



The Partnership to End HIV, STDs, and Hepatitis Urges Congress to Reject Medicaid Cuts and Misguided Work Requirements

Medicaid work requirements punish people who are ill, between jobs or are caregivers, writes the coalition of health organizations.

May 27, 2025 By NMAC and Pavni Guharoy

The Partnership to End HIV, STDs, and Hepatitis—a coalition including NMAC, The AIDS Institute, National Coalition of STD Directors, NASTAD (National Alliance of State and Territorial AIDS Directors), and AIDS United—strongly urges Congress to reject the harmful Medicaid and Affordable Care Act (ACA) cuts included in the House Budget Reconciliation bill.

Medicaid is the single largest source of insurance coverage for people living with HIV, providing 45% of all federal funding for HIV treatment. It also provides vital access to care for tens of millions of Americans living with and at risk for HIV, sexually transmitted infections (STIs) and viral hepatitis. Any cuts to the program—particularly those tied to burdensome work reporting requirements—which have been proven failures—will result in lost coverage, increased gaps in health care, and weakened health care infrastructure.

Medicaid, at its core, is a work support program.

By providing access to preventive care, treatment and mental health services, Medicaid helps people stay healthy so they can work, care for their families and contribute to their communities. Research consistently shows that Medicaid coverage increases workforce participation and financial stability. Conditioning that coverage on a work reporting requirement flips that logic on its head by punishing people who are ill, between jobs, are caregivers or are navigating structural barriers like lack of transportation or child care. And for people with HIV, Medicaid provides consistent access to treatment that keeps them healthy enough to work and engage in their communities. Without it, more people will acquire HIV and those already diagnosed will face worse health outcomes.

Work reporting requirements have already been attempted in several states—and they have uniformly resulted in loss of coverage for vulnerable populations.

- In Arkansas, over 18,000 individuals lost coverage in just seven months due to confusing online reporting systems and lack of awareness.
- In Kentucky, a federal court blocked implementation after projections showed 95,000 people would likely lose coverage.
- In New Hampshire, more than 17,000 people received termination notices within two months of implementation, prompting the state to suspend the program.
- In Georgia, the “Pathways to Coverage” program launched in 2023 was projected to enroll 50,000 people. Instead, fewer than 4,300 gained coverage, with over half of all applicants denied—many because they couldn’t verify the 80-hour activity requirement. The program’s multi-million dollar administrative costs and limited reach exposed its inefficiency and ineffectiveness.

These real-world failures make it clear that exemptions for people with chronic or complex medical conditions—such as those living with HIV, STIs or hepatitis—are not meaningful protections. Instead, they create additional barriers and delays in care for those who need it most.

The Partnership to End HIV, STDs, and Hepatitis affirms that Medicaid is essential to ending these intersecting epidemics. Any attempt to undermine the Medicaid program through work reporting requirements, budget cuts, or block grants threaten decades of public health progress and puts lives and communities at risk.

Congress must reject these dangerous policies. Health care is not a reward for paperwork—it is a human right.

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