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## **Expanding Work Requirements Would Make It Harder for People to Meet Basic Needs Would Do Little to Improve Long-Term Work Opportunities and Outcomes**

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Everyone needs enough resources to afford food, a roof over their heads, and health care as well as access to affordable, high-quality child care and other caregiving supports. Programs including the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), Medicaid, housing assistance, and cash benefit programs help people afford the basics and provide a foundation that can help them succeed in work and family life.

Despite these programs' important roles, some Republican lawmakers are proposing to create or expand policies to take away benefits from those who cannot show they are meeting or exempted from a work requirement. Policymakers must reject these proposals.

Meeting basic life-sustaining needs should not be contingent on meeting a work requirement. And taking benefits away from people who don't meet a work requirement does little to improve long-term employment outcomes, especially for those with the most limited employment prospects, studies show. Instead, it substantially increases hardship, including among people who are not expected to meet these requirements, such as people with disabilities and children.

Justifications for work requirements rest on the false assumptions that people who receive benefits do not work and must be compelled to do so. These assumptions are rooted in stereotypes based on race, gender, disability status, and class. They ignore the realities of the low-paid labor market, the lack of child care and paid sick and family leave, how health and disability issues and the need to care for family members affect people's lives, and ongoing labor market discrimination.

In fact, most working-age adults receiving assistance from programs like SNAP and Medicaid are already working for pay or temporarily between jobs. For those who aren't, most are providing unpaid care to children or other family members, attending school, or are out of work because of their own health problems. However, the complexity of these policies, like paperwork and

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<sup>1</sup> We would like to thank Ilene Stein, Arloc Sherman, Karmen Pang, and Urvi Patel for their contributions to this report.

documentation requirements, further increases the risk that significant numbers of people — including those meeting *and* those who should be exempt from the requirements, such as people with disabilities and family caregivers — will lose benefits. Red tape and a lack of assistance in claiming exemptions make it very hard for large numbers of participants to comply, the result being that these policies can't be fixed by trying to carve out certain populations.

Work requirements threaten to take assistance away from these people who need it, harming them and their families, experience shows. For instance, when Arkansas briefly implemented work requirements in Medicaid, 1 in 4 participants lost their health coverage.

People of color are at greater risk of having assistance taken away due to a work requirement, which lessens economic security and health programs' progress in broadening opportunity and narrowing racial disparities.

Despite the evidence, policymakers have continued to advance proposals to take benefits away from people not meeting work requirements.<sup>2</sup> SNAP rules already limit people aged 18 to 49 to three months of assistance every three years unless they are working, in a work or training program at least 20 hours a week, or qualify for limited exemptions. Growing evidence shows that these SNAP requirements increase hardship without improving employment outcomes. Federal Medicaid rules do not permit work requirements, but some states, such as Arkansas, have experimented with them. However, these policies were stopped by courts, pulled back by states — in some cases due to severe coverage losses that resulted — or curtailed by the Biden Administration.

Now, some Republican lawmakers want to expand SNAP's already harsh requirements and to create new work requirements in Medicaid. Proposals to impose similar requirements on housing assistance recipients could follow. These proposals aim to build on policies that require parents receiving cash payments through the Temporary Assistance for Needy Families (TANF) block grant to work or participate in a set of narrowly defined work activities for 20 or 30 hours a week as a condition of eligibility that have led to significant declines in the number of families with incomes below the poverty line who qualify for cash assistance receiving that assistance.

Here, we detail why policies to take benefits away from participants in economic security and health programs who can't prove they are meeting work requirements don't work and should be rejected.

## **Access to Basic Needs Should Not Be Contingent on Proving Compliance With a Work Requirement**

Our success as a nation depends on whether all people, regardless of race, ethnicity, class, health, or disability status, can thrive. Taking benefits away from people who do not meet a work requirement undermines the positive impacts of economic security and health programs and puts people's health and financial security at risk. These programs provide a foundation that helps people to succeed; taking away benefits can make success *harder*.

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<sup>2</sup> Peter Sullivan, Victoria Knight, and Maya Goldman, "Medicaid isn't out of the woods in debt talks," Axios, March 2, 2023, [https://www.axios.com/pro/health-care-policy/2023/03/02/medicaid-debt-talks?utm\\_source=editorial&utm\\_medium=organic&utm\\_campaign=pro\\_policy\\_editorial\\_2022&utm\\_term=regwall](https://www.axios.com/pro/health-care-policy/2023/03/02/medicaid-debt-talks?utm_source=editorial&utm_medium=organic&utm_campaign=pro_policy_editorial_2022&utm_term=regwall).

Experience suggests the programs' impact on bolstering economic security and delivering health coverage could diminish substantially if participants have their assistance taken away if they don't meet a work requirement. When Arkansas briefly implemented a work requirement for Medicaid recipients in 2018, more than 18,000 people — nearly 1 in 4 who were subject to the new rules — lost their coverage in the policy's first seven months.<sup>3</sup> TANF's reach plummeted after work requirements and other policies that made it harder for people to receive benefits were imposed: in 2020, for every 100 families with incomes below the poverty line nationwide, only 21 received TANF cash assistance — down from 68 such families in 1996.<sup>4</sup>

Economic security and health programs reach millions of people whose assistance would be put at risk with new or expanded work requirements. Medicaid is the largest insurer in the United States, with over 64 million enrollees.<sup>5</sup> SNAP lifted 7.3 million people, including 3.3 million children, above the poverty line before the pandemic.<sup>6</sup> Housing assistance lifted 2.6 million people, including about 763,000 children, above the poverty line in 2019.<sup>7</sup>

Medicaid makes affordable health coverage available to children, adults, and older people, including low-paid workers whose jobs don't offer affordable coverage or who are between jobs. Medicaid makes it possible for people with chronic illnesses like diabetes to control them through medication and regular care, which in turn can help people retain jobs or find new ones.<sup>8</sup> In studies on the effects of Medicaid expansion in Ohio and Michigan, previously unemployed people reported that Medicaid enrollment made it easier for them to look for paid work, while employed people reported that enrollment allowed them to perform better at work or made it easier to continue working.<sup>9</sup>

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<sup>3</sup> Jennifer Wagner and Jessica Schubel, "States' Experiences Confirm Harmful Effects of Medicaid Requirements," CBPP, updated November 18, 2020, <https://www.cbpp.org/research/health/states-experiences-confirm-harmful-effects-of-medicaid-work-requirements>.

<sup>4</sup> Aditi Shrivastava and Gina Azito Thompson, "TANF Cash Assistance Should Reach Millions More Families to Lessen Hardship," CBPP, updated February 18, 2022, <https://www.cbpp.org/research/income-security/tanf-cash-assistance-should-reach-millions-more-families-to-lessen>.

<sup>5</sup> Centers for Medicaid & Medicare Services (CMS), Medicaid & CHIP Application, Eligibility Determination, and Enrollment Report for February 2020, <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/monthly-medicaid-chip-application-eligibility-determination-and-enrollment-reports-data/index.html>.

<sup>6</sup> CBPP, "Program Participation Data Dashboard," updated January 19, 2023, [https://apps.cbpp.org/program\\_participation/#table/357/snap](https://apps.cbpp.org/program_participation/#table/357/snap). These data are based on a CBPP analysis of Census Supplemental Poverty Measure data averaged over the five years from 2013 to 2018 for greater reliability.

<sup>7</sup> Liana Fox, "The Supplemental Poverty Measure: 2019," Appendix Table 7, U.S. Census Bureau, September 2020, <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-272.pdf>.

<sup>8</sup> Judith Solomon, "Medicaid Work Requirements Can't Be Fixed," CBPP, January 10, 2019, <https://www.cbpp.org/research/health/medicaid-work-requirements-cant-be-fixed>.

<sup>9</sup> Ohio Department of Medicaid, "Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly," January 2017, <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>; Renuka Tipirneni *et al.*, "Changes in Health and Ability to Work Among Medicaid Expansion Enrollees: A Mixed Methods Study," *Journal of General Internal Medicine*, Vol. 34, No. 2, February 15, 2019, <https://link.springer.com/article/10.1007/s11606-018-4736-8>.

SNAP also supports individuals' ability to succeed, by mitigating the impacts of food insecurity on recipients' health. Research shows a strong correlation between food insecurity and chronic health conditions among working-age adults. People facing food insecurity are more likely to postpone needed medical care or skip on medication due to cost. When individuals who are food insecure do access health care, they are more likely to visit an emergency room or be admitted to (and stay longer at) a hospital compared to those who are food secure. As a result, food insecurity is associated with higher health care costs. SNAP participation, however, is associated with better access to preventative health care, improved medication adherence, and reduced health care costs.<sup>10</sup>

## **Economic Security and Health Program Participants Do Not Need to Be Compelled to Work**

Most working-age adults receiving assistance from programs like SNAP and Medicaid are already working for pay or temporarily between jobs. Others are providing unpaid care to children or family members, attending school, or are out of work because of their own health problems.

A study of non-disabled people without young children at home (a group often targeted for new work requirements in SNAP and Medicaid) found that 81 percent worked in the last year. The vast majority of those working (85 percent) worked for at least 20 weeks out of the year for at least 30 hours a week. Those who reported not working most commonly cited attending school, caregiving responsibilities, early retirement, illness, or disability as the reasons for not working.<sup>11</sup>

A study of Medicaid enrollees found that 63 percent of Medicaid adults not receiving Supplemental Security Income payments or enrolled in Medicare coverage (the group most likely to be subject to a work requirement) were currently working full or part time. Among those who were working, 48 percent worked full time for the entire year.<sup>12</sup> Another study of Medicaid enrollees found that those who are out of work for long periods often face health issues that limit their work opportunities; this is especially true for enrollees between the ages of 50 and 60.<sup>13</sup>

Many studies have documented that people who receive benefits while they aren't working, often have recent work history or will soon have a job, and that the benefits they receive help them during hard times. A study of several cash assistance programs found that about 3 in 4 single parents were employed over a five-year period. Moreover, in most of the programs, this share was not higher for parents subjected to penalties for not meeting a work requirement, compared with a randomly

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<sup>10</sup> Steven Carlson and Joseph Llobrera, "SNAP Is Linked With Improved Health Outcomes and Lower Health Care Costs," CBPP, December 14, 2022, <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-health-outcomes-and-lower-health-care-costs>.

<sup>11</sup> Kristin F. Butcher and Diane Whitmore Schanzenbach, "Most Workers in Low-Wage Labor Market Work Substantial Hours, in Volatile Jobs," CBPP, July 24, 2018, <https://www.cbpp.org/research/poverty-and-inequality/most-workers-in-low-wage-labor-market-work-substantial-hours-in>.

<sup>12</sup> Rachel Garfield *et al.*, "Work Among Medicaid Adults Implications of Economic Downturn and Work Requirements," Kaiser Family Foundation, February 11, 2021, <https://www.kff.org/report-section/work-among-medicaid-adults-implications-of-economic-downturn-and-work-requirements-issue-brief/>.

<sup>13</sup> Lauren Bauer, Diane Whitmore Schanzenbach, and Jay Shambaugh, "Work Requirements and Safety Net Programs," Brookings – The Hamilton Project, October 2018, [https://www.hamiltonproject.org/assets/files/WorkRequirements\\_EA\\_web\\_1010\\_2.pdf](https://www.hamiltonproject.org/assets/files/WorkRequirements_EA_web_1010_2.pdf).

assigned control group that did not face these requirements, demonstrating that the high engagement in employment was not contingent on being subject to requirements.<sup>14</sup>

Policies to take benefits away from people who do not meet a work requirement also do not acknowledge the important contributions of people who face work limitations and of unpaid caregivers. Many people with disabilities work and do not need to be forced to do so, but they may be unable to work for as many hours as the policies require; others are prevented from working by employer discrimination or lack of on-the-job accommodations and as a result, would lose benefits under work requirement policies that generally exempt only those with the most serious disabilities.<sup>15</sup>

Additionally, unpaid caregivers, on average, spend 23.7 hours a week providing care, with 1 in 3 providing care for 21 hours or more, and 1 in 5 providing care for more than 41 hours — the equivalent of a full-time, unpaid job.<sup>16</sup>

## **These Policies Rest on False Assumptions About People Who Receive Benefits and Ignore Structural Labor Market Issues**

These proposals make false assumptions — rooted in stereotypes based on race, gender, disability status, and class — about people who use economic security and health programs. Proposals to take benefits away from SNAP and Medicaid recipients who do not meet a work requirement build on current requirements imposed on parents receiving cash payments through the TANF block grant.

Common tropes used during debates over the 1996 law that created TANF to argue for those requirements— that women, especially Black women, with little or no income are lazy and must be forced to work — have an unsettling historical lineage traceable back to slavery.<sup>17</sup> In reality, Black women have the highest labor force participation rate among adult women, and Black, Asian, and Latina women work at higher rates than white women.<sup>18</sup> Work requirements are also based on an outdated understanding of disability that treats people as either completely unable to work or “able-bodied” with no work limitations.

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<sup>14</sup> Gayle Hamilton *et al.*, “How Effective Are Different Welfare-to-Work Approaches? Five-Year Adult and Child Impacts for Eleven Programs,” MDRC, 2001, <http://www.mdrc.org/publication/how-effective-are-different-welfare-work-approaches>.

<sup>15</sup> Ashley Burnside *et al.*, “Advancing Disability Equity and Access in TANF and SNAP for People with Long COVID,” Center for Law and Social Policy, October 2022, [https://www.clasp.org/wp-content/uploads/2022/10/2022.10.12\\_Advancing-Disability-Equity-and-Access-in-TANF-and-SNAP-for-People-with-Long-COVID.pdf](https://www.clasp.org/wp-content/uploads/2022/10/2022.10.12_Advancing-Disability-Equity-and-Access-in-TANF-and-SNAP-for-People-with-Long-COVID.pdf).

<sup>16</sup> AARP, “Caregiving in the U.S.,” May 2020, <https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf>.

<sup>17</sup> Laura Meyer, Ife Floyd, and LaDonna Pavetti, “Ending Behavioral Requirements and Reproductive Control Measures Would Move TANF in an Antiracist Direction,” CBPP, February 23, 2022, <https://www.cbpp.org/research/family-income-support/ending-behavioral-requirements-and-reproductive-control-measures>.

<sup>18</sup> U.S. Bureau of Labor Statistics, “Labor force characteristics by race and ethnicity, 2021,” January 2023, [https://www.bls.gov/opub/reports/race-and-ethnicity/2021/home.htm#:~:text=Among%20adult%20women%2C%20Blacks%20\(60.6,and%20Whites%20\(56.4%20percent\)](https://www.bls.gov/opub/reports/race-and-ethnicity/2021/home.htm#:~:text=Among%20adult%20women%2C%20Blacks%20(60.6,and%20Whites%20(56.4%20percent)).

Requiring people to show compliance with a work requirement also ignores the impacts of structural racism on people's employment opportunities and outcomes. It reinforces a false view that people receiving assistance from economic security and health programs are individually and solely responsible for their circumstances, lack agency to manage their lives and, if compelled to work, will be lifted out of poverty.

Taking assistance away from people who don't show they are complying with a work requirement punishes them for the racial and gender inequities of our nation's labor market. Although non-elderly adults who are likely to participate in SNAP or Medicaid and other economic security programs are generally working, the structural disadvantages and discriminatory practices that recipients face lead to higher unemployment, lower wages, occupational segregation, and limits on career advancement and upward economic mobility.<sup>19</sup> Even a household working full time at minimum wage doesn't earn enough to pay for basic needs, like housing costs.<sup>20</sup>

Taking assistance away from people unable to document compliance with a work requirement ignores the fact that substantial hiring discrimination persists in the United States. A recent literature review found that employers shown otherwise-equivalent resumes from fictitious job applicants are generally between 19 percent and 30 percent more likely to follow up with applicants who have typically "white" names than those with typically "Black" names.<sup>21</sup> And, low-paid jobs often don't make accommodations for disabilities, illness, or family responsibilities that fall overwhelmingly on women.<sup>22</sup>

The jobs that public benefit program enrollees are able to get pay low wages and fail to provide basic benefits like paid sick and family and medical leave.<sup>23</sup> That makes it more likely that a health issue or the need to care for a family member with a health issue will result in lost wages and job loss.

Moreover, the combination of low-paid jobs and lack of investment in affordable child care limits work options for many parents of young children and means that many struggle to afford quality, stable child care that they need to remain stably employed. In 2019, before the pandemic, federal child care programs assisted only about 16 percent of eligible children, the Department of Health and Human Services estimates.<sup>24</sup> And underinvestment in training and education prevents people from moving up a career ladder and receiving higher pay and better benefits.

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<sup>19</sup> Butcher and Schanzenbach, *op. cit.*

<sup>20</sup> National Low Income Housing Coalition, "NLIHC Releases Out of Reach 2022," August 1, 2022, <https://nlihc.org/resource/nlihc-releases-out-reach-2022>.

<sup>21</sup> S. Michael Gaddis *et al.*, "Discrimination Against Black and Hispanic Americans is Highest in Hiring and Housing Contexts: A Meta-Analysis of Correspondence Audits," *Social Science Research Network*, Vol. 30, No. 20, December 2021, [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3975770](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3975770).

<sup>22</sup> Economic Policy Institute, "Few Rewards," 2016, [https://s3.amazonaws.com/oxfam-us/www/static/media/files/Few\\_Rewards\\_Report\\_2016\\_web.pdf](https://s3.amazonaws.com/oxfam-us/www/static/media/files/Few_Rewards_Report_2016_web.pdf).

<sup>23</sup> Kathleen Romig and Kathleen Bryant, "A National Paid Leave Program would Help Workers, Families," CBPP, April 27, 2021, <https://www.cbpp.org/research/economy/a-national-paid-leave-program-would-help-workers-families>.

<sup>24</sup> Nina Chien, "Factsheet: Estimates of Child Care Eligibility and Receipt for Fiscal Year 2019," U.S. Department of Health and Human Services, September 2022,

## Work Requirements Cause Far-Reaching Harm

**Even when exempt, people with disabilities and serious health needs lose benefits when work requirements are imposed.** People with disabilities and other serious health needs — especially mental health conditions or substance use disorders — can lose coverage because of complex administrative requirements and a lack of assistance in filling out necessary paperwork to claim exemptions.<sup>25</sup>

Arkansas relied almost exclusively on exemptions to protect people with disabilities when it introduced Medicaid work requirements. Some people with disabilities were still subject to the requirements, however, because of the narrow definition and the burden on enrollees of obtaining medical records, physician testimony, and other documents (especially if they were uninsured). Nearly 30 percent of Arkansas Medicaid beneficiaries who were not working and did not appear to qualify for non-health exemptions reported having one or more serious health limitations, but only 12 percent qualified under the “medically frail” exemption.<sup>26</sup>

Studies of families who have lost benefits for not documenting compliance with a work requirement in TANF found that many of those parents have significant employment barriers, including many that should have qualified them for exemptions under most states’ TANF work rules. Those losing benefits are more likely than other TANF parents to have physical, mental health, or substance use issues; to be fleeing domestic violence; to have low levels of education and limited work experience; or to face significant logistical challenges, such as lack of access to or funds to pay for child care and transportation.<sup>27</sup>

### **Research and experience suggest these policies will exacerbate racial disparities.**

Economic security programs and Medicaid play an important role in reducing racial disparities. Taking benefits away from people who do not meet a work requirement will lead to fewer people receiving assistance, with people of color at greater risk of losing assistance. This will lessen these programs’ positive impact on racial disparities.

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<https://aspe.hhs.gov/sites/default/files/documents/1d276a590ac166214a5415bee430d5e9/cy2019-child-care-subsidy-eligibility.pdf>.

<sup>25</sup> CBPP, “Taking Away Medicaid for Not Meeting Work Requirements Harms People with Disabilities,” updated March 10, 2022, <https://www.cbpp.org/research/health/taking-away-medicaid-for-not-meeting-work-requirements-harms-people-with->

<sup>26</sup> CBPP, “Taking Away Medicaid for Not Meeting Work Requirements Harms People with Disabilities”; CBPP, “Taking Away Medicaid for Not Meeting Work Requirements Harms People with Mental Health Conditions,” updated March 10, 2020, <https://www.cbpp.org/research/health/taking-away-medicaid-for-not-meeting-work-requirements-harms-people-with-mental->; CBPP, “Taking Away Medicaid for Not Meeting Work Requirements Harms People with Substance Use Disorders,” updated March 10, 2020, <https://www.cbpp.org/research/health/taking-away-medicaid-for-not-meeting-work-requirements-harms-people-with-substance->

<sup>27</sup> LaDonna Pavetti, Michelle K. Derr, and Heather Hesketh Zaveri, “Review of Sanction Policies and Research Studies,” Mathematica Policy Research, March 10, 2003, <https://www.mathematica.org/publications/review-of-sanction-policies-and-research-studies-final-literature-review>.

The Affordable Care Act’s Medicaid expansion has helped narrow these disparities in health coverage and access to care for people of color.<sup>28</sup> In expansion states, between 2013 and 2021, the white uninsured rate for adults aged 19 to 64 fell by 7 percentage points, while the Black and Latino rates fell by 12 and 17 percentage points, respectively. The declines in the uninsured rate in non-expansion states were 5, 10, and 13 percentage points for the white, Black and Latino rates, respectively.<sup>29</sup>

People of color have faced long-standing disparities in health care coverage that contribute to disparities in health. Those disparities will worsen if people lose access to Medicaid because they can’t show compliance with a work requirement.

Over the last half-century, economic security programs have reduced poverty for millions of people. In 2017, government benefits and taxes lowered the white poverty rate by 12 percentage points compared to 16 percentage for the Black poverty rate and 12 percentage points for the Latino poverty rate.<sup>30</sup>

Studies also show that systemic racism can impact the implementation of policies, leading to worse outcomes for Black participants. Nearly every study comparing the race and ethnicity of TANF participants who had benefits taken away for not demonstrating compliance with a work requirement with those who did not lose benefits finds that Black participants are significantly more likely to have their benefits taken away than white participants.<sup>31</sup> Researchers using fictitious case examples to examine racial bias found that caseworkers were much more likely to sanction Black mothers who had previous sanctions than they were to sanction white women with previous sanctions; the case examples varied only by the mother’s race.<sup>32</sup>

**Taking assistance away from parents harms children.** When families can meet their basic needs such as food, housing, and health care, parents and other caregivers experience less stress and have greater financial security, which allows them to give children the critical support they need to grow into healthy, productive adults.<sup>33</sup> When those benefits are taken away from adults, children are denied the opportunity to reap the positive benefits of their families’ participation in these programs,

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<sup>28</sup> Jesse Cross-Call, “Medicaid Expansion Has Helped Narrow Racial Disparities in Health Coverage and Access to Care,” CBPP, October 21, 2020, <https://www.cbpp.org/research/health/medicaid-expansion-has-helped-narrow-racial-disparities-in-health-coverage-and->.

<sup>29</sup> CBPP estimates of 2013 and 2021 American Community Survey data.

<sup>30</sup> Danilo Trisi and Matt Saenz, “Economic Security Programs Reduce Overall Poverty, Racial and Ethnic Inequities,” updated July 1, 2021, <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-reduce-overall-poverty-racial-and-ethnic->.

<sup>31</sup> LaDonna Pavetti, “TANF Studies Show Work Requirement Proposals for Other Programs Would Harm Millions, Do Little to Increase Work,” CBPP, November 13, 2018, <https://www.cbpp.org/research/family-income-support/tanf-studies-show-work-requirement-proposals-for-other-programs->.

<sup>32</sup> Sanford F. Schram *et al.*, “Deciding to Discipline: Race, Choice, and Punishment on the Frontlines of Welfare Reform,” *American Sociological Review*, Vol. 74, No. 3, January 2009, <https://www.jstor.org/stable/27736070>.

<sup>33</sup> Carrie Masten, Joan Lombardi, and Philip Fisher, “Helping Families Meet Basic Needs Enables Parents to Promote Children’s Healthy Growth, Development,” CBPP, October 28, 2021, <https://www.cbpp.org/research/poverty-and-inequality/helping-families-meet-basic-needs-enables-parents-to-promote->.



such as improved access to preventive care from Medicaid<sup>34</sup> and improved health, education, and earnings in childhood and later in life that come from receiving SNAP benefits.<sup>35</sup>

Children are harmed by policies that take away their parents' benefits even if the children technically can continue to receive benefits. In SNAP the impact is direct: the household's benefits fall below what they need to afford food, leaving a gap between what it costs to feed the family and the assistance they receive along with their other income. The household then faces difficult decisions about which bills to pay and how to stretch their inadequate budget at the grocery store.

Children whose parents lose Medicaid — or aren't covered in the first place — are more likely to go uninsured as well, missing the health benefits of Medicaid, leading to greater financial stress on families, and potentially jeopardizing children's long-term health and development. Children covered by Medicaid during childhood have better health as adults, with fewer hospitalizations and emergency room visits, research shows. Moreover, children covered by Medicaid are more likely to graduate from high school and college, have higher wages, and pay more in taxes. And, when parents can't get the health care they need to stay healthy or manage acute or chronic conditions, their poor health can impact the family's ability to meet children's needs as well.<sup>36</sup> For these reasons, Medicaid work requirements that cost parents their coverage will put low-income children's short- and long-term health-related gains at risk.<sup>37</sup>

## Work Requirements Do Little to Improve Employment Opportunities and Outcomes

Taking benefits like health care, income supports, housing, and food assistance away from people who do not show they are complying with a work requirement does little to improve long-term employment outcomes but increases hardship.

SNAP's work requirement for adults not caring for children and without a disability ends up taking food away from people — with no measurable impact on employment or earnings, numerous studies have shown.<sup>38</sup> And a study of Arkansas's short-lived experiment with Medicaid work

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<sup>34</sup> Maya Venkataramani, Craig Evan Pollack, and Eric Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," *American Academy of Pediatrics*, Vol. 140, No. 6, December 1, 2017, <https://publications.aap.org/pediatrics/article-abstract/140/6/e20170953/38165/Spillover-Effects-of-Adult-Medicaid-Expansions-on?redirectedFrom=fulltext>.

<sup>35</sup> Steven Carlson *et al.*, "SNAP Works for America's Children," CBPP, September 29, 2016, <https://www.cbpp.org/research/food-assistance/snap-works-for-americas-children>.

<sup>36</sup> Georgetown University Health Policy Institute, Center for Children and Families, "Healthy Parents and Caregivers are Essential to Children's Healthy Development," December 2016, <https://ccf.georgetown.edu/wp-content/uploads/2016/12/Parents-and-Caregivers-12-12.pdf>.

<sup>37</sup> CBPP, "Taking Away Medicaid for Not Meeting Work Requirements Harms Children," updated March 10, 2020, <https://www.cbpp.org/sites/default/files/atoms/files/4-4-18health.pdf>.

<sup>38</sup> Colin Gray *et al.*, "Employed in a SNAP: The Impact of Work Requirements on Program Participation and Labor Supply," *American Economic Association Journal*, Vol. 15, No. 1, February 2023, <https://www.aeaweb.org/articles?id=10.1257/pol.20200561>; Wenhui Feng, "The Effects of Changing SNAP Work Requirement on the Health and Employment Outcomes of Able-Bodied Adults without Dependents," *Journal of the American Nutrition Association*, Vol. 41, No. 3, February 2021, <https://doi.org/10.1080/07315724.2021.1879692>; Jeehoon Han, "The Impact of SNAP Work Requirements on Labor Supply," *Labour Economics*, Vol. 74, 2022,

requirements found no evidence that the policy increased employment, but it did find that people who lost Medicaid coverage under the policy became uninsured.<sup>39</sup>

Studies evaluating TANF and its predecessor's work requirements found that the modest employment increases that occurred shortly after the requirements were first implemented faded over time (generally because most adults not subject to the requirements also found jobs, just a bit more slowly).<sup>40</sup> These requirements did little to reduce poverty and tended to *increase* rates of deep poverty (defined as income below half of the federal poverty line), rigorous evaluations found.<sup>41</sup> Families who lost cash assistance faced serious consequences that include higher rates of hardship, such as higher risk of homelessness, utility shutoffs, and lower school attendance among children.<sup>42</sup>

The employment outcomes for parents who had their TANF benefits taken away after Kansas imposed more stringent work requirements were dismal: the vast majority of these families worked before and after exiting TANF, but most found it difficult to find steady work and secure family-sustaining earnings. In the fourth year after leaving TANF, more than 7 in 10 had no earnings or earnings below half the federal poverty line. Only 20 percent had earnings above the federal poverty line.<sup>43</sup>

## Work Requirements Increase Administrative Burden

Work requirements make it harder to administer health and economic security programs, raising the risk that significant numbers of people, including those meeting *and* those exempt from the requirement will lose benefits.

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<https://doi.org/10.1016/j.labeco.2021.102089>; Leighton Ku *et al.*, "The Effects of SNAP Work Requirements in Reducing Participation and Benefits from 2013 to 2017," *American Journal of Public Health*, August 15, 2019, <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2019.305232#:~:text=Expansions%20of%20work%20requirements%20caused%20about%20600%E2%80%89000%20participants,after%20work%20requirements%20were%20imposed.%20Public%20Health%20Implications>; Brian Stacy, Erik Scherpf, and Young Jo, "The Impact of SNAP Work Requirements," working paper, December 14, 2018, <https://www.aeaweb.org/conference/2019/preliminary/paper/Z8ZhzBZt>.

<sup>39</sup> Benjamin Sommers *et al.*, "Medicaid Work Requirements – Results from the First Year in Arkansas," *New England Journal of Medicine*, Vol. 381, No. 11, September 19, 2019, 381:1073-1082, <https://www.nejm.org/doi/full/10.1056/NEJMSr1901772>.

<sup>40</sup> Gayle Hamilton *et al.*, "How Effective Are Different Welfare-to-Work Approaches? Five-Year Adult and Child Impacts for Eleven Programs," MDRC, 2001, <http://www.mdrc.org/publication/how-effective-are-different-welfare-work-approaches>; LaDonna Pavetti, "Evidence Doesn't Support Claims of Success of TANF Work Requirements," CBPP, April 3, 2018, <https://www.cbpp.org/research/family-income-support/evidence-doesnt-support-claims-of-success-of-tanf-work-requirements>.

<sup>41</sup> Arloc Sherman, "Work Requirements for Cash Assistance Fueled Rise in Deep Poverty," CBPP, November 13, 2018, <https://www.cbpp.org/blog/work-requirements-for-cash-assistance-fueled-rise-in-deep-poverty>.

<sup>42</sup> Nancy E. Reichman *et al.*, "Variations in Maternal and Child Wellbeing Among Financially Eligible Mothers by TANF Participation Status," Center for Research on Child Wellbeing Working Paper #03-03-FF, April 2003, <https://fragilefamilies.princeton.edu/sites/fragilefamilies/files/researchbrief19.pdf>

<sup>43</sup> Tazra Mitchell, LaDonna Pavetti, and Yixuan Huang, "Life After TANF in Kansas: For Most, Unsteady Work and Earnings Below Half the Poverty Line," CBPP, updated February 20, 2018, <https://www.cbpp.org/research/income-security/life-after-tanf-in-kansas-for-most-unsteady-work-and-earnings-below-half>.

Indeed, even when work requirement policies are designed with exemptions for caregivers or for people who can't work because of a disability or medical condition, some people still fall through the cracks and get their benefits taken away because of the increased burden of documenting why they should be exempt.<sup>44</sup>

Complex bureaucratic requirements contributed to large numbers of people losing Medicaid coverage in Arkansas.<sup>45</sup> The state gave enrollees no additional assistance to help them find work or enroll in school to meet the requirement, and they needed internet access, a connected device, and enough computer literacy to use a complicated website to report work hours.<sup>46</sup>

Requiring people to document compliance with a work requirement not only increases the administrative burden on program participants, but also transforms potentially supportive relationships into an accounting exercise. When staff must spend their time gathering and reviewing paperwork to validate compliance with a work requirement, they cannot spend time helping participants access the resources they need to improve their circumstances.

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<sup>44</sup> Susan Reinhard *et al.*, "Valuing the Invaluable: 2019 Update," AARP Public Policy Institute, November 2019, <https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf>.

<sup>45</sup> Wagner and Schubel, *op. cit.*

<sup>46</sup> Ife Floyd, "Behavioral Science Shows Why Work Requirements Don't Work," CBPP, April 8, 2019, <https://www.cbpp.org/blog/behavioral-science-shows-why-work-requirements-dont-work>.