

# Taking Away Medicaid for Not Meeting Work Requirements Harms American Indians and Alaska Natives



Medicaid is an important source of coverage for American Indians and Alaska Natives (AI/ANs), a population that faces high unemployment and persistent health disparities, including a high uninsured rate, barriers to care, and significant physical and mental health needs. Medicaid plays a key role in addressing these challenges, especially in states with large AI/AN populations that have expanded Medicaid to low-income adults under the Affordable Care Act (ACA).

Now, the [Trump Administration](#) is allowing states to take away Medicaid coverage from people who don't work a specified number of hours each month. AI/ANs' high unemployment rates put them at particular risk of losing coverage under such policies. And these coverage losses would likely have especially harmful health impacts on AI/ANs, given their high rates of serious health needs. As a bipartisan group of senators has [explained](#), imposing work requirements in Medicaid could have "potentially devastating impacts ...on AI/AN health access."

The Administration is allowing states to impose work requirements on adult Medicaid beneficiaries, other than those who are 65 or older, pregnant, or qualify for Medicaid because they receive disability benefits through the Supplemental Security Income program. It has already approved Medicaid work requirements in several states, and additional proposals are pending. While some states have proposed exempting AI/ANs from these policies, the Administration has reportedly [said](#) it will not allow such exemptions. In Arkansas, the first state to implement such a policy, [over 18,000 Medicaid beneficiaries](#) lost coverage in 2018 due to the new requirements.

## Medicaid Is Critical for American Indians and Alaska Natives

Medicaid plays an important role in AI/ANs' health, providing coverage to [more than 1 in 4](#) adult AI/ANs and half of AI/AN children. It gives access to a broad array of health care services and providers and includes important consumer protections. It is especially important for AI/ANs in states that took up the ACA's Medicaid expansion, which extended coverage to more than [290,000 AI/ANs](#). Between 2013 and 2015, the uninsured rate for AI/ANs in expansion states fell by 8 percentage points, compared to 4 percentage points in non-expansion states.

Medicaid coverage reduces AI/ANs' significant mental and physical health disparities. Compared to non-Hispanic whites, AI/AN adults are twice as likely as to be [overweight, obese](#), diagnosed with [diabetes](#), or to experience feelings of [sadness, hopelessness, and worthlessness](#).

Medicaid also supports Indian Health Service (IHS) and Tribal facilities by paying 100 percent of the costs of care for AI/ANs who are enrolled in Medicaid and receive care at these facilities. That helps [ensure](#) that IHS and Tribal facilities have the resources needed to maintain — and, in Medicaid expansion states, increase — their capacity to provide care.

## American Indians and Alaska Natives at Particular Risk of Losing Coverage

Taking away Medicaid from people not meeting work requirements will reduce access to care and worsen health outcomes for *all* low-income adults, but especially for AI/ANs, who are disproportionately likely to be unemployed. That's because AI/ANs not only are likelier to live in areas with limited job opportunities, but also have other barriers to employment. The [AI/AN unemployment rate](#) averaged 13.1 percent from 2012 through 2016, almost 40 percent higher than the 8.1 percent rate for all other adults. In some states considering work requirements, the disparity was even larger (see table). "[H]igh unemployment in Indian country ... [will] create a barrier to accessing necessary Medicaid services," [according to](#) the National Indian Health Board's Caitrin McCarron Shuy. Thus, AI/ANs could be at disproportionate risk of losing coverage under a Medicaid work requirement, threatening their recent coverage and health outcome gains.

Requiring work or work-related activities as a condition of Medicaid eligibility would also make it harder for AI/ANs to stay covered *even if* they are already working or should qualify for exemptions. When Medicaid eligibility depends on completing specified hours of work activities each month, enrollees have to submit documentation each month to stay covered. AI/ANs may face particular barriers to manage this additional red tape. For example, [Arkansas](#) requires enrollees

to report compliance with work requirements only using the Internet; AI/ANs are disproportionately likely to live in rural areas and more likely than other enrollees to lack Internet access.

These barriers would likely lead to significant coverage losses, raising AI/ANs' uninsured rate, which is [already higher than other populations](#). In Medicaid expansion states, coverage losses from work requirements could reverse a large share of the gains achieved under the ACA. In non-expansion states, AI/AN parents covered under pre-ACA eligibility rules would often find themselves in a Catch-22. If they don't comply with the work requirements, they'll lose coverage. If they do comply, they'll *still* likely lose coverage, because their income would likely exceed their state's low Medicaid eligibility levels for parents and caretaker adults, and the low-wage jobs they might find likely would not offer health insurance or pay enough to qualify them for premium tax credits to help pay for marketplace coverage.

## Loss of Coverage Would Have Serious Adverse Health Impacts

Losing coverage worsens health for everyone, which is why physician organizations like the [American Medical Association](#), [American Academy of Family Physicians](#), [American Academy of Pediatrics](#), and others oppose Medicaid work requirements. But coverage losses and interruptions in coverage would especially harm AI/ANs, who are likelier to have serious health needs. For example, compared to non-Hispanic whites, AI/AN adults are [30 percent](#) more likely to have high blood pressure, twice as likely to have a stroke, and [three times](#) more likely to die from Hepatitis C. For people with these types of chronic conditions, loss of access to medications and other treatment can lead to serious deterioration in health, more emergency room visits and hospitalizations, and higher health care costs, [research shows](#).

Making it harder for AI/ANs to enroll in and maintain Medicaid coverage would also reduce revenue for the IHS and Tribal facilities that provide care to AI/ANs and rely on Medicaid reimbursement as an important revenue source. That could force them to cut their capacity to treat patients, even as the share of AI/ANs lacking health insurance and other options for care remains high. The head of the Centers for Medicare and Medicaid Services Tribal Technical Advisory committee has [warned](#) that “without supplemental Medicaid resources, the Indian health system will not survive.”

Updated March 14, 2019

For a version of this fact sheet with links to sources, see <https://www.cbpp.org/research/health/harm-to-american-indians-and-alaska-natives-from-taking-away-medicaid-for-not>.

TABLE 1

## Unemployment Rate Higher Among American Indians and Alaska Natives

Unemployment rate, 16- to 64-year-olds, nationally and in states imposing or considering work requirements

State	American Indians and Alaska Natives	Others in the State
<b>United States</b>	13.7%	8.1%
<b>Alaska</b>	20.5%	7.1%
<b>Arkansas</b>	9.7%	7.6%
<b>Arizona</b>	19.2%	8.4%
<b>Indiana</b>	11.5%	7.5%
<b>Kansas</b>	11.7%	5.9%
<b>Kentucky</b>	12.4%	8.1%
<b>Maine</b>	12.2%	6.4%
<b>Mississippi</b>	17.8%	10.9%
<b>New Hampshire</b>	4.9%	5.5%
<b>Oklahoma</b>	8.8%	6.4%
<b>Pennsylvania</b>	16.7%	7.9%
<b>Utah</b>	11.8%	5.4%
<b>Wisconsin</b>	11.1%	5.8%

Source. CBPP analysis using American Community Survey tables from the American FactFinder. All estimates are five-year averages from 2012-2016 to achieve adequate sample size. States listed are those with approved or pending Medicaid waivers seeking to take away Medicaid coverage from beneficiaries who don't work or participate in work-related activities for a specified number of hours each month or considering legislation to do so: <https://www.kff.org/medicaid/issue-brief/which-states-have-approved-and-pending-section-1115-medicaid-waivers/>