Ten Reasons To Oppose Medicaid Work Requirements

You may have heard that there are some proposals in the Michigan legislature to require individuals on Medicaid to work in order to continue to qualify for Medicaid (Proposed in March 2018: Senate Bill 897 and House Bill 5716).

The Washtenaw Health Plan and Washtenaw County are opposed to any efforts to impose work requirements on Medicaid recipients. Here's why:

1. Most people on Medicaid are already working.

Those who are not working, are most likely to be found taking care of young children, elderly relatives, to be living in high unemployment areas, or to be in poor health themselves. The vast majority of individuals in Medicaid are in households with at least one working person (Kaiser Family Foundation, 2016).

In December 2017, a team of University of Michigan researchers did extensive research on individuals in the Michigan Medicaid expansion, called the Healthy Michigan Plan, population.

- Nearly half the individuals are working (48.8%)
- 5% are students
- Nearly 5% are home taking care of children
- 11% reported being unable to work because of their health

Over one fourth are out of work, many of them because they are in fair or poor health. Three-quarters of those who were out of work reported having a chronic health condition.
NOTE: This study was the first peer-reviewed study from the formal evaluation of Michigan's expansion, called the Healthy Michigan Plan. The evaluation, funded by a contract with the Michigan Department of Health and Human Services, was required under Michigan's federal waiver.

As Renuka Tipirneni, lead author of the study notes, "'Is it worth the cost to screen and track enrollees when only a small minority isn't working who are potentially able to work?'"

2. THE MEDICAID EXPANSION HAS HELPED IMPROVE INDIVIDUALS' HEALTH.

Health improvements mean it is more likely that they will be able to work--now or in the future.

According to the UM IHPI study, "In all, nearly half of the newly covered Michiganders said their physical health improved in the first year of coverage, and nearly 40 percent said their mental or dental health got better. Those who said their health improved also had the most chance of experiencing an effect on their work life. As a group, they were four times more likely to say that getting Medicaid coverage helped them do a better job at work. And those who felt their health had improved, but were out of work, were three times as likely to say that their coverage helped them look for a job."

3. WORK REQUIREMENTS CAN WORSEN (OR EXTERNALIZE) OTHER PROBLEMS.

For instance, a person with epilepsy who loses access to seizure medications could have a seizure while driving and have a car accident. The cost, then, is to the individual (who is injured by the car accident and seizure), to the costs to the insurance system, and potentially to other individuals involved in the car accident.

4. WORK REQUIREMENTS COST THE SYSTEM MORE.

Work requirements drive people to more expensive care. Rather than a person getting preventive care, and a prescription, from a primary care doctor for an easily
treated problem like high blood pressure, they are more likely to end up in the emergency room, where they know they will not be turned away. Rather than getting a free flu vaccine, they are more likely to get the flu--ending up infecting others, requiring time off work, and perhaps risking a hospitalization.

5. WORK REQUIREMENTS PLACE A HUGE ADMINISTRATIVE BURDEN ON DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF.

DHHS staff already struggle under enormous caseloads. The administrative burden of this additional work is significant. The true number of people who could work but aren't is small. Yet requiring people to show that they are working, or cannot work, requires a lot of time on the part of DHHS staff.

6. WORK REQUIREMENTS PLACE A HUGE ADMINISTRATIVE BURDEN ON INDIVIDUALS WITH MEDICAID.

In addition, they are likely to affect many others. For instance, if one person in a family does not return proof they are working, others in the family may be wrongfully cut off. This policy is another bureaucratic obstacle intended to keep poor people from getting healthcare.
7. WE ARE IN THE MIDST OF AN OPIOID EPIDEMIC AND A SURGE IN SUICIDES.

Mental health and substance use disorder services are essential; suicide is preventable. Work requirements make it difficult for individuals getting mental health or substance use treatment to continue to get treatment. In 2015, the State of Michigan's Prescription Drug and Opioid Abuse Task Force report recommended "exploring ways for the State to increase access to care, including wraparound services and MAT [Medication-Assisted Therapy], as indicated by national and state guidelines for treatment. (p. 20)" Work requirements would surely reduce access to care.

8. WORK REQUIREMENTS PUT PHYSICIANS AND NURSES IN AN UNTENABLE POSITION.

Physicians take the Hippocratic oath, to do no harm, but if people are cut off of Medicaid and physicians are unable to get paid for patient visits, their organizations will find it financially untenable to take care of these patients. That is one reason that the American College of Physicians, the American Academy of Family Physicians, the American Congress of Obstetricians and Gynecologists, the American Osteopathic Association, the American Psychiatric Association and the American Academy of Pediatrics have taken a position against Medicaid work requirements. Read their statement here.

9. WORK REQUIREMENTS THREATEN THE HEALTH OF PEOPLE WITH DISABILITIES.

As the IHPI study indicates, many individuals who have Medicaid and are not working are doing so because they are in poor or fair health. In the experience of staff at the Washtenaw Health Plan, in many cases the access to health care allows people to either a) get better, and start working or b) get the necessary evidence from competent physicians to show that they are disabled. Without Medicaid, many
individuals would not be able to collect the medical evidence to prove that they are disabled. In 2016, the Kaiser Family Foundation found that 36% of people on Medicaid who are not working are disabled.

10. THE WASHTENAW HEALTH PLAN AND THE WASHTENAW COUNTY HEALTH DEPARTMENT BELIEVE THAT HEALTHCARE IS A HUMAN RIGHT.

We oppose efforts to reduce access to coverage, and believe in healthcare for all. The Washtenaw County Board of Commissioners agrees with us. Read their resolution here.

https://www.healthcarecounts.org/blog/opposeworkrequirements