

The Health Wonk Shop: Medicaid Work Requirements

Larry Levitt:

Hello, I'm Larry Levitt from KFF. Welcome to the latest episode of The Health Wonk Shop. Roughly once a month we dive into timely and complex health policy topics with experts from a variety of perspectives. Today we have Wonks talking about work, specifically the idea of adding a work requirement to Medicaid. The Trump administration invited states to implement work requirements through Medicaid waivers, but those plans ran into a legal buzz saw and the Biden administration later pulled them back. Now congressional republicans are pushing to tie a national Medicaid work requirement to an increase in the debt ceiling, and Georgia is moving ahead with a work requirement of its own in Medicaid. A Medicaid work mandate is a bit of a policy war shot test. Do you view Medicaid as a welfare program only for the deserving poor or as a way of fulfilling a right to healthcare?

We're joined today by three experts to sort out how a Medicaid work requirement might work and what it would mean. Madeline Guth is a Senior Policy Analyst with KFF, Heather Hahn is Associate Vice President in the Center on Labor Human Services and Population at the Urban Institute, and Angela Rachidi is a Senior Fellow and the Rose Scholar at the American Enterprise Institute. If you have questions, submit them at any time through the Q and A button in Zoom and we'll get to as many of them as we can. Also note that this session is being recorded and an archived version should be available later today. Madeline, let's start with you. Give us a picture of how many Medicaid enrollees do and do not work currently and what the main reasons are for those who are not working.

Madeline Guth:

Sure. So KFF's very recently updated analysis of 2021 data shows that most Medicaid adults are working or face a barrier to work. So specifically we find that of non-elderly adult enrollees who do not qualify based on a disability, about six in 10 were working full or part-time. So what kind of work are these enrollees engaged in? Most of them work full-time, but many who work part-time want to be working full-time but face challenges to full-time employment such as work conditions or family obligations. And it's worth noting that those who work even full-time are employed in low wage jobs and thus can still meet Medicaid income eligibility criteria. To illustrate that quickly, someone working full-time for the full year at the federal minimum wage would make less than \$13,000 annually. That's below the federal poverty level and it's also below the income cutoff for non-elderly adults, the Medicaid income cutoff in the 41 states that have expanded Medicaid under the Affordable Care Act.

And many enrollees are working in industries that have low employer sponsored insurance offer rates such as the agriculture and service industries. In addition to being low paying, these are often physically demanding jobs. So in discussion groups with enrollees, they report that having Medicaid coverage enables them to remain healthy enough to work these jobs. But I know I just talked a bunch about the characteristics of that majority of enrollees who are working. So what about those who aren't? Well, most of them face a barrier to work such as caregiving, illness or school attendance. So when we look at our population after we take out the adults who are working and then those who face barriers to work, that would likely qualify as exemptions under work requirement policies, what we're left with is 9% of adults who are unable to find work or were not working for another reason. And this really is that small slice that could be directly targeted by work requirement policies, although of course many in the larger slices under such policies would still have to report their work or exemptions.

Larry Levitt:

So Madeline, the only state that actually fully implemented a work requirement was Arkansas, albeit not for a very long time. What was the experience in Arkansas during that period when the work requirement was in place?

Madeline Guth:

Yes, that's correct. Arkansas is the only state to have implemented these work requirements with consequences for non-compliance, as you referenced, wasn't in place for a very long time. It was from June 2018 through March 2019, at which point the waiver was set aside by a federal court. So the data show that in 2018, over 18,000 people were disenrolled from Medicaid in Arkansas for failure to meet that work and reporting requirement. And this is about a quarter of the population that was subject to the requirement. And importantly, these coverage losses don't necessarily reflect non-compliance with the work requirement, but with the reporting requirement. So even people who were participating in qualifying activities or who met an exemption may have struggled with navigating the systems to report this. These monitoring and reporting processes were new. Medicaid is a healthcare program that's not otherwise set up to track work activity.

So Arkansas had to develop and maintain these new systems for reporting and monitoring. And in discussion groups with enrollees, they indicated that there were challenges navigating these systems. Many of them weren't even aware of the new work requirements and had not been successfully contacted by the state to explain them. Many lacked adequate access to computers or to the internet to set up the online accounts for reporting. And the setup process itself involved multiple steps that many enrollees found confusing. Arkansas did have some safeguards in the program to accommodate people with disabilities or other challenges, but enrollees, many struggled to access these safeguards. And then finally in these discussion groups, enrollees noted that the work requirements didn't provide an additional incentive to work, especially as many of them were already working, which is consistent with all that data that I was discussing before. And instead they said that the requirements added anxiety and stress to their lives.

And really what we see ultimately in the data is that the large majority of enrollees in Arkansas who weren't exempt from the work requirement, did not report the AD required hours of work activities each month. And in fact, nearly all of these people did not report any hours, which is perhaps reflective of those issues navigating those online portal and reporting processes. And this of course put them at risk of losing coverage. And many did. And I'll wrap up because I know I've just thrown a lot of data and enrollee perspectives. To summarize, there was a report from the Congressional Budget Office that sums up all of this research on Arkansas as saying that the work requirement reduced families' resources overall because it caused a large reduction in Medicaid coverage and thus increases in medical costs but without a significant increase in earnings to offset that.

Larry Levitt:

Well, we will definitely come back to this issue of earnings and employment, but Heather, let me turn to you. So Arkansas was the only state to fully implement a Medicaid work requirement, but there have been work requirements in other public programs. You give a quick summary of what that experience has been and whether it parallels what we saw in Arkansas with the Medicaid requirement.

Heather Hahn:

Yeah, so it definitely does parallel with what Madeline just shared. So SNAP is the nation's largest food assistance program. It has a general work requirement for adults who are aged 16 to 59 and they just

need to register for work, accept a job if it's offered, not quit a job without cause and so forth. SNAP also has another work requirement that is sometimes considered just a time limit on what are considered able-bodied adults without dependents. So these are adults who are ages 18 to 49, they don't live in households with children, they don't have physical or mental disabilities and they're considered able to work. These people must work at least 20 hours a week to maintain their SNAP eligibility. If they don't work at least 20 hours a week after three months, they lose their SNAP eligibility for a period of 36 months. So that's the work requirements in SNAP. In TANF, there's a very general rule in federal law that states need to be ensuring that their recipients are working within 24 months.

But in TANF, the real work requirement is focused on states where states are held accountable for engaging at least half of their work eligible people in work or work activities. The details around that in terms of what counts toward that work requirement for the state are so complicated that it ends up being really accounting exercise more than an exercise in helping people find employment. And then in housing programs, there's just a small number of public housing agencies that have implemented work requirements and their policies vary considerably. And there's not a lot of research on the implications of the work requirements in housing, but the clear lessons from the work requirements in SNAP and TANF over the years is that they are really counterproductive. So work requirements are a policy that on the face of it, seem really sensible. We want people to be working if they can, but when we scratch the surface and look at the evidence, we see that work requirement policies can actually undermine the employment that they're seeking to encourage.

And Madeline did a good job of laying out some of those issues. So just to do the high level and then we can come back and dig in on details, but as Madeline said, for Medicaid it's also true in SNAP that work requirements substantially reduce the number of people who are getting the benefits with very little if any increase in employment. And one of the things that is really important to keep in mind is that most people who are receiving means-tested assistance programs are already working. So it's not about getting them a job. These programs, SNAP and Medicaid are actually supporting them in their work. And more so than being about getting people to work, it's about documenting the work, but their employment hours and employment itself can be unstable and unpredictable, which makes it really difficult to document that you have the right number of hours in the right number of weeks, even if overall you're working enough, they may not match up enough to keep you in good stead with those work requirements.

So people can be coming in and out of eligibility as their employment status comes in and out. And as Madeline said, there are many impediments to work that aren't necessarily keeping people from working at all but are keeping people in the kinds of jobs that lead to that instability that is hard to keep them in compliance and help them to document that they are meeting the work requirements. So I will pause there, but we can come back to a lot of those issues.

Larry Levitt:

Thanks. Well we definitely want to come back to these documentation and verification issues. Angela, I want to bring you in and talk about the question of whether these work requirements do lead to more employment and more work. This is something you've studied, you worked on in New York as well. What's your read of the evidence of whether they do in fact lead to more employment?

Angela Rachidi:

Sure, and thanks for having me. So my assessment of the evidence is a little bit different I think maybe than Heather and even what Madeline described. And so I spent a little over a decade in working in New York City Department of Social Services and we ran the TANF program, SNAP and Medicaid. So I have an

intimate knowledge of how these programs are run. It's the largest social service agency in the country. And then I left there in 2015 and since then I have been studying these programs really from the perspective of employment and how to increase employment. And so if you look at just the research evidence, I think we can look to TANF, SNAP, regrettably Medicaid, we don't have any evidence about how Medicaid work requirements, the effects of them. I think Arkansas can give us some kind of programmatic information. It's certainly a lot of lessons learned about implementing a program and they had many difficulties implementing work requirements, but we really don't have any evidence about how Medicaid work requirements would affect employment, for example.

So we have to turn to SNAP and TANF as Heather alluded to. So when we look at the evidence related to TANF, it's fairly uncontroversial to conclude that the work requirements in TANF, TANIF in general, including the work requirements led to increased employment. We can argue about whether the effects were meaningful, if they were large enough to be meaningful. We can argue about the types of jobs people were in, but it's fairly uncontroversial that it did lead to employment, positive employment gains for single mothers. And so that's the motivation for thinking that work requirements in Medicaid could be effective is largely relying on that evidence showing that it was effective in TANF. When it comes to SNAP, there's about maybe a dozen studies that have tried to look at the work requirement for a-bods as Heather described. It's a very difficult thing to study because there has not been a randomized control trial like we had in TANF.

So researchers have to rely on econometrics, they have to rely on statistical techniques to try to isolate a population that was exposed to the work requirements and compare them to a population that was not. So because of these methodological challenges, it's not surprising that the evidence is very mixed. We have a handful of studies that find positive employment effects. We have a handful of studies that find no effects and we even have one, I think recent study from Urban, that found negative employment effects. So the research I think on the SNAP a-bod requirements is very mixed.

Ideally we would get an RCT where we could really go in and randomly assign SNAP a-bods to work requirement or not. And I think that's what we need and that would be a conclusive answer to this question. But in general, my read of the evidence is it leads to employment increases in TANF. Some of the SNAP evidence suggests that it could. So to me it's an issue of how do you implement work requirements in a way that can achieve these positive effects that we have seen in some of the research.

Larry Levitt:

So Angela, let me, and then I want to come back to Heather as well to get her read on the evidence of employment. But Angela, let me ask you, so what would you attribute the differences to what we've seen in TANF versus SNAP? Why is there, you think, clearer evidence that TANF has led to more work than in SNAP?

Angela Rachidi:

Well, TANF, we had randomized control trials and also it's a totally different population. So TANF was parents, mostly single mothers. When we're looking at the work requirements in SANP, it's a-bods. So these are adults without dependent children and of a particular age.

Larry Levitt:

Got it. So Heather, let me turn to you and your read of the evidence in terms of whether the requirements in SNAP and TANF have led to more work.

Heather Hahn:

And I first want to clarify, we do not have any randomized control trials within TANF itself. That evidence comes from the predecessor to TANF, the AID for Families with Dependent Children, which was a different program. It was an entitlement program. And toward the end of that time, shortly before TANF was implemented, states obtained waivers to conduct experiments. So we do have this really rich period of the end of AFDC of states establishing work programs and evaluating those. Those are a different environment than TANF. So we can't really compare them directly to TANF, but they do give us some evidence of something similar to TANF and work requirements similar to those in TANF. And what I see from that evidence is in some cases there were modest employment increases that were temporary. So over time people who were not subject to the work requirements also found work.

And over time the people who did find work also lost those jobs. So in the short term there were very modest employment increases that didn't last. And we know that the jobs they found did not lift them out of poverty. So it wasn't like these work requirements encouraged people and enabled people to get work that led to self-sufficiency, which is ultimately the goal. We do know though that while it didn't achieve self-sufficiency, it did lead to people losing benefits. And we know that decreasing cash assistance for children has long-term impacts on their educational outcomes, even their earnings as adults. And in the SNAP program we do have a growing body of research. There's a recent CBO report and also urban work showing that that time limit on able-bodied adults without dependence does not lead to meaningful increases in employment and does substantially reduce SNAP participation.

Larry Levitt:

[inaudible 00:20:53], just a reminder, you can ask questions in the Q and A tab in Zoom and we have a question very relevant to this particular discussion, which is what the supports were for work in the TANF experience, what role education support services played in TANF having that employment effect and Angela, being particularly in your experience in DSS in New York, what was the kind of support system surrounding the work requirement?

Angela Rachidi:

Sure, and to be clear too, TANF is a block grant. So it gives states a lot of flexibility. So every state is different in terms of what services they provide. But to give you an example, what we did in New York City, and I do know that a number of states took this approach as well, the requirement could be satisfied by actually being employed or engaging in what we called a work activity. Roughly, I'm not going to get into all the details, but roughly half of that might be in what we called work fair, which is working in usually a government agency. And then we combined that at least in New York City, we contracted services for individuals where they would go to a provider who would help them with job search, job preparation, as well as education and training where appropriate.

So the education and training could range from a light touch, which might be just brushing up on certain things to a heavy touch. We had two year college programs, we had GED programs. And so really the motivation behind the programming is that individuals would be assessed, it would be determined the right service mix for them and they would be put into that service track so that they could not only meet the requirements for a number of hours, but it could also move them forward in their search for employment and hopefully a career in the end.

Larry Levitt:

So obviously one of the reasons we are talking about this today is that there is a proposal from House Republicans to add a work requirement to Medicaid. And in fact later today the House Rules Committee

is expected to meet to consider that proposal before it goes to the floor. Madeline, let me come back to you. Just give a really brief overview of what is in the proposal as we know it so far.

Madeline Guth:

Sure. So the proposed bill includes what's referred to as a community engagement requirement. I'll keep calling it a work requirement just so our terms are consistent over this webinar. But the requirement establishes that the federal government will not provide any Medicaid funds for any enrollee who does not comply with the requirement. So as for what compliance means, it has a lot in common with Arkansas's work requirement for 80 hours a month the individual would have to work, participate in community service or participate in a work program. And this applies to adults ages 19 through 55 with some exemptions for those who have children, are pregnant, have a doctor's determination that they are physically or mentally unfit for employment or a few others, although the bill does not make these exemptions automatic. And so depending on the processes that states would potentially put in place, proving that someone meets one of these exemptions could potentially be a barrier in itself.

For example, that process for someone with disabilities to get a doctor's determination of unfitness for employment may not be that simple. But again that it would be on states to put systems into place for how those exemptions and other monitoring and verification would play out. The federal financial impacts are an important part of this discussion. And the last thing I'll talk about to keep this brief, but of course our context here is debt ceiling negotiations. So we're still waiting for the Congressional Budget Office score on this specific provision, but that office had earlier estimates of a similar proposal and there that showed that a national Medicaid work requirement could decrease federal spending by billions of dollars annually and that would be because of millions of adults losing Medicaid coverage each year. But the CBO estimated the policy would not result in significant increases in employment. But I'm happy to go into any further details on the bill if it would be helpful.

Larry Levitt:

Thanks. So Heather, as Madeline mentioned, there are these exemptions, some clearer and more straightforward than others. And while they're not automatic, the bill also would require states to make use of databases to automate the verification process where possible. One can imagine that would work very seamlessly, for example, for the parents' exemption. States know whether someone is a parent or not or the age exemption, maybe less so for disability. How has that worked in other, let's say in SNAP for example? Is there a similar kind of verification process and does it make use of databases to try and automate that where possible?

Heather Hahn:

Even outside of work requirements, we know that there is considerable red tape associated with SNAP and TANF and even Medicaid that leads to people losing eligibility even when they are eligible or should be exempt from work requirements. And so adding work requirements we know is going to add red tape and doesn't bode well for the administrative processes there. One other thing to keep in mind is that there are many people who are not disabled enough to qualify for SSI or SSDI, may or may not have a work limiting health condition enough to even exempt them from work requirements in Medicaid, but do make it difficult for them both to comply with the work requirements to do the work or to navigate the systems to document their work limiting disability that should qualify them for an exemption. So it just opens up a lot of challenges in the documentation of either that you are working or that you should be exempt, that puts people at risk of losing eligibility and ultimately losing healthcare.

Larry Levitt:

So Angela, how do you think about this verification issue? It's in some ways counter to the goal of getting people or it's at least not directly related to the goal of getting people employed if people are dropping off the program because of failure to verify. Are there ways, particularly in your experience, ways to streamline that to avoid people falling through the cracks?

Angela Rachidi:

Well yes, I do think there's ways you can help people not fall through the cracks, but I would like to just comment on the flip side of that argument, which is around program integrity. These are taxpayer funded programs, billions of federal dollars going into these programs. We have to have some level of verification not only on eligibility, but to the extent that there are work requirements, there has to be some verification process. And I'll just mention, we experience this a lot in New York City. There are people receiving benefits currently across programs who are not eligible because they maybe have income that was not disclosed during the eligibility process or they're working and they don't disclose that to the agency.

So part of what can happen through work requirements is it does bring that to the table because if people are working and there's a work requirement, they have to report that employment. So I think that's just the flip side of that. I'm certainly concerned about people who might fall through the cracks, who cannot meet the administrative aspects of programs, but I think that is why states need to be careful about how they're implementing these programs and ensure that they have the right controls in place so it can minimize those families who are falling through the cracks.

Larry Levitt:

Madeline, let me come back to you. We had another question from the audience about the resources it would take for states to implement a requirement like this, especially with redeterminations underway with the unwinding of the continuous coverage requirement in Medicaid originally tied to the public health emergency and that began April 1st. Is there specific funding in the work requirement proposal for administrative expenses at the state level or for the kind of supports like job training that we've been talking about?

Madeline Guth:

The current proposed bill does not have federal funding for either of these. And this is certainly something we would be watching in future iterations or if this were to be passed and implemented, as I referenced before with Arkansas, these are new systems that states need to set up thinking about how to monitor and verify work activities or other exemptions, how to communicate with enrollees that this is a new requirement, field technical difficulties, et cetera. So there would be this process of ramping up these systems that in most if not all states would be pretty new. I think the connection to the public health emergency is certainly a relevant one. We're seeing a time right now where states are undergoing a lot of administrative action to work on unwinding and where we're also seeing enrollees potentially getting caught up in some bureaucratic red tape around their redeterminations and states are working on protecting coverage there. And so thinking about a work requirement, we would also want to see how states would be ensuring that folks don't get caught up in that red tape.

Angela Rachidi:

[inaudible 00:31:34] Can I just add something to that?

Larry Levitt:

For sure.

Angela Rachidi:

'Cause this is a concern I have because actually these work requirements in Medicaid or the infrastructure needed should not be new to the states because they do it in SNAP and they do it in TANF. But this is a problem I have with the states that a lot of times these agencies don't talk to each other and they feel like they need to recreate the system even though there's probably a sister agency that is already doing this. And to be honest, it's probably many of the same people because many people receive SNAP and Medicaid. So I want to challenge the states to get creative and to think more broadly about how they can properly implement some of these requirements because they've been doing it already for decades.

Larry Levitt:

Yeah, I would say we have certainly seen those issues even with eligibility for these programs where eligibility for one program may make you very likely to be eligible for another program, but those connections aren't necessarily made. Heather, you wanted to jump in as well.

Heather Hahn:

Yeah, and I do think that these issues about cross enrollment and data matching are things that states are very much thinking about and very much a work in progress. So they are not all working smoothly at this point. But the point I wanted to make is there's, I think, a fundamental difference in approach to the question of who gets benefits and do you want to focus on making sure that nobody gets a free lunch or do you want to emphasize making sure no one goes hungry? And so I think we all want to find that sweet spot where only the people who are eligible get what they are eligible for and others don't. But if you cannot have a perfect system, do you want to emphasize making sure that your controls are so tight that nobody is going to accidentally get benefits when they shouldn't and be held accountable only for that? Or should we be measuring and monitoring integrity also in terms of making sure that programs are serving the people who are eligible and aren't inadvertently through red tape making people who are eligible not get those benefits?

Angela Rachidi:

And can I just respond to that because I do think, Heather, that's a crucial point and I think this is where we probably have different perspectives because yes, I'm concerned about people falling through the cracks, but I'm also concerned about the employment disincentives built into this program. So we have these major federal programs that are actually disincentivizing people from working. And so in my mind the way to escape poverty and the way to have flourishing life is to work, provide for your family and then move up the income ladder over time. So to me, when you have these federal programs, billions of dollars and it's actually working against that goal and we know it's working against that goal, to me, I want to address that problem and I want to find the solution to that problem because I want all of those families who are capable of working to receive the benefit of working. And I don't want federal programs to be pulling the rug from underneath them because of the design of the programs.

Heather Hahn:

And this is where we differ also in that in my understanding of talking with people across the country who are participating in these programs or who could be participating, people have genuine incentives

to find jobs without a work requirement. There is a very strong work ethic in this country. People want the dignity and autonomy that comes with work and comes with a paycheck. They want to support their families, improve their living situations, build their confidence. What they need is sometimes they need skills training employment to reach more stable, better paying jobs, but while they have jobs that are low paying jobs, they need SNAP and Medicaid to fill the gap between what their paychecks provide and what they need to support their families. And we do know that when people are receiving SNAP and Medicaid, it stabilizes their families so that they can focus on going to work, they can focus on their jobs and caring for their children and not be worried about monitoring and controlling their chronic health issues.

Not be worried about where am I going to get food for my children and myself. We do know that these programs are work supports and are very important for maintaining employment and supporting people when they are between jobs. We know that people who receive SNAP and TANF, many of them are working while they are receiving even more were working before and we see they lost the job, came onto benefits, got a job, and were able to work off of benefits. So I'm not concerned about these programs undermining work. I see these programs as work supports.

Angela Rachidi:

And I do agree with everything you just said. I think though we do have to acknowledge there are people who are disincentivized from work, and I did many focus groups in my time in New York City and I always bring this up because I remember this one woman in particular and she basically said, "Yes, I did not going to the sanitation department to do my work fair, but you know what, that's what I needed at the time. I needed that kick in the butt to say I have to be somewhere. And if I had not had that", she was very clear. She said she'd be still sitting home and not providing for her kids. So I always have that in my mind. So I do agree with you, everything you said, but I think we do have to recognize there are some other people who have different motivations and who are on these programs and it deprives them of that motivation to move forward. And so I'd love to see these programs designed in a way that we can balance those needs and meet the needs of both types of people.

Larry Levitt:

Well, as I said, it is a policy war shot test certainly. So I want to get back to some audience questions. And we had one about Georgia, which I had mentioned in my introduction. Georgia is poised to implement its own Medicaid work requirements separate from this federal proposal. Madeline, describe, so the Biden administration tried to stop work requirements but has not successfully stopped Georgia. How did that play out and what is Georgia about to implement?

Madeline Guth:

Yes. I'll only go into the history here very briefly, but Georgia was indeed one of the 13 states to receive waiver approval from the Trump administration to condition Medicaid eligibility on work and reporting requirements. Then the Biden administration came into office and determined that these waivers don't meet program objectives and went through an administrative process to withdraw work requirement waivers in all states that had approvals. So in most of those states that process is now complete and the state no longer has any authority to impose work requirements in Medicaid. However, one state, Georgia, challenged the agency's withdrawal of its work requirements in court and a federal judge found in Georgia's favor. And so that reinstated the work requirement authority. I want to pause to note that Georgia's waiver is different from many of the other states, including states like Arkansas in that Georgia has not expanded the Medicaid program under the Affordable Care Act.

And so its waiver applies work requirements to a new rather than an existing coverage group. And this is serving as a more limited eligibility expansion in the state. So that was the history. Looking ahead, Georgia intends to implement this waiver this summer. So at that time people in Georgia who are below the poverty level would be able to enroll in Medicaid if they're already in compliance with the work requirements and can report that and they'd also have to pay a premium. And then on an ongoing basis to maintain that coverage, the enrollees would need to continue to meet those work and reporting as well as other requirements. And really once Georgia implements, we at KFF and other researchers will be watching to see exactly how many individuals are able to meet these work and reporting requirements and thus gain and maintain this new coverage. We do know that based on the state's estimates in its original waiver application, we expect the number who gained coverage to be much smaller than the number who would be covered if Georgia adopted Medicaid expansion under the ACA without conditioning that new eligibility on a work requirement.

Larry Levitt:

So Madeline, let me stick with you. We also had a question about what effect this, back to the federal proposal from House Republicans, what effect it would have on a state like Florida that has also not expanded Medicaid under the Affordable Care Act. Talk a little bit about what you would see as the state by state differences and how this proposal from House Republicans would play out, given the exemptions, particularly the exemption for parents of dependent children.

Madeline Guth:

Sure. So we know that in states that have not expanded Medicaid under the Affordable Care Act, eligibility levels for parents are much lower than in most [inaudible 00:41:25] states. And then the levels for childless adults, there's basically no coverage except in Wisconsin. And so the populations are of course different of Medicaid enrollees already in those states who would be subject to the requirements. And as you noted, the bill has exemptions for those who have children as well as a few others. As I noted before, as written, the bill doesn't make these exemptions automatic. It would be to be determined potentially up to the states how those operate. So while we would expect that in a state that does not have coverage for childless adults on Medicaid that far more would be eligible for an exemption, we'd still have to see what the process would be for qualifying for those.

Larry Levitt:

Great. And Madeline, just one more question from the audience about Georgia, whether there are any efforts underway or any real authority for the Biden administration to step in and pause or stop Georgia? Or is it going ahead?

Madeline Guth:

The Biden administration did not further challenge on the outcome of that court case. So as far as we know, that is still going ahead for this summer.

Larry Levitt:

Got it. Well, we have lots of questions from the audience. I want to turn to a couple more before the end of our time. So Angela, we have one question about this issue of work incentives or disincentives and at least in looking at Medicaid in the data, if you look at people who would not otherwise be exempt, it's a fairly small percentage of people who are not already working. So how do you think about this disincentive issue when it is a fairly small group already that is not working?

Angela Rachidi:

Well, I think Madeline said it was about 10%. I mean, 10% of 40 million people is a lot of people. So yeah, I think it's a meaningful number of people. I will say though, I think the verdict is definitely still out about the effectiveness of work requirements in Medicaid. I'm not convinced at all that it would have the same employment effects. I think it's certainly something that should be explored. I hope that there can be some objective research done in Georgia, researchers going in without preconceived notions who can actually study it and see the effects. Because I do think this singular focus of coverage in Medicaid, which is a whole nother topic, but it's on coverage, it's not so much on health. So I just think there's a lot of issues around Medicaid that I think are right for being explored. And so I think being dismissive of, oh, it's too small of a population, it's not going to matter anyway, I think that's the wrong approach. I think we should take it as an opportunity to really study these issues and see what the results are.

Larry Levitt:

And Heather, you have studied a lot of these work requirements in Medicaid and other programs. What should we be looking for in Georgia in your view? What should we be looking at?

Heather Hahn:

I think we want to see do people understand what they need to do, both in terms of complying with the work requirement and documenting their compliance. Do they understand what they need to do? Are they able to do what they need to do? And what effect does that ultimately have on their enrollment, on their health and on their lives, on their employment.

Larry Levitt:

Well, we are unfortunately at the end of our time, and I'm pretty sure we could keep going for quite a while on these issues. We want to thank Madeline, Heather, and Angela for a terrific discussion, helping to provide an evidence base for some of the debates ahead. And thank the audience for joining us and look out for recording of this later in the day and for other Wonk Shops in the future. Thanks so much.

Heather Hahn:

Thank you.

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