How Do Medicaid Work Requirements Affect Access to Health Care?

As feared, thousands in Arkansas will be kicked off Medicaid by the end of the year.

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Ever since the Trump administration first began seriously pushing the idea of having states apply for waivers to adopt work requirements for their Medicaid programs, HIV advocates have roundly condemned them, saying that such policies would only serve to sever tens of thousands of Americans from the health care they so desperately need. Unfortunately, the assumptions underlying those condemnations have been proven correct in the earliest days of Medicaid work requirement roll outs, as the Associated Press reported last week that after only one month of operation, Arkansas's Medicaid work requirement program could kick more than 7,000 enrollees off of the program by the end of the year.

Per the AP, 27,000 Arkansans who were enrolled in the state's Medicaid expansion program were notified earlier this year that they were subject to new rules that required that they work at least 80 hours a month for at least 3 months before the end of the calendar year. Of that 27,000, more than 25% currently stand to lose their health coverage, while 2/3 of those notified either already met the requirements through continuation of previous work, training programs, or other exemptions. Of all of those notified by the state, only 445 Medicaid recipients—or about 1.6% of those eligible—met the reporting requirements. "The first report is encouraging," said Arkansas's Republican Governor Asa Hutchinson in a statement that appears to reflect his desire to see the state's Medicaid rolls slashed more than any sort of success the work requirements are having in encouraging Medicaid recipients to become part of the workforce. As research from groups like the Kaiser Family Foundation and the Center for Budget and Policy Priorities has already shown, roughly 60% of people who would be impacted by Medicaid work requirements are already gainfully employed, while a further 37% are either too ill/disabled to work but not receiving Supplemental Security Income, taking care of family members, in school, or retired. The early numbers coming from Arkansas bear this research out.

These numbers demonstrating the destructive capacity of Medicaid work requirements on the ability of low income individuals to access health care come on the heels of a recent decision by a federal judge to block the commonwealth of Kentucky from imposing their own set of work requirements that had been previously approved by the Trump administration. In his decision, U.S. District Judge James Boasberg described the Department of Health and Human Services' (HHS) approval of Kentucky's Medicaid work requirement program as "arbitrary and capricious," saying

that HHS failed to consider how the work requirements would impact Medicaid's primary mission of providing health care to the poor, failing to so much as mention the fact that the program could strip 95,000 Kentuckians of their health insurance.

This week, the Centers for Medicare and Medicaid Services announced that they would be opening a new 30-day public comment period on Kentucky's Medicaid work requirement plan in an attempt to demonstrate to the courts that they have addressed the failings identified in last month's ruling. At this point, it is unclear what, if anything, will be different about this comment period compared to the one that took place in January that might compel a judge to rule in favor of the program in the future.

Kentucky Governor Matt Bevin, who had previously threatened to dismantle the state's Medicaid expansion program if the work requirements were not allowed, initially responded to the court's ruling by stripping dental, vision, and non-emergency medical transportation services for nearly 400,000 of the state's residents who had gained insurance through Medicaid expansion. However, on Thursday, the state's Cabinet for Health and Family Services announced that it would be rescinding the cuts. No rationale for the change in policy has been given.

AIDS United will continue to work with partner organizations as well as Congress and health staff within the administration (?) to oppose any changes to Medicaid that would cause people, especially people living with HIV and other long-term health needs, to lose the health coverage they require and deserve.

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