

Work Requirements for Medicaid: Ineffective and Harmful

Centers for Medicare and Medicaid (CMS) recently announced that they will allow states to apply for waivers allowing work requirements for “able bodied” Medicaid recipients. There is no evidence that work requirements increase long-term employment, reduce poverty, or promote positive health outcomes. Instead, **this move will create barriers to accessing care, penalize individuals who have lost employment or have difficulty securing employment by denying them health coverage, and hurt low-income people.** Reducing our Medicaid enrollment through work requirements will not reduce health care costs but will only shift those costs to the state.

- **Most Medicaid beneficiaries already work.**

Data show that most Medicaid recipients who are able to work already do so. Three out of four non-elderly adults and children enrolled in Medicaid live in a family with at least one worker.¹ The majority of those not working have health conditions, care for children or other family who are ill or have a disability, or are in school.

- **Evidence shows that work requirements do not increase employment.²**

Studies show that employment increases for individuals subject to work requirements are at most modest and disappear over time. The majority of individuals subject to work requirements remained in poverty.

- **Instead of imposing work requirements, we need solutions that increase access to employment, income, and economic opportunity.**

Work requirements do not break down the barriers preventing low-income people from finding stable employment. People in poverty face obstacles like lack of living-wage jobs, low levels of education, chronic illness or mental health issues, lack of affordable childcare and transportation, criminal records, or a lack of social connections needed to find good jobs.³

- **Work requirements present administrative burdens for states to implement.**

The administration of work requirements in other programs has proved time consuming, lacking in real-time accuracy, and burdensome to states rather than connecting people to evidence-based employment services and supports. In addition, many people on Medicaid have disabilities but don't have an official determination of disability, yet, so it would be difficult for states to determine who is physically and mentally capable of work.⁴ Adding more bureaucracy will only lead to more budget and backlog problems than we have now.

- **Programs that are most successful at raising employment boost the education and skills of program participants, they don't strip them of health coverage.⁵**

If increasing employment is the true goal, then the data clearly demonstrates that the federal government and states should fund job training, subsidized job positions, child care assistance, and other work supports, the programs that DO make an impact on employment.

Protect Our Care Illinois is a statewide coalition of health care advocates, providers, consumers, and workers, standing together to protect and expand access to quality affordable health care provided by the Affordable Care Act and Medicaid.

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¹ <http://www.cbpp.org/research/health/medicaid-work-requirement-would-limit-health-care-access-without-significantly>

² <http://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>

³ http://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows#_ftn3

⁴ <https://www.nytimes.com/2017/02/25/health/medicaid-work-requirement.html?smprod=nytcore-iphone&smid=nytcore-iphone-share&r=0>

⁵ <http://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows#finding4>