



Closing the Gap Improves Labor Force Participation

61% of Georgians in the coverage gap are in a family with at least one worker.¹

Among working adults, healthcare coverage incentivizes increased work hours. Among the unemployed, it increases the likelihood of finding a job.

In states that closed their coverage gap, labor force participation increased.

- After Michigan closed its coverage gap, employment status among new Medicaid enrollees rose from **54.3% to 60%.**² In Ohio, it rose from **43.2% to 49.6%.**³
- In Montana, closing the coverage gap has been linked to a **6 to 9 percentage point increase** in labor force participation among low-income residents.⁴
- 60% of unemployed enrollees in Ohio and 55% of unemployed enrollees in Michigan reported that closing the gap made them **better able to search for a job.**^{2,5}
- Closing the coverage gap increased employment rates among working-age adults with disabilities from **31.9% to 38.0%.**⁶

Georgia's lack of affordable health insurance options disincentivizes Medicaid enrollees from working.

- Currently in GA, a family of three with one child will lose their eligibility for affordable health coverage **if the parents begin making more than \$6,612 annually.**⁷
 - If we close the coverage gap, the parents could pick up more hours or search for a full-time job without worrying about losing their health insurance.
 - Research has found that closing the gap makes unemployed parents less likely to drop out of the workforce and stop looking for a job.⁸

Sources

1. Center on Budget and Policy Priorities (2023). "The Medicaid Coverage Gap in Georgia." Retrieved from <https://www.cbpp.org/sites/default/files/7-8-21tax-factsheets-ga.pdf>
2. Tipirneni R, Ayanian JZ, Patel MR, et al. (2020). "Association of Medicaid Expansion with Enrollee Employment and Student Status in Michigan." *JAMA Network Open*, 3(1): e1920316.
3. The Ohio Department of Medicaid. (2018). 2018 Ohio Medicaid Group VIII Assessment: A Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment. Retrieved from: <https://medicaid.ohio.gov/static/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>
4. Bureau of Business and Economic Research. (2018). *The Economic Impact of Medicaid Expansion in North Carolina*. Retrieved from: <https://www.bber.umt.edu/pubs/health/MedicaidExpansionImpact2018.pdf>
5. University of Michigan. (2017). "Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches." Retrieved from: <https://ihpi.umich.edu/news/medicaid-expansion-helped-enrollees-do-better-work-or-job-searches>
6. Hall JP, Shartzler A, Kurth NK, & Thomas KC. (2017). "Effect of Medicaid Expansion on Workforce Participation for People with Disabilities." *Am J Public Health*, 107(2): 262-264.
7. Georgia Medicaid (2023). Retrieved from <https://medicaid.georgia.gov/document/document/2023abd-fmincome-resourcelimitsrv070623/download>
8. Buchmueller T, Levy HG, Valetta RG. (2019). "Medicaid Expansion and the Unemployed." *NBER*. Retrieved from: https://www.nber.org/system/files/working_papers/w26553/w26553.pdf