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In July 2025, the U.S. Congress passed H.R.1 (the “One Big Beautiful Bill”), which directs states to establish work reporting requirements for Medicaid recipients (mostly for those age 19-64) who must report whether they are working and/or are engaging in a work program, an educational program, or community service.<sup>1</sup> Understanding the characteristics of these Medicaid recipients in Missouri as the state prepares to implement H.R.1, including how many recipients are working, is therefore of great interest. The characteristics of the people on Medicaid in Missouri has changed considerably in recent years, as the Medicaid program has gone through several policy changes, including: growth during the Public Health Emergency (PHE) (2020-23), and after the expansion of Medicaid passed by voters in 2020, and with the “unwinding” of the PHE, after May 2023. This brief explores comparisons of Medicaid recipients living in Missouri, with comparisons to national averages, in 2024, based on data from the U.S. Census Bureau, the American Community Survey (ACS), augmented by other sources. See the Appendix for more details on the data, definitions and methods used here.

## RESULTS

Characteristics of the Working Age Population on Medicaid. What percentage of those on Medicaid in Missouri are working, and if not working why are they not? For this analysis, presented in Figure 1, the population explored is those age 19-64, since children and those over age 65 are not usually expected to be focusing on work at that stage of their lives. The analysis also focuses on those who are not on SSI or on Medicare, since individuals who are covered by those programs have been determined to be disabled for work by a rigorous process.



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## KEY FINDINGS

- **Most Medicaid recipients are working.** About two-thirds of the Medicaid population in Missouri of working age (age 19-64) are employed. This is similar to the employment levels of Medicaid recipients across the U.S.
- **Nonworkers may be exempt under new federal law.** A significant percentage of working-age Medicaid recipients who are not employed report situations that may make them exempt from the work reporting requirement: e.g., a work disability or illness, caregiving for a child under age 6, in school, or retired.
- **Medicaid recipients are more likely to live in rural areas and lack access to employer sponsored insurance.** A higher proportion of Missourians on Medicaid live in rural areas, compared to the U.S., likely reflecting the geographic distribution of the Missouri population, but also the lack of affordable employer sponsored health insurance in rural areas.
- **Medicaid recipients generally lack access to employer sponsored insurance.** Most Medicaid recipients, if working, did not have employer sponsored health insurance or it was not affordable.
- **Medicaid recipients may lack the education or job skills to qualify for many jobs.** The last grade of education completed for most individuals on Medicaid is either high school, or they did not complete high school. This is important since jobs that offer affordable health insurance are more likely to require a college education.

Figure 1. Missouri Medicaid Population, Age 19-64: Work Status

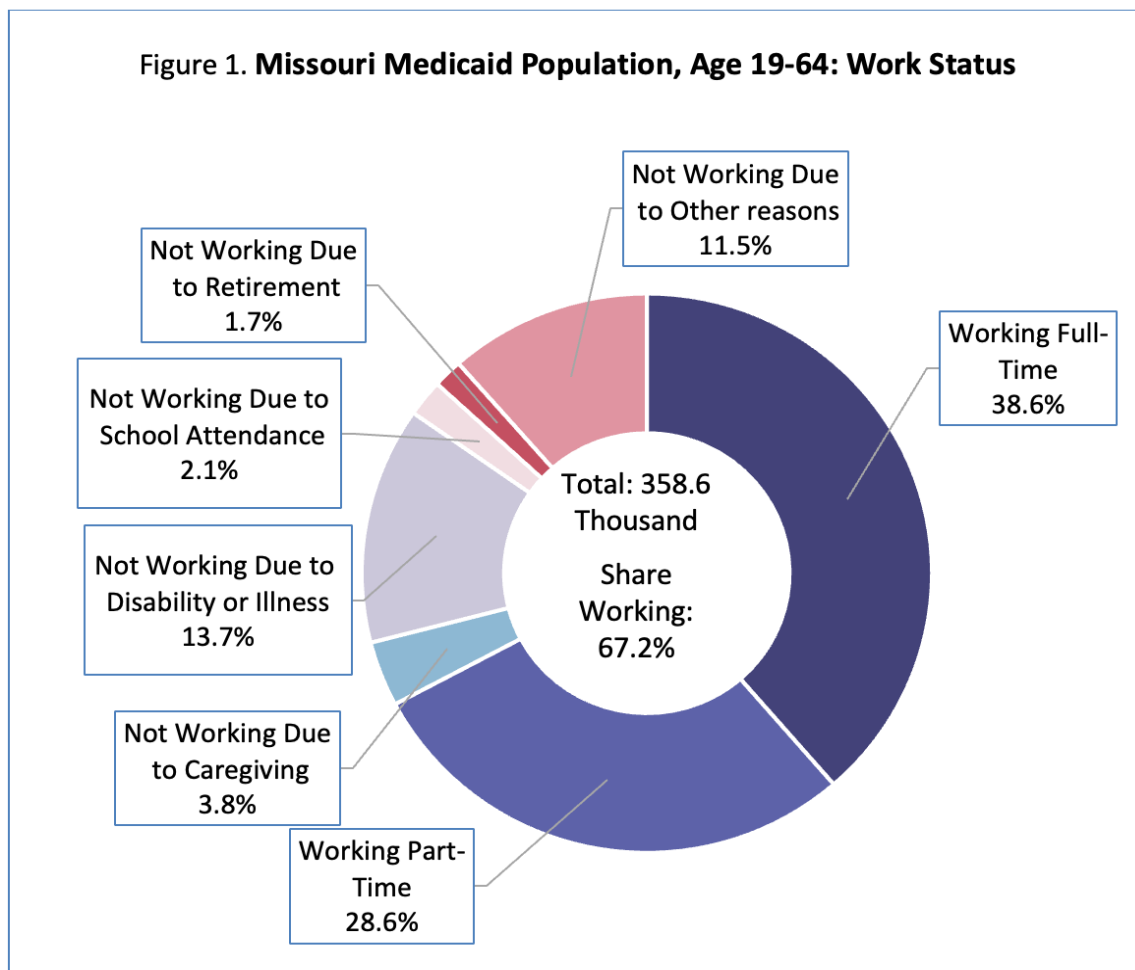


Figure 1 shows that roughly two thirds (67%) of the Medicaid population in Missouri age 19-64 are working, including 38.6% full time and 28.6% part time. This is similar to what was found in a recent analysis for the U.S. population, though done with a different data source and a different time period.<sup>1</sup> Of those not working, roughly 14% report having a work disability or illness, 4% are caregiving for

a child under age 6, and about 4% are either in school or report being retired. This means that the reason for not working is not identified for 11.5% of Medicaid recipients in Missouri.

**Roughly two thirds of the Medicaid population in Missouri age 19-64 are working.**

**Of those not working, 22% report having a work disability or illness, caregiving, being in school or retired.**

**Thus, only about 12% of Medicaid recipients in Missouri report none of these reasons for not working.**

It is worth noting that these findings are roughly similar to that found in a similar analysis of the U.S.,<sup>2</sup> with some notable differences. This is perhaps related to differences in comparisons of Missouri

with the U.S. population on Medicaid but also differences in the survey methodology. On the former, analysis reported recently shows a lower percentage with disabilities or illness (10% in the U.S., 14% in Missouri), which may reflect known challenges of health and disability which are more significant in Missouri than found in the rest of the country. On the latter point, we find that a lower proportion of those on Medicaid are caregiving (4% in Missouri, compared to 12% in the U.S.). But it is important to note that in the analysis of the U.S., the survey source is different (the U.S. Census Bureau's Current Population Survey, ASEC), and that survey has a specific question asking people why they are not working, and that question has responses that include: have a disability, caregiving, in school, or other reasons. Also, some people may be caregiving for a person who is not their own child under age 6,

for example a parent, an older child, or a person with disabilities and that may be reflected in the higher proportion reporting “caregiving” in the CPS survey. Thus, the finding reported here of the Medicaid recipients in Missouri caregiving is likely an underestimate of those who are caregiving.

Further analysis, shown in Figure 2 in the Appendix, provides more information on recipients of Medicaid, age 19-64, who are working, not working (but in the labor force), or not in the labor force.

Characteristics of Medicaid recipients, age 19-64. What are the characteristics of the group of Medicaid recipients potentially subject to the work reporting requirements, those age 19-64 (not the aged, or children age 0-18)? Appendix Figure 2 displays this information, but it is summarized here.

- In Missouri, about one third (29.9%) of Medicaid recipients live in rural areas, a much higher proportion than the 14.8% found in the U.S., likely reflecting the higher proportion of rural people living in Missouri, but also the demographic characteristics of rural persons in Missouri, in particular lower incomes (relative to poverty) and less attachment to jobs that offer employer sponsored health insurance.
- Roughly two thirds (68.7%) of Medicaid recipients in Missouri are white, a much higher proportion than that found in the U.S. (47.5%), reflecting the general demographic profile of Missouri.
- About two thirds (69.5%) of the Medicaid population in Missouri is in a family with incomes below 200 percent of the federal poverty line (FPL), a higher proportion than observed in the U.S. (61.5%), and a higher proportion have incomes less than poverty line in Missouri (40.7%)

**About one third of Medicaid recipients live in rural areas, much higher than the national average.**

**About two-thirds of Medicaid recipients in Missouri have incomes below 200% of the poverty line, likely reflecting their inability to afford health insurance or to hold jobs that offer health insurance.**

compared to the U.S. (34.1%). This likely reflects that many recipients become eligible if their incomes are below 138% of the FPL (e.g., custodial parents), or if they are chronically ill or disabled persons (including the aged) on spenddown.

- Over half of the recipients (58.5%) of Medicaid in Missouri either have only a high school degree or did not graduate from high school. This is like the 56.6% of Medicaid recipients in the U.S. who have a high school degree or did not graduate from high school. Only about 11% of recipients have some college experience or a college degree in Missouri, like the 13.8% of recipients nationwide who have a college degree. This is important because it means that many of the Medicaid recipients may lack the qualifications or skills to qualify for many jobs with higher incomes, or that offer health insurance.
- As noted above, over a third (35.9%) of Medicaid recipients age 19-64 in Missouri have a work disability, even higher than the percentage with a work disability across the U.S. (28.2%). In Missouri, about 8% of recipients age 19-64 are attending school, and about 17% are caregiving for a younger child under six years old. All these circumstances will make it more difficult to obtain work to meet the work reporting requirement.

**Only 11% of Medicaid recipients in Missouri have a college degree, so most recipients will face challenges qualifying for higher-paying jobs that offer health insurance.**

## IMPLICATIONS, LIMITATIONS AND FURTHER RESEARCH

The analysis presented here provides important details about the characteristics of Medicaid recipients in Missouri, and how it compares to the U.S., on the precipice of when Missouri and other states need to start implementing work reporting requirements as required by H.R.1 passed in 2025. Almost two thirds of Medicaid who are of working age (age 19-64) in Missouri are employed. In addition, many of those that are not employed have a work disability or are caregiving for a child under age 6, in school, or retired. Also, many Medicaid recipients lack affordable employer sponsored health insurance even if they are working. A higher proportion of Missourians on Medicaid live in rural areas, which likely reflects the geographic distribution of the Missouri population, where it is less likely that the jobs offer health insurance. For most of the individuals on Medicaid, a small percentage have a college degree, which is important since jobs that offer affordable health insurance are more likely to require a college education.

Although the survey data used here provides important information about Medicaid recipients, additional research, most likely using additional data sources, would improve understanding of the Medicaid population, to help inform policymakers and others.

## APPENDIX: DATA AND METHODS

In this brief we primarily used data from the U.S. Census Bureau, the American Community Survey (ACS) for the analysis of insurance status. The U.S. Census Bureau released the ACS data for the United States in September 2025, based on insurance status for 2024, and in previous years. The ACS provides individual-level data to describe population characteristics, which historically has been the most-often cited source of health insurance coverage in the United States. The survey allows for a comprehensive look at the health insurance coverage of people in Missouri and the U.S., including private, employer, and public (Medicare and Medicaid) coverage. The ACS data allows for analysis of socioeconomic, employment, and health characteristics. The insurance coverage was analyzed in relation to demographic, economic, employment, and health characteristics using cross-tabulation.

The 2023 Rural-Urban Continuum Codes are used to identify urban (RUCC=1-3) and rural (RUCC=4-9) counties.<sup>3</sup> The data set used here, the American Community Survey (ACS),<sup>4</sup> was analyzed at the Public Use Microdata Area (PUMA) level, for those who were not institutionalized.<sup>5</sup> Urban and rural classifications were determined using the Census Bureau's 2020 PUMA population estimates and geographic delineations, along with the 2023 Rural-Urban Continuum Codes (RUCC).<sup>6</sup> Alternative definitions could be used to identify rural areas in Missouri or the U.S., leading to slightly different results. The definition used should be guided by the planned use for the analysis.<sup>7</sup>

Methods. Statistical testing is used to assess whether the changes were statistically significant.<sup>8</sup>

**Figure 2. Characteristics of Medicaid recipients, age 19-64, in Missouri and the U.S., 2024**

Characteristics of Medicaid recipients, Age 19-64	Missouri								United States	
	TOTAL, Age 19-64		Employed		Not Employed		Not in Labor Force		TOTAL, Age 19-64	
	Number (thousands)	Percent of total	Number (thousands)	Percent of total	Number (thousands)	Percent of total	Number (thousands)	Percent of total	Number (thousands)	Percent of total
Medicaid recipients, age 19-64	473.5	100.0%	222.8	100.0%	27.3	100.0%	223.4	100.0%	30,991.1	100.0%
By residence										
Urban	331.9	70.1%	164.0	73.6%	19.6	72.0%	148.3	66.4%	26,391.5	85.2%
Rural	141.6	29.9%	58.8	26.4%	7.7	28.0%	75.1	33.6%	4,599.7	14.8%
By gender										
Female	283.6	59.9%	132.4	59.4%	16.0	58.7%	135.2	60.5%	17,625.4	56.9%
Male	189.9	40.1%	90.4	40.6%	11.3	41.3%	88.2	39.5%	13,365.8	43.1%
By race/ethnicity										
White	325.5	68.7%	147.7	66.3%	17.2	63.0%	160.6	71.9%	14,718.5	47.5%
Black	94.3	19.9%	50.1	22.5%	6.4	23.5%	37.8	16.9%	5,792.4	18.7%
Asian	6.4	1.4%	2.5	1.1%	0.8	3.1%	3.1	1.4%	1,809.4	5.8%
Hispanic, any race	15.5	3.3%	8.7	3.9%	0.6	2.1%	6.2	2.8%	6,608.7	21.3%
Other	3.5	0.7%	1.0	0.5%	0.2	0.8%	2.3	1.0%	550.7	1.8%
2 or more races	28.2	6.0%	12.8	5.7%	2.0	7.5%	13.4	6.0%	1,511.4	4.9%
By income as percentage of poverty										
Less than 100% of FPL	192.5	40.7%	59.7	26.8%	14.5	53.2%	118.3	52.9%	10,580.3	34.1%
100-199% of FPL	136.4	28.8%	73.3	32.9%	6.3	23.3%	56.8	25.4%	8,500.2	27.4%
200-399% of FPL	103.2	21.8%	62.1	27.9%	3.9	14.1%	37.2	16.6%	7,728.9	24.9%
400% or more of FPL	41.5	8.8%	27.7	12.4%	2.6	9.4%	11.2	5.0%	4,181.6	13.5%
By education status										
Less than High school	84.5	17.8%	26.5	11.9%	4.7	17.2%	53.3	23.8%	5,912.2	19.1%
High school graduate	192.7	40.7%	89.7	40.3%	11.7	43.0%	91.3	40.9%	11,631.9	37.5%
Some college	144.6	30.5%	76.6	34.4%	8.1	29.5%	59.9	26.8%	9,164.0	29.6%
College graduate	51.7	10.9%	30.0	13.5%	2.8	10.3%	18.9	8.5%	4,283.0	13.8%
By work schedule (workers only)										
Full time	146.8	31.0%	130.1	58.4%	7.2	26.5%	9.5	4.3%	10,508.2	33.9%
Part time	115.6	24.4%	92.7	41.6%	8.8	32.1%	14.1	6.3%	7,122.8	23.0%
By work disability status										
Not disabled for work	303.3	64.1%	182.2	81.8%	19.2	70.4%	101.9	45.6%	22,262.1	71.8%
Disabled for work	170.2	35.9%	40.6	18.2%	8.1	29.6%	121.5	54.4%	8,729.1	28.2%
Attending School										
Attending school	38.5	8.1%	20.8	9.4%	2.1	7.8%	15.6	7.0%	3,313.6	10.7%
Not attending school	434.9	91.8%	201.9	90.6%	25.2	92.2%	207.8	93.0%	27,677.5	89.3%
Caregiving (TBD)										
Caregiving	58.3	12.3%	33.1	14.8%	2.7	10.0%	22.5	10.1%	3,588.1	11.6%
Not Caregiving	415.2	87.7%	189.7	85.2%	24.6	90.0%	200.9	89.9%	27,403.1	88.4%
With own children under 6 years										
With children under 6 years	78.8	16.6%	48.2	21.6%	4.4	16.2%	26.2	11.7%	4,975.5	16.1%
No children under 6 years	394.7	83.4%	174.6	78.4%	22.9	83.8%	197.2	88.3%	26,015.5	83.9%

## REFERENCES AND ENDNOTES

1. Kaiser Family Foundation. 2026. "Tracking Implementation of the 2025 Reconciliation Law: Medicaid Work Requirements," retrieved from: <https://www.kff.org/medicaid/medicaid-work-requirements-tracker-overview/>
2. Kaiser Family Foundation. 2026. "5 Key Facts About Medicaid Work Requirements," retrieved from: <https://www.kff.org/medicaid/5-key-facts-about-medicaid-work-requirements/>
3. USDA, Economic Research Service, "Rural-Urban Continuum Codes," updated January 2025. <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes>
4. U.S. Census Bureau, American Community Survey 2023 1-Year Estimates Public Use Microdata Sample, accessed September 12, 2024. <https://www2.census.gov/programs-surveys/acs/data/pums>
5. This follows procedures used by the Census Bureau in their reports on health insurance status, as they also excluded people in institutions. See: [https://www2.census.gov/programs-surveys/demo/tables/health-insurance/2024/acs-hi/hi05\\_acs.xlsx](https://www2.census.gov/programs-surveys/demo/tables/health-insurance/2024/acs-hi/hi05_acs.xlsx)
6. The methods for doing this are the following: An allocation factor, or the proportion of a PUMA population residing in each county, was established for each PUMA-county pair (following description found in Missouri Census Data Center "Geocorr 2022: Geographic Correspondence Engine," accessed October 16, 2024, <https://mcdc.missouri.edu/applications/geocorr2022.html>). Each county was categorized as either urban (RUCC 1-3) or rural (RUCC 4-9), following guidance from ERS, based on U.S. Department of Agriculture, Economic Research Service Rural-Urban

Continuum Codes, January 2024. The county-level allocation factors were summed within each urban and rural category at the PUMA level, with each summation reflecting the probability of an individual residing in each PUMA to be categorized as urban or rural. These probabilities were then weighted using Public Use Microdata Sample (PUMS) person weights. In response to the Connecticut Office of Policy and Management Secretary's 2019 request, the U.S. Census Bureau implemented the state's nine planning regions as county-equivalent geographic units for statistical purposes in 2023. Therefore, Connecticut 2020 PUMA census data, along with allocation factors, were cross-walked to and replaced by county-equivalent planning region-related data and matched to planning region FIPS codes in the 2023 RUCC. (See Missouri Data Center, 2024).

7. RUPRI Health Panel. 2020. "Considerations for Defining Rural Policies and Programs," May 2020. <https://rupri.org/2020/05/07/considerations-for-defining-rural-places-in-health-policies-and-programs/>
8. To assess for statistical significance, a Z-test is used, and significance is assessed at the 95-percent level.