



Medicaid, Work Requirements, and Maternal and Child Health

Some states are considering whether to require certain Medicaid beneficiaries to show they are engaged in work-related activities, such as employment, job search, training, or education, to obtain or maintain Medicaid benefits. Depending on how such requirements are structured, they could have a negative impact on the health of mothers and children.

The March of Dimes urges all states to ensure that their Medicaid plans adhere to the following principles:

Medicaid programs must promote health coverage. The purpose of the Medicaid program is to provide health coverage and promote access to care for qualifying individuals. Any changes to the program should be made with the intention of improving, not limiting, access to vital health care services.

Pregnant women and children must be exempt from any requirement or penalty that could cause them to lose coverage. Women must be able to access health care consistently throughout the prenatal and postpartum periods. Gaps in coverage could cause them to miss important appointments or be unable to receive services critical to the health of their pregnancy and baby.

Medicaid must provide consistent, reliable coverage to women of childbearing age. The best time to help a woman ensure a healthy pregnancy is before she is pregnant. Women need regular care to manage both acute and chronic conditions that could impact the health of future pregnancies. When women have coverage only sporadically, they cannot access the care they need to maintain good health or address new conditions. Medicaid programs should seek to minimize churn and promote consistent coverage for all women of childbearing age.

Medicaid should work sensibly with other assistance programs to promote the health and wellbeing of families. Too often, women and families face arbitrary, inconsistent thresholds and requirements for eligibility for various programs. As a result, a small or temporary change in earnings or other factors can cause them to lose health coverage or other important benefits. In addition, burdensome paperwork or recordkeeping requirements can

endanger the health of families by causing them to lose coverage even when they comply with all requirements.¹ Programs should be designed to work together in a sensible fashion to support the health and wellbeing of individuals and families.

Many factors contribute to rates for employment or education among Medicaid recipients, such as health status, availability of affordable child care, and access to transportation, among others. None of these factors reduce the need for health care. Despite lower rates of employment, most Medicaid recipients who can work do so. Census data show that 60% of adult non-elderly Medicaid recipients who do not receive Supplemental Security Income work and 79% live in families where at least one family member is working.² Within the adult expansion population, at least 74% of Medicaid enrollees are either employed or enrolled in school. A study of Michigan's Medicaid enrollees found among the 28% who were unemployed, two-thirds had at least one chronic physical condition and one quarter had a health condition (either physical or mental) that interfered with their ability to work.³

While little evidence exists on the impact of work requirements on the health of Medicaid enrollees, previous analyses of work requirements in state Temporary Assistance for Needy Families (TANF) programs showed that work requirements have little effect on employment rates and do not improve rates of poverty.^{1,4}

The March of Dimes will measure any proposed changes to state Medicaid programs against these principles. We stand ready to work with policymakers to ensure that Medicaid and other programs work effectively and efficiently to promote maternal and child health.

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¹ Hahn H. What Research Tells Us About Work Requirements. Urban Institute. Published April 11, 2018.

² Garfield R, Rudowitz R, Damico A. Understanding the Intersection of Medicaid and Work. Kaiser Family Foundation. Published December 7, 2017.

³ Tipirneni R, Goold SD, Ayanian JZ. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017.

⁴ Musumeci M, Zur J. Medicaid Enrollees and Work Requirements: Lessons From the TANF Experience. Kaiser Family Foundation. Published Aug 18, 2017.