

# Barriers to Health & Stability: Medicaid Work Requirements & Other Restrictions

A Statement from the HCH Community  
February 2018

An increasing number of states are proposing new restrictions to Medicaid coverage as a result of policy guidance from the Centers for Medicare & Medicaid Services (CMS). These changes include work requirements, lock-out periods, time limits on coverage, more frequent eligibility determinations, premiums, and other out-of-pocket costs, as well as cuts in services such as non-emergency medical transportation. Under the auspices of “encouraging the dignity of work,” such provisions only prevent access to care and serve as a burden on very low-income people and the health care providers who care for them.

**The National Health Care for the Homeless Council opposes all barriers to Medicaid coverage.**

## Work requirements and other program restrictions:

- 1. Impose barriers to improving health and treating illness:** Major health concerns must be addressed before an individual can work, not the other way around. Unstable living conditions and poor health make it difficult to obtain/maintain employment. Access to comprehensive health insurance helps provide a stable foundation for better health. Newly proposed restrictions only create additional barriers to health that prevent participants from returning to work.
- 2. Contribute to the downward spiral of poverty:** Poor health leads to illness and disability, preventing an individual from working. Without income, it is difficult—if not impossible—to pay for rent, food, and utilities. Poverty and homelessness often accompany illness (especially absent comprehensive health coverage). Those not already working tend to have serious health conditions where the loss of coverage only exacerbates underlying problems.
- 3. Fail to protect vulnerable people, even with exemptions:** Exempting some populations while not others (e.g. those without homes, those who are medically frail, etc.) only means time spent proving one meets exemption criteria and does nothing to facilitate health care. While exemptions sound promising, missing paperwork and government-imposed deadlines are exactly the kind of errors that cause loss of coverage for the very people who most need care.
- 4. Prevent access to behavioral health treatment:** The vast majority of people with addiction and mental health conditions are not engaged in treatment—hence, “exemptions” for people engaged in treatment will fail to protect many people with behavioral health conditions.
- 5. Increase the burden on health care providers:** Work requirements and other restrictions add bureaucratic layers of paperwork and administrative burdens on already heavily regulated health care providers. Many providers already spend considerable resources on maintaining and tracking health coverage; these provisions shift further time and resources away from actual health care and onto documenting employment status, exemptions, and other paperwork.

“We work tirelessly to enroll our clients in Medicaid, but it’s difficult to continuously submit information for clients who are hard to track down and don’t have a permanent address. Having to provide even more documentation with something like proof of employment or an exemption would leave our staff overwhelmed and many of our clients uninsured.”

— Dan Hendricks, Lead Benefits Specialist, Health Care for the Homeless

**We support a simplified Medicaid program.**

Streamlined auto-enrollment and automatic re-determinations using available data have been shown to be cost-effective, facilitate better care, and are administratively easier to implement.

**We support employment.**

Sustained and meaningful employment allows for housing stability. States should facilitate access to employment and promote the dignity of work by investing in transportation, child care, housing assistance, livable wages, legal assistance, adult education, and job training.

"I wasn't able to maintain a job when I was struggling with **opioid addiction**. When I got Medicaid, I finally got into the treatment I needed. Once I got stable, I was able to return to work."

— *Client Advocate,*  
*Health Care for the Homeless*

**Research shows that work requirements and other restrictions only prolong homelessness and poverty rather than end it.**

For more information on homelessness and restrictions in the Medicaid program, please refer to these additional resources:

- American Public Health Association, Ahonen et al.: [Work as an Inclusive Part of Population Health Inequities Research and Prevention](#) (February 2018)
- Center on Budget and Policy Priorities:
  - [Locking People Out of Medicaid Coverage Will Increase Uninsured, Harm Beneficiaries' Health](#) (February 2018)
  - [Work Requirements Don't Cut Poverty, Evidence Shows](#) (June 2016)
- Kaiser Family Foundation:
  - [Medicaid Enrollees and Work Requirements: Lessons From the TANF Experience](#) (August 2017)
  - [Premiums and Cost-Sharing in Medicaid: A Review of Research of Findings](#) (February 2013)
  - [Understanding the Intersection of Medicaid and Work](#) (January 2018)
- Urban Institute: [Work Requirements in Social Safety Net Programs](#) (December 2017)