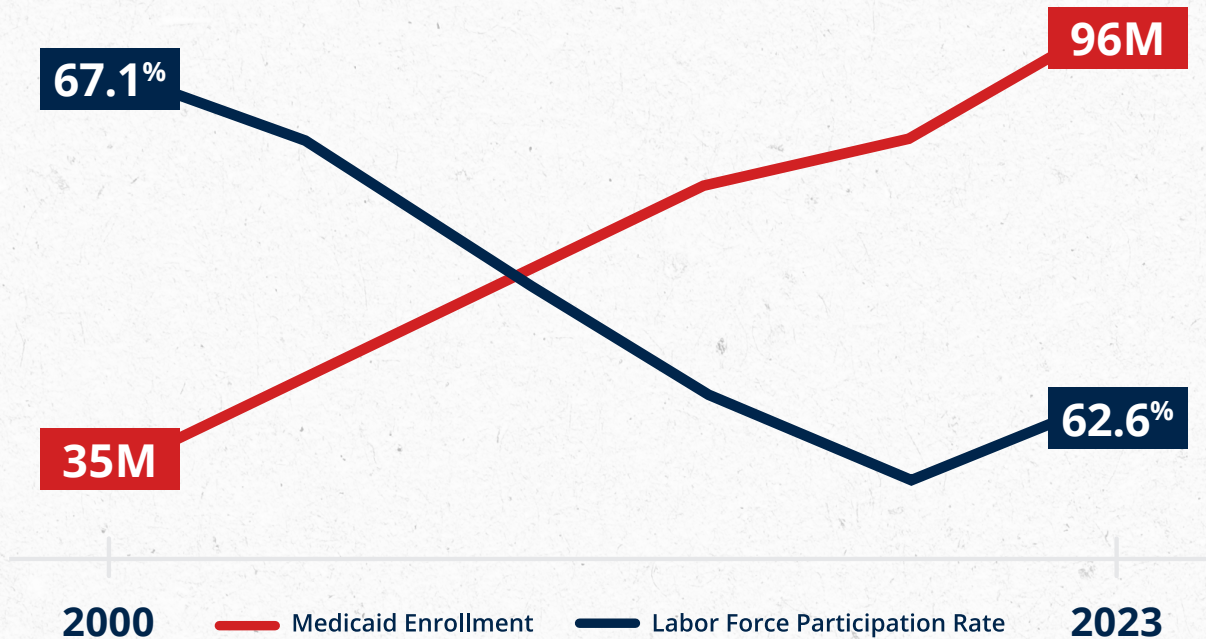


# THE X FACTOR:



## How the Labor Force Continues to Be Decimated by Skyrocketing Medicaid Enrollment

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[TheFGA.org/research/the-x-factor-labor-force-decimated-skyrocketing-medicaid-enrollment](https://TheFGA.org/research/the-x-factor-labor-force-decimated-skyrocketing-medicaid-enrollment)

# Key Findings

1

THE FOCUS OF **THE MEDICAID PROGRAM HAS SHIFTED** FROM THE TRULY NEEDY TO ABLE-BODIED ADULTS.

2

LABOR FORCE **PARTICIPATION RATES HAVE FALLEN** WHILE MEDICAID ENROLLMENT HAS EXPLODED.

3

**ABLE-BODIED ADULTS ARE THE DRIVING FORCE** BEHIND THIS MEDICAID ENROLLMENT EXPLOSION.

4

MOST ABLE-BODIED ADULTS ON MEDICAID ARE **NOT WORKING AT ALL.**

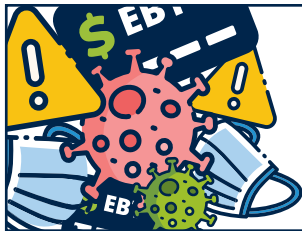
## THE BOTTOM LINE:

**ABLE-BODIED ADULTS MUST BE MOVED FROM WELFARE TO WORK TO IGNITE AMERICA'S ECONOMIC COMEBACK.**

## Overview

Prior to the COVID-19 pandemic, all economic indicators pointed toward a booming economy. Unemployment levels were at 50-year lows, there were millions of open jobs across all sectors of the workforce, and work was paying better than ever.<sup>1</sup> Unfortunately, the pandemic derailed much of the progress made by the Trump administration, and the economy has yet to fully recover.

Employers remain desperate for workers, but there are not enough workers to fill the demand. Today, there are more than three million more open jobs than people actively searching for work.<sup>2</sup> Indeed, there are more than eight million open jobs nationwide—much higher than pre-pandemic levels and inching closer to the record high recorded in 2022.<sup>3</sup> Even worse, nearly 45 million Americans quit their jobs in 2023—only slightly lower than the record-breaking year prior.<sup>4</sup>



**UNFORTUNATELY, THE PANDEMIC DERAILED MUCH OF THE PROGRESS MADE BY THE TRUMP ADMINISTRATION, AND THE ECONOMY HAS YET TO FULLY RECOVER.**

Despite President Biden claiming that the United States economy is the strongest in the world, nearly half of all Americans believe their personal financial situation is getting worse.<sup>5</sup> And even though inflation has slowly begun to dip, it remains much higher than before President Biden took office.<sup>6</sup>

The American comeback has stalled, and the reason is simple: Millions of Americans have transitioned from work to welfare. The most glaring example of this shift can be found within the Medicaid program where enrollment has skyrocketed and most able-bodied adults aren't working at all.<sup>7</sup>

## The focus of the Medicaid program has shifted to able-bodied adults

The Medicaid program was created nearly 60 years ago to serve truly needy populations, such as low-income children, pregnant women, people with disabilities, and seniors.<sup>8</sup> However, after the passage of the Affordable Care Act—more commonly known as ObamaCare—the focus of the Medicaid program has shifted toward able-bodied adults.<sup>9</sup>



**After the passage of the Affordable Care Act—more commonly known as ObamaCare—the focus of the Medicaid program has shifted toward able-bodied adults.**



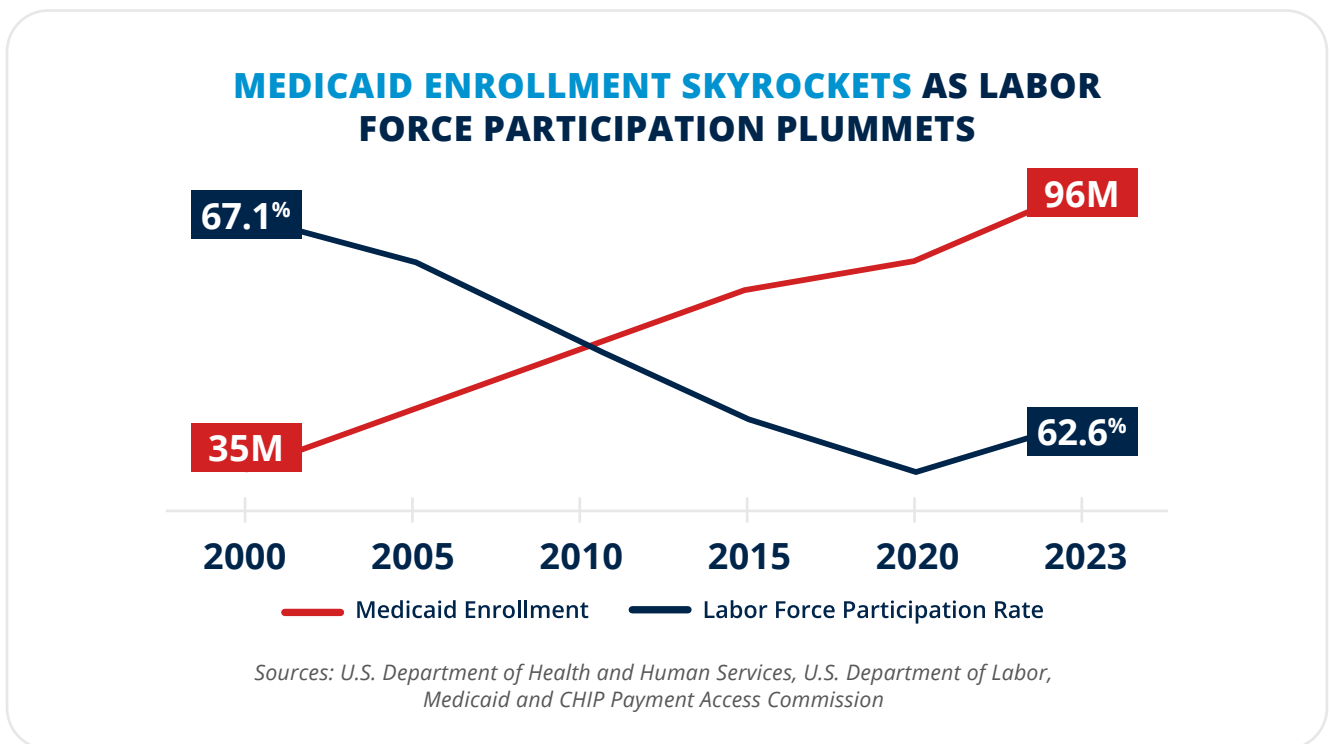
ObamaCare ushered in an entirely new class of individuals—able-bodied, childless adults—who would be considered eligible for benefits via Medicaid expansion.<sup>10</sup> In traditional Medicaid, applicants are typically required to demonstrate a need for the benefits, as simply meeting income thresholds does not necessitate eligibility.<sup>11</sup> But in states that have expanded Medicaid, able-bodied adults can qualify for benefits based on income alone with assets ignored completely—a stark contrast between traditional Medicaid and expansion.<sup>12</sup>

The fallout from Medicaid expansion has been twofold. As millions of able-bodied adults have flooded the Medicaid rolls nationwide, the truly needy—those the program was designed for—have been shoved to the back of the line.<sup>13</sup> Meanwhile, as Medicaid enrollment has skyrocketed, America’s labor force participation rates have plummeted.<sup>14</sup>

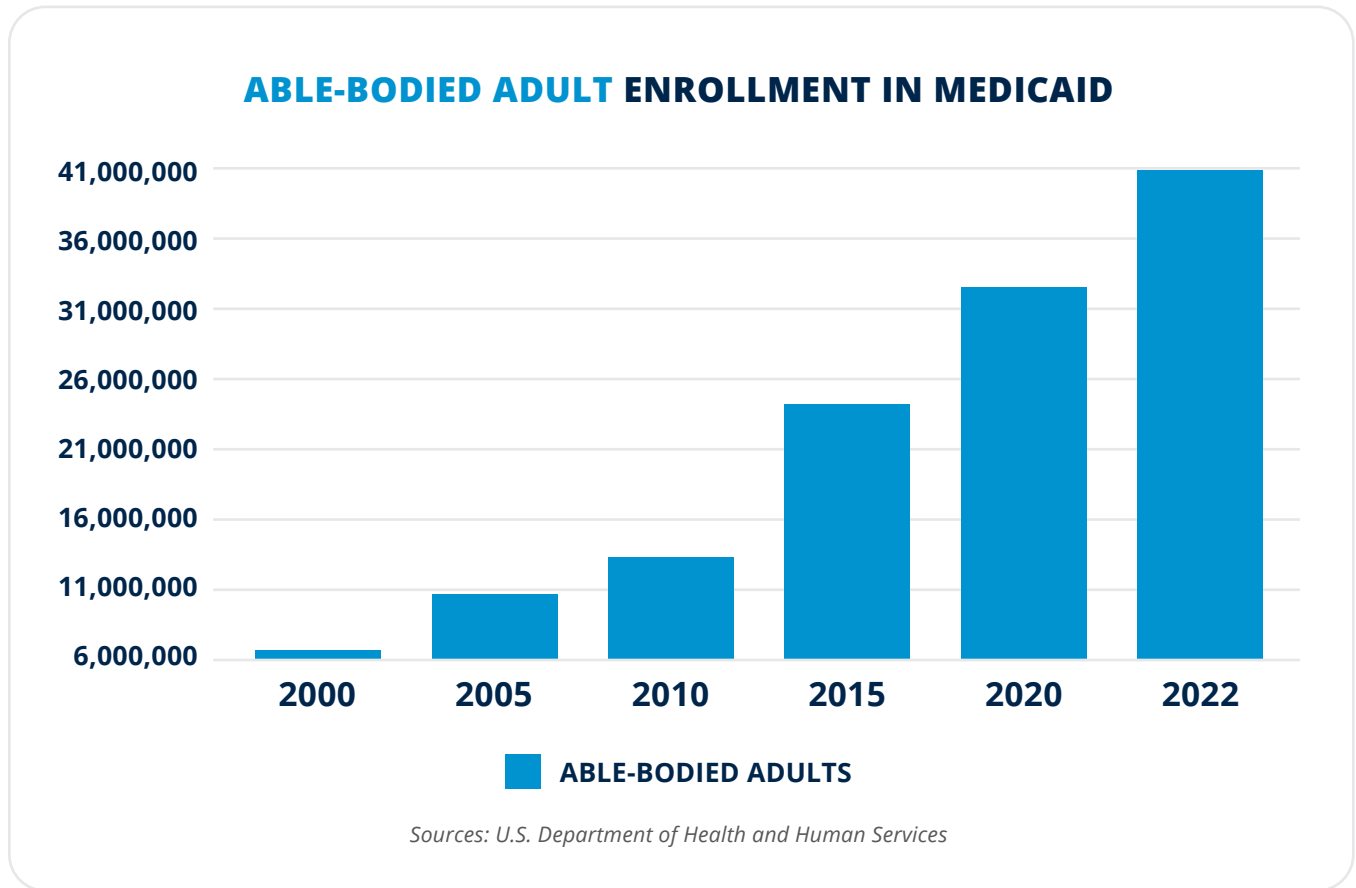
## Medicaid enrollment has skyrocketed while labor force participation rates have shrunk—Resulting in the “X Factor”

In 2000, the labor force participation rate was at an all-time high of just above 67 percent.<sup>15</sup> But in the decades that followed, labor force participation rates began declining across the board.<sup>16</sup>

By 2023, labor force participation rates fell to just shy of 63 percent—a decline of seven percent.<sup>17</sup> The 2023 labor force participation rates closely resemble those of the 1970s.<sup>18</sup> Meanwhile, Medicaid enrollment has soared to new heights—adding nearly 63 million individuals to the rolls in just 23 years.<sup>19-21</sup>



Since 2000, the Medicaid program has been flooded with able-bodied adults—with more than 33 million enrolled in a little more than two decades.<sup>22-23</sup> The primary driver of this growth has been Medicaid expansion, as able-bodied adult enrollment has more than doubled since 2013—the year before expansion went live—resulting in massive enrollment and cost overruns for states that took the bait.<sup>24-26</sup>



Instead of powering the growth of the labor force, able-bodied adults are instead being added to the Medicaid rolls by the millions—consuming resources that could go to the truly needy and delaying a desperately needed economic comeback. Despite there being millions of open jobs and employers desperate for workers, most able-bodied adults on Medicaid are not working at all.

## The majority of able-bodied adults on Medicaid are not working

In other welfare programs—such as food stamps and cash welfare—able-bodied adults receiving benefits must adhere to a work requirement.<sup>27-28</sup> Typically, able-bodied adults must work, train, or volunteer on a part-time basis to remain eligible for benefits.<sup>29</sup> This encourages an eventual transition from welfare to work, as welfare programs were designed to lend a helping hand, not provide a long-term handout.

However, the Medicaid program has no federally mandated work requirement. Some states received approval from the Trump administration to implement work requirements in their Medicaid programs, but the Biden administration has since revoked all existing waivers.<sup>30</sup> And under the current administration, any new waiver requests are likely to be denied.<sup>31</sup>

Unsurprisingly, most able-bodied adults on Medicaid are not working at all.<sup>32</sup> New data from state Medicaid agencies shows that 60 percent of able-bodied adults on Medicaid reported no earned income.<sup>33</sup> Nationwide, an estimated 24.6 million able-bodied adults on Medicaid are not working at all—which is more than the entire population of Florida.<sup>34-35</sup>

Meanwhile, there are more than 692,000 Americans who are languishing on Medicaid waiting lists while non-working, able-bodied adults consume limited resources.<sup>36</sup>



**There are more than 692,000 Americans who are languishing on Medicaid waiting lists while non-working, able-bodied adults consume limited resources.**



The growth in enrollment has shown that without a real work requirement, these able-bodied adults are unlikely to voluntarily enter the workforce and will continue to sit on the sidelines. And with the Biden administration offering no flexibility on the issue, states around the country are struggling to keep their economies afloat with millions of workers absent.

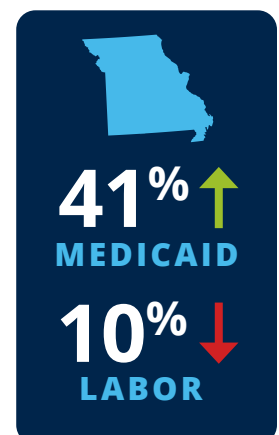
## **States are struggling to manage massive Medicaid growth with a faltering workforce**

Since 2000, every state has seen its labor force participation rate shrink and their Medicaid enrollment surge upward.<sup>37</sup> For a full economic recovery to occur, states must bolster their workforce and preserve their welfare programs for the truly needy.

### **MEDICAID MISHAPS IN MISSOURI**

Lawmakers in Missouri have struggled to maintain balance in their Medicaid program, as enrollment and spending have both surged in recent decades.<sup>38</sup> **Since 2000, enrollment in the state has nearly doubled, adding more than 635,000 individuals to the Medicaid rolls.**<sup>39-40</sup> In that time, Medicaid spending has more than quadrupled, accounting for 41 percent of total state expenditures in 2023.<sup>41-42</sup>

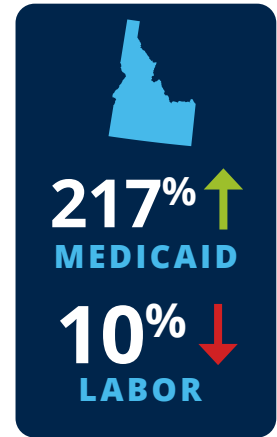
Meanwhile, the state's labor force has remained in free fall as workforce participation has declined by 10 percent.<sup>43</sup> Despite false promises from advocates, expansion has not revitalized the Missouri workforce.<sup>44</sup> Instead, hundreds of thousands of able-bodied adults have been added to welfare.



## MEDICAID EXPANSION IS SINKING IDAHO

In just over two decades, Medicaid enrollment in Idaho has grown by a whopping 217 percent—with more than one in five Idahoans currently enrolled in the program.<sup>45-47</sup> **Over that time, the state's Medicaid spending has increased by 477 percent—seven times higher than it was in 2000.**<sup>48-49</sup>

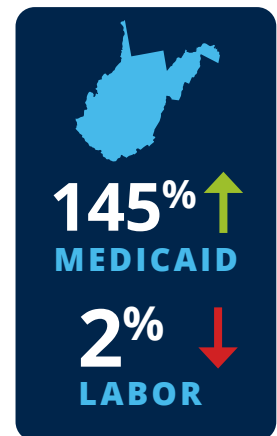
But while the state's Medicaid program has experienced colossal growth, labor force participation has not kept pace. Labor force participation rates have fallen by 10 percent since 2000.<sup>50</sup> If lawmakers in Idaho want to stop the bleeding, they must move able-bodied adults from welfare to work.



## WEST VIRGINIA'S MEDICAID WOES

Since 2000, more than 373,000 individuals have been added to the West Virginia Medicaid rolls—an increase of 145 percent, nearly tripling in just over two decades.<sup>51-52</sup> Meanwhile, Medicaid spending has nearly quadrupled and now accounts for more than one in every four dollars spent in the state.<sup>53-54</sup>

During that time, labor force participation rates in West Virginia have declined by only two percent.<sup>55</sup> However, that is no cause for celebration, as the state had the second-worst labor force participation rate in the nation in 2023, trailing only Mississippi.<sup>56</sup> **In fact, West Virginia has consistently had the lowest, or one of the lowest, labor force participation rates nationwide since 2000.**<sup>57</sup>



Without swift action, West Virginia's Medicaid woes will continue to worsen as the state's workforce continues to fall behind.

## THE BOTTOM LINE: Able-bodied adults must be moved from welfare to work to ignite America's economic comeback.

In just over two decades, unsustainable Medicaid growth has fueled the labor force shortage that is currently handicapping the economy as able-bodied adults have been shifted from the workforce and onto welfare. And while there has never been a better time to return to work, able-bodied adults are opting for welfare applications rather than paychecks.

However, there is still time to salvage the situation and reverse course. **To jumpstart the economic comeback that America desperately needs, states must adopt policies that help able-bodied adults move from welfare to work.** By doing so, lawmakers would not only preserve resources for the truly needy, but also be part of the solution to the stagnation that is plaguing the nation.

## APPENDIX 1: MEDICAID ENROLLMENT FROM 2000–2023

State	2000	2005	2010	2015	2020	2023	2000 to 2023
Alabama	644,332	813,253	922,595	1,044,969	1,141,138	1,375,674	114%
Alaska	82,981	98,710	121,597	138,100	226,515	251,929	204%
Arizona	518,511	1,067,275	1,205,658	1,893,054	2,094,748	2,306,406	345%
Arkansas	416,214	624,593	687,131	919,768	919,628	967,900	133%
California	6,247,244	8,018,670	9,664,788	13,145,593	13,159,326	15,351,682	146%
Colorado	289,752	421,403	679,529	1,298,364	1,410,227	1,679,466	480%
Connecticut	352,345	436,171	671,216	840,619	1,042,833	1,167,454	231%
Delaware	101,309	144,352	209,230	210,636	239,025	300,155	196%
District of Columbia	128,123	144,573	210,287	245,800	259,261	338,137	164%
Florida	1,859,559	2,272,992	3,172,076	3,974,935	4,445,313	5,419,363	191%
Georgia	913,062	1,405,875	1,801,333	1,869,933	2,193,172	2,613,085	186%
Hawaii	147,864	192,294	265,449	318,073	357,869	463,301	213%
Idaho	128,749	180,336	243,694	303,272	394,092	407,741	217%
Illinois	1,425,685	2,068,661	2,810,613	2,931,849	2,937,593	3,447,694	142%
Indiana	632,996	821,795	1,093,399	1,244,321	1,641,919	2,050,762	224%
Iowa	237,014	337,443	499,691	585,978	677,628	769,742	225%
Kansas	200,996	274,381	342,451	370,464	389,858	436,501	117%
Kentucky	596,001	694,215	866,035	1,274,166	1,506,916	1,580,286	165%
Louisiana	693,980	1,034,274	1,220,858	1,444,601	1,816,232	2,053,888	196%
Maine	175,007	269,953	426,799	271,406	330,923	411,101	135%
Maryland	569,462	711,066	978,929	1,061,749	1,383,758	1,609,764	183%
Massachusetts	930,481	1,035,010	1,601,378	1,805,041	1,765,345	2,282,087	145%
Michigan	1,090,554	1,518,612	2,090,316	2,285,078	2,724,152	3,127,783	187%
Minnesota	478,794	586,060	805,880	1,186,498	1,176,859	1,423,199	197%
Mississippi	506,285	649,839	667,951	723,301	741,177	862,377	70%
Missouri	866,076	953,898	1,070,627	961,996	1,008,795	1,501,975	73%

State	2000	2005	2010	2015	2020	2023	2000 to 2023
Montana	72,132	85,180	134,267	140,253	262,664	297,581	313%
Nebraska	194,478	203,788	252,304	233,048	291,951	400,691	106%
Nevada	108,576	175,442	300,223	579,784	709,613	829,825	664%
New Hampshire	82,033	109,715	152,999	187,999	209,658	201,372	145%
New Jersey	754,422	864,291	1,303,411	1,690,998	1,760,094	2,135,594	183%
New Mexico	323,020	411,926	572,845	840,108	907,868	936,684	190%
New York	2,788,018	4,194,898	5,018,385	6,317,220	6,777,532	7,983,170	186%
North Carolina	987,387	1,265,581	1,822,523	2,004,104	2,363,887	2,962,451	200%
North Dakota	45,869	53,765	75,193	87,269	108,654	133,630	191%
Ohio	1,167,156	1,749,245	2,198,799	3,131,119	2,987,643	3,583,495	207%
Oklahoma	450,601	578,826	808,802	672,225	792,404	1,221,820	171%
Oregon	391,845	396,263	656,022	1,055,080	1,120,109	1,345,939	243%
Pennsylvania	1,339,302	1,718,873	2,171,331	2,670,350	3,161,673	3,645,268	172%
Rhode Island	159,923	187,159	211,377	279,851	320,587	362,284	127%
South Carolina	694,122	844,600	883,892	1,172,308	1,357,644	1,494,560	115%
South Dakota	79,581	101,698	125,433	108,416	115,367	111,158	40%
Tennessee	1,394,933	1,293,117	1,378,378	1,654,238	1,676,327	1,904,232	37%
Texas	1,981,621	3,054,204	4,177,257	4,314,877	4,901,254	5,869,539	196%
Utah	133,079	209,604	324,929	332,312	388,599	476,571	258%
Vermont	120,619	125,584	178,759	208,420	183,394	197,206	63%
Virginia	526,668	734,291	1,003,785	989,083	1,574,108	2,007,919	281%
Washington	765,342	938,514	1,219,740	1,813,800	1,910,704	2,133,317	179%
West Virginia	257,568	307,168	371,889	554,210	575,310	630,780	145%
Wisconsin	508,309	828,489	1,196,809	1,191,714	1,353,048	1,540,815	203%
Wyoming	37,090	60,878	72,617	65,015	58,017	88,092	138%

*\*Data for 2000-2020 comes from December of each year. Data for 2023 comes from June—the most recent data available from the Medicaid Budget and Expenditure System.*

## APPENDIX 2: LABOR FORCE PARTICIPATION RATES FROM 2000–2023

State	2000	2005	2010	2015	2020	2020	2000 to 2023
Alabama	63.2	61.4	59.6	56.0	58.2	57.1	-10%
Alaska	72.8	71.4	69.3	66.4	65.0	65.2	-10%
Arizona	65.3	63.9	62.8	60.3	60.3	62.1	-5%
Arkansas	61.9	63.1	60.4	58.3	58.3	57.6	-7%
California	67.2	65.3	63.8	62.1	60.2	62.1	-8%
Colorado	71.7	72.5	69.8	66.7	68.5	68.5	-4%
Connecticut	67.5	67.5	68.0	65.6	64.0	64.2	-5%
Delaware	70.1	67.8	62.3	62.4	60.6	61	-13%
District of Columbia	68.4	67.6	68.4	69.8	70.0	71.6	5%
Florida	63.6	62.4	61.2	59.2	56.6	59.7	-6%
Georgia	68.9	68.1	64.2	60.7	61.2	61.7	-10%
Hawaii	67.2	65.9	62.8	61.9	60.5	60.3	-10%
Idaho	69.6	68.9	64.9	63.8	63.2	62.9	-10%
Illinois	69.0	66.7	66.3	65.3	61.9	64.2	-7%
Indiana	67.7	67.6	63.5	64.6	63.3	63.3	-6%
Iowa	71.8	71.8	70.8	70.0	65.3	67.9	-5%
Kansas	69.8	70.2	69.6	67.8	67.9	66.7	-4%
Kentucky	63.4	62.1	61.6	57.7	56.5	57.2	-10%
Louisiana	61.7	64.3	60.3	59.7	58.5	58.5	-5%
Maine	67.4	66.7	64.9	62.8	59.5	59.2	-12%
Maryland	70.3	69.1	68.3	66.8	65.2	65.1	-7%
Massachusetts	67.9	66.7	66.1	65.0	66.5	65.1	-4%
Michigan	68.5	65.3	60.5	60.7	60.7	62.1	-9%
Minnesota	75.5	73.1	71.2	70.2	68.4	68.6	-9%
Mississippi	62.1	60.4	60.1	55.7	55.8	53.9	-13%
Missouri	70.4	67.5	65.6	64.6	63.0	63.2	-10%

State	2000	2005	2010	2015	2020	2020	2000 to 2023
Montana	67.9	66.7	63.9	63.6	61.5	63.1	-7%
Nebraska	73.3	73.0	71.4	70.3	68.7	69.2	-6%
Nevada	70.7	67.7	65.2	62.2	60.6	62.7	-11%
New Hampshire	72.3	71.0	69.8	68.4	67.4	65	-10%
New Jersey	66.3	66.4	66.0	64.0	61.9	65.1	-2%
New Mexico	63.4	62.6	58.7	58.2	57.9	57.4	-9%
New York	62.6	63.2	62.1	60.7	59.8	61.2	-2%
North Carolina	67.8	66.0	62.9	61.2	60.0	61.1	-10%
North Dakota	70.9	72.6	72.5	70.7	69.0	69.2	-2%
Ohio	67.0	66.7	64.9	62.7	62.2	61.9	-8%
Oklahoma	64.2	64.0	61.7	61.4	60.8	62.9	-2%
Oregon	68.2	65.1	65.6	62.0	62.0	62.2	-9%
Pennsylvania	64.8	64.3	63.1	63.2	61.4	62.1	-4%
Rhode Island	66.4	67.9	67.4	64.5	62.3	63.5	-4%
South Carolina	64.8	64.7	60.7	59.2	56.6	57.4	-11%
South Dakota	73.0	72.4	71.8	69.8	69.1	68.4	-6%
Tennessee	65.2	63.2	62.9	59.8	60.6	60	-8%
Texas	68.1	67.0	65.9	63.8	63.0	64.6	-5%
Utah	72.3	72.2	68.1	68.1	67.2	69.6	-4%
Vermont	70.6	70.9	70.7	67.0	60.9	64.7	-8%
Virginia	68.3	68.5	67.4	64.9	63.2	66.3	-3%
Washington	68.8	67.6	65.4	63.5	62.5	64.5	-6%
West Virginia	56.1	55.5	54.5	53.4	55.3	54.9	-2%
Wisconsin	73.2	70.7	69.2	68.1	65.5	65.9	-10%
Wyoming	71.5	71.6	69.5	66.7	64.6	64	-10%

\*Data from 2000-2020 comes from December of each year. Data for 2023 comes from June to remain consistent with the Medicaid data.

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