBBA Work Requirements and Six-Month Redeterminations, Selected Subgroups, by Mitigation Scenario



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Source: Urban Institute, Health Insurance Policy Simulation Model, 2025.

Notes: Enrollment refers to average monthly enrollment in thousands. See executive summary page vi for the definition of high, medium, and low mitigation scenarios. Expansion enrollment here refers to all enrollees subject to work requirements, including Medicaid waiver enrollees in Wisconsin.

As implementation continues beyond 2028, the magnitude of the coverage drops of these two provisions would be expected to increase as the cumulative effects are felt. At the same time, coverage drops could be attenuated if states introduce new processes, such as increasing ex parte renewals or expanding the data sources they use to determine compliance and exemptions, which would yield more robust mitigation than modeled in our high mitigation scenario. However, the frequency of ex parte renewals declined nationwide in 2025 as fewer states used flexibilities provided by CMS related to the unwinding of the Medicaid continuous coverage requirement and made other state-specific policy changes (Buettgens et al. 2026a). If state ex parte renewal rates decline further across most states in advance of these Medicaid changes, enrollment losses would increase and could be closer to our low mitigation scenario.

These results point to the need for several actions by both states and CMS. For instance, states that want to minimize coverage losses under the new requirements will need to quickly develop and upgrade data systems to facilitate data-matching. CMS guidance will also need to clarify several issues, including how certain qualifying activities and exemption criteria will be defined, allowable data sources for assessing compliance and exemption, and documentation requirements for applicants and enrollees who must provide additional information to the state. CMS guidance could also set specific standards to serve as a “floor” for efforts states are expected to make to ensure people are not wrongfully denied coverage or disenrolled. However, while OBBBA requires CMS to issue such guidance by June 2026, states are already making changes to their data systems to be ready to implement on schedule, reinforcing the need for the timely release of these regulations. CMS could also require that states track how enrollment changes in response to work requirements and consider pausing implementation in states where coverage losses indicate compliance and exemption determinations may not be working as intended.

It is important to note that these projections are based on publicly available information about the implementation of OBBBA’s work requirements at the time of our research in late 2025/early 2026. Projections could change as new CMS guidance dictates policy and practice options for states and vendors, or as new information about state implementation plans and new investments by vendors or other partners becomes available.⁷ Moreover, our analysis has several limitations, detailed in the main report, including the lack of information in our model on the full range of activities and characteristics needed to determine compliance with and exemptions from the requirements (Buettgens et al. 2026b). The limited prior experience with Medicaid work requirements also introduces considerable uncertainty in our estimates.

This analysis finds that millions will go without Medicaid coverage under OBBBA’s work requirements and six-month redeterminations, even under the most robust implementation scenario we consider, including many people who appear to meet or be exempt from work requirements but may face challenges documenting their compliance or exemption. In addition, it shows that the Medicaid coverage of several million people will depend on state implementation choices, including those related to data-matching.

Reductions in Medicaid coverage could reduce adults' access to care, place financial burdens on their families and health care providers, cause psychological distress, increase morbidity and mortality, and, in opposition to work requirements' stated purpose, ultimately make it harder for them to maintain employment (McMorrow et al. 2016, 2017; Pandey et al. 2025; Schpero, Zhang, and Civelek 2025; Sommers 2013; Sommers, Gawande, and Baicker 2017; Wherry, Kenney, and Sommers 2016; Wherry and Miller 2016).⁸ Coverage losses could also extend beyond the expansion/waiver group to other Medicaid enrollees and affect managed care organizations, local health care systems, and state and local economies (Haught et al. 2025; Ku et al. 2025; Musumeci et al. 2025).⁹

Notes

¹ One Big Beautiful Bill Act, Pub. L. No. 119–21, 139 Stat. 72 (2025).

² Analysts and state officials anticipate the policy will apply to the 40 states (and the District of Columbia) that expanded Medicaid under the ACA, as well as nonexpansion states such as Wisconsin and Georgia that expanded Medicaid for adults under 1115 Waivers (Meuse 2025). See Beatrice Lawson, "Wisconsin Medicaid Director: New Federal Requirements Would Affect 'The Whole Health Care Economy,'" *Wisconsin Public Radio*, June 6, 2025, <https://www.wpr.org/news/wisconsin-medicaid-director-federal-requirements-health-care-economy>; "Impact of Federal Budget Reconciliation Bill on Wisconsinites," Wisconsin Department of Health Services, updated August 28, 2025; Christopher Alston, "Georgia Pathways to Undergo Changes Under New Federal Medicaid Work Requirements," *NPR*, December 11th, 2025, <https://www.wabe.org/georgia-pathways-to-undergo-changes-under-new-federal-medicaid-work-requirements/>; and CMS, "GA Pathway to Coverage CMS Temporary External Approval," September 23, 2025.

CMS has indicated that it is continuing to evaluate the demonstrations to which the law applies (Brillman 2025). In this analysis, we classify adults in Wisconsin's waiver program who have incomes up to 100 percent of the federal poverty level as subject to OBBBA's work requirements, but we do not include Georgia's Pathways waiver program. Future analysis may refine these as needed.

³ The range of results for six-month redetermination depends on two major state decisions, procedural disenrollment rates and the frequency of existing data checks between redeterminations. The high mitigation scenario assumes that all states can minimize new procedural disenrollment, while the other scenarios are based on state procedural disenrollment rates reported to CMS in early 2025. States that already conduct data matches between redeterminations and then require those who may have lost eligibility to provide documentation will see less impact from the six-month redetermination, particularly in states where enrollees have only 10 days to respond. Results from future iterations of our model could differ, both based on new information about federal and state implementation, and for a longer run period of implementation.

⁴ As described in the Data and Methods section in the report, we first model enrollment changes caused by the six-month redetermination provision and estimate the additional enrollment impacts resulting from work requirements (Buettgens et al. 2026b).

⁵ State-level projections do not attempt to incorporate anticipated state policy decisions related to OBBBA implementation but do incorporate certain pre-OBBBA policy decisions. The projected impact of six-month redeterminations incorporates the most recently available state-level procedural disenrollment rates and rates of state data checks during the 12 months between redeterminations to project the share of enrollees who will have to verify their eligibility to retain coverage during redeterminations. The projected impact of work requirements reflects prior state decisions regarding coverage of parents and whether states currently integrate SNAP and Medicaid eligibility systems (projecting that those that do will have lower shares of people required to verify compliance).

⁶ In this report, we use the terms "people with disabilities" and "disabled people" interchangeably to reflect variation in how people refer to themselves using person-first or identity-first language. In addition, definitions of disability in this report vary based on the context in which they are used, such as disability-based eligibility pathways for Medicaid, participation in federal disability insurance programs, the presence of functional

limitations as measured in underlying survey data, and service-connected disability ratings for veterans. These definitions do not fully represent the population with disabilities, including those affected by the provisions of OBBBA.

- ⁷ CMS, “Fact Sheet: Pledges from Medicaid Technology Companies to Support Community Engagement Implementation and Related Medicaid System Improvements,” January 29, 2026, <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-pledges-medicaid-technology-companies-support-community-engagement-implementation-related>.
- ⁸ Sara Rosenbaum, Feygele Jacobs, and Kay Johnson, “Nearly 5.6 Million Community Health Center Patients Could Lose Medicaid Coverage Under New Work Requirements, with Revenue Losses Up to \$32 Billion,” *To the Point (blog)*, Commonwealth Fund, May 30, 2025, <https://www.commonwealthfund.org/blog/2025/community-health-center-patients-medicaid-coverage-work-requirements>; and Karpman, Michael, “Medicaid Work Requirements Would Do Little or Nothing to Increase Employment, but Would Harm People’s Health,” *Urban Wire (blog)*, Urban Institute, May 15, 2023, <https://www.urban.org/urban-wire/medicaid-work-requirements-would-do-little-or-nothing-increase-employment-would-harm>.
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About the Authors

Matthew Buettgens is a senior fellow in the Health Policy Division at the Urban Institute, where he is the mathematician leading the development of Urban's Health Insurance Policy Simulation Model (HIPSM). The model is currently being used to provide technical assistance for health reform implementation in Massachusetts, Missouri, New York, Virginia, and Washington, as well as to the federal government. His recent work includes several research papers analyzing various aspects of national health insurance reform, both nationally and state-by-state. Research topics have included the costs and coverage implications of Medicaid expansion for both federal and state governments; small firm self-insurance under the Affordable Care Act and its effect on the fully insured market; state-by-state analysis of changes in health insurance coverage and the remaining uninsured; the effect of reform on employers; the affordability of coverage under health insurance exchanges; and the implications of age rating for the affordability of coverage.

Michael Karpman is a principal research associate in the Health Policy Division. His work focuses on quantitative analysis related to health insurance coverage, health care access and affordability, medical debt, health service use and spending, social determinants of health, and federal and state safety net programs. This work includes overseeing data collection and analysis for the Urban Institute's Well-Being and Basic Needs Survey. Before joining Urban in 2013, he was a senior associate at the National League of Cities Institute for Youth, Education, and Families. He received his MPP from Georgetown University.

Jennifer M. Haley is a principal research associate in the Health Policy Division. She focuses on maternal, child, and parental health and health care, especially related to Medicaid, the Children's Health Insurance Program (CHIP), and health insurance Marketplaces. Her recent research has assessed safety net access for children in immigrant families, implementation of Medicaid/CHIP postpartum extensions and multiyear continuous eligibility policies, and other issues related to

coverage and care for children, pregnant and postpartum individuals, and families. Haley holds an MA in sociology from Temple University.

Jameson Carter is a senior data scientist in the Health Policy Division, where he develops and applies Urban’s HIPSM model. Before joining Urban, Carter produced microsimulation analyses of antipoverty programs at the Congressional Research Service using Urban’s Transfer Income Model. His work at the Congressional Research Service included comprehensive estimations of federal transfers’ impacts on poverty, evaluations of stimulus checks, and research informing the temporary expansion of the child tax credit. Additionally, in 2022, he helped the Internal Revenue Service’s Office of Research, Applied Analytics, and Statistics research best practices for trustworthy artificial intelligence.

Genevieve M. Kenney is an institute fellow and the former vice president for health policy at the Urban Institute. She is a nationally renowned expert on Medicaid, CHIP, health insurance coverage, health care access and quality, and health outcomes for low-income adults, children, and families. She has played a lead role in several Medicaid and CHIP evaluations, including multiple congressionally mandated CHIP evaluations, and has conducted national and state-level evaluations of expansions for children, pregnant women, and parents, the implementation of managed care, family planning waivers, and other policy changes in Medicaid and CHIP. In her current work, she is assessing federal and state Medicaid policy changes under OBBBA, reproductive health access, and policies aimed at improving outcomes in the postpartum period. She received a master’s degree in statistics and a doctoral degree in economics from the University of Michigan.

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