

Unworkable & Unwise:

Conditioning Access to Programs that Ensure a Basic Foundation for Families on Work Requirements

WORKING PAPER

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Abbreviations, Acronyms, & Initializations

ABAWDs—Able-Bodied Adults without Dependents

ACA—Affordable Care Act (Patient Protection and Affordable Care Act)

AFDC—Aid to Families with Dependent Children

AIAN—American Indians and Alaska Natives

CCDBG—Child Care and Development Block Grant

CCDF—Child Care and Development Fund

CDC—Centers for Disease Control and Prevention

CEA—Council of Economic Advisers

CMS—Centers for Medicare and Medicaid Services

HHS—U.S. Department of Health and Human Services

DV/IPV—Domestic Violence/Intimate Partner Violence

EITC—Earned Income Tax Credit

EPSDT—Early Periodic Screening, Diagnostic and Treatment

FY—Fiscal Year

GA—General Assistance

GAO—U.S. Government Accountability Office

HUD—U.S. Department of Housing and Urban Development

IHS—Indian Health Service

Jobseeker's Allowance—JSA

LGBTQ—Lesbian, Gay, Bisexual, Transgender, Queer

MTW—Moving to Work Demonstration

PHA—Public Housing Authority

SNAP—Supplemental Nutrition Assistance Program

SSBG—Social Services Block Grant

SSDI—Social Security Disability Insurance

SSI—Supplemental Security Income

TANF—Temporary Assistance for Needy Families

UI—Unemployment Insurance

USDA—U.S. Department of Agriculture

WIOA—Workforce Innovation and Opportunity Act

Executive Summary

In recent years, the Trump Administration, members of Congress, governors, and state legislatures have put forward, and in some cases implemented, new and harsher proposals to take away health care, food, and housing assistance from people who do not meet a work requirement. The programs being targeted for new work requirements—Medicaid, Supplemental Nutrition Assistance Program (SNAP), and housing assistance—are lifelines for individuals and families during times without sufficient work or earnings. Because these proposals reflect misunderstandings of these programs and participants, they are or will be harmful to the well-being of people with low incomes. These policies differ substantially from program to program and state to state, and variations are likely to continue to appear. Regardless, the policies all suffer from the same flaws inherent in conditioning foundational support on documenting and participating in approved activities. As a result, this report focuses on these policies generally rather than on any particular one (though some key policies are described in the Appendix). In addition, alongside proposed restrictions for immigrants' access to,ⁱ budget cuts for,ⁱⁱ and the ending of other participant protections in economic security programs,ⁱⁱⁱ these new work rules are part of a broader strategy of gatekeeping, shrinking, and undermining the system of supports for struggling individuals and families.^{iv} The connection to other proposals, often proposed with similar rationales and based on similar misunderstandings of programs and participants, suggests a need to detail the sizeable body of evidence of the effectiveness of Medicaid, SNAP, and housing assistance in supporting people with low incomes as they overcome challenges they face.

ⁱ Fremstad, Shawn. "Trump's 'Public Charge' Rule Would Radically Change Legal Immigration." Center for American Progress, 27 November 2018. Available at <https://www.americanprogress.org/issues/poverty/reports/2018/11/27/461461/trumps-public-charge-rule-radically-change-legal-immigration/>.

ⁱⁱ Parrott, Sharon et al. "Trump Budget Deeply Cuts Health, Housing, Other Assistance for Low- and Moderate-Income Families." Center on Budget and Policy Priorities, 14 February 2018. Available at <https://www.cbpp.org/research/federal-budget/trump-budget-deeply-cuts-health-housing-other-assistance-for-low-and->

ⁱⁱⁱ These proposals include turning Medicaid into a block grant and efforts to move HUD away from its focus on housing discrimination. See: "Trump Administration Plans Effort to Let States Remodel Medicaid." *Wall Street Journal*, 11 January 2019. Available at <https://www.wsj.com/articles/trump-administration-plans-effort-to-let-states-remodel-medicaid-11547259197> and "Ben Carson is Pulling HUD Away From its Key Mission." *Vox*, 11 April 2018. Available at <https://www.vox.com/identities/2018/3/8/17093136/ben-carson-hud-discrimination-fair-housing-anniversary>.

^{iv} See for example the discussion of cuts, work requirements, and restructuring of economic security programs here: Golden, Olivia. "Moving America's Families Forward: Setting Priorities for Reducing Poverty and Expanding Opportunity." Testimony presented to the Committee on Ways and Means, U.S. House of Representatives, 24 May 2016. Available at <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2016-05-24-Olivia-Golden-Testimony-to-House-Ways-and-Means.pdf>.

Medicaid, SNAP, & Housing Assistance Ensure a Foundation for Families

Research on the effects of economic security programs strongly suggests that every individual and every family require a stable and strong foundation to be healthy and succeed in the labor market and beyond.^{v, vi, vii, viii} That foundation, especially for people struggling in the labor market, is often ensured through public benefits and services, including Medicaid, SNAP, and housing assistance. These programs have demonstrated beneficial long-term, intergenerational effects on employment and earnings for the children in families who participate.^{ix, x, xi, xii} By providing economic security for disadvantaged individuals and families, Medicaid, SNAP, and housing assistance also advance economic opportunity.

Medicaid, SNAP, and housing assistance programs provide essential services and support to tens of millions of individuals and families in the United States. In 2010, Medicaid kept at least 2.6 to 3.4 million

^v Hoynes, Hilary, Diane Whitmore Schanzenbach, and Douglas Almond. "Long-Run Impacts of Childhood Access to the Safety Net." *American Economic Review*, April 2016. Available at <https://gspp.berkeley.edu/assets/uploads/research/pdf/Hoynes-Schanzenbach-Almond-AER-2016.pdf>.

^{vi} Bivens, Josh, and Shawn Fremstad. "Why Punitive Work-Hours Tests in SNAP and Medicaid Would Harm Workers and Do Nothing to Raise Employment." Economic Policy Institute, 26 July 2018. Available at <https://www.epi.org/publication/why-punitive-work-hours-tests-in-snap-and-medicaid-would-harm-workers-and-do-nothing-to-raise-employment/>.

^{vii} Sherman, Arloc, and Tazra Mitchell. "Economic Security Programs Help Low-Income Children Succeed Over Long Term, Many Studies Find." Center on Budget and Policy Priorities, 17 July 2017. Available at <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-help-low-income-children-succeed-over>.

^{viii} Carlson, Steven, and Zoe Neuberger. "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years." Center on Budget and Policy Priorities, updated 29 March 2017. Available at <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>.

^{ix} Hoynes, Hilary, Diane Whitmore Schanzenbach, and Douglas Almond. "Long-Run Impacts of Childhood Access to the Safety Net." *American Economic Review*, April 2016. Available at <https://gspp.berkeley.edu/assets/uploads/research/pdf/Hoynes-Schanzenbach-Almond-AER-2016.pdf>.

^x Sherman, Arloc, and Tazra Mitchell. "Economic Security Programs Help Low-Income Children Succeed Over Long Term, Many Studies Find." Center on Budget and Policy Priorities, 17 July 2017. Available at <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-help-low-income-children-succeed-over>.

^{xi} Brown, David W., Amanda E. Kowalski, and Ithai Z. Lurie. "Medicaid as an Investment in Children: What is the Long-Term Impact on Tax Receipts?" NBER Working Paper No. 20835, January 2015. Available at <https://www.nber.org/papers/w20835.pdf>.

^{xii} Chetty, Raj, Nathaniel Hendren, and Lawrence F. Katz. "The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Project." *American Economic Review* 106(4): 855-902, August 2015. Available at <https://pubs.aeaweb.org/doi/pdfplus/10.1257/aer.20150572>.

people out of poverty.^{xiii} In 2017, SNAP and housing subsidies kept 3.4 million and 2.9 million people out of poverty, respectively (all by the Supplemental Poverty Measure, or SPM).^{xiv} Medicaid is a federal-state partnership that provides health coverage for more than 1 in 5 people in the United States, including millions of low-wage workers and their families^{xv} and people in need of long-term support and services.^{xvi} Medicaid provides vital health care coverage to many who would otherwise lack it. SNAP is state-administered and largely federally-funded, helping approximately 1 in 8 people in the U.S.^{xvii} purchase food—including many who are at greatest risk of experiencing hunger or poor nutrition.^{xviii} Federally-funded housing assistance provides rental aid for some households with the lowest incomes and is generally administered through local housing authorities, who in turn provide vouchers, directly subsidize units in private housing developments, or build and maintain public housing^{xix} for fewer than 1 in 30 people in the U.S.^{xx} Particularly in light of the decline of Temporary Assistance for Needy Families (TANF)^{xxi} and General Assistance (GA),^{xxii} which provide cash assistance to families and individuals

^{xiii} Sommers, Benjamin D., and Donald Oellerich. "The poverty-reducing effect of Medicaid." *Journal of Health Economics*, 32(5): 816-832, September 2013. Available at <https://www.sciencedirect.com/science/article/pii/S016762961300091X>.

^{xiv} Fox, Liana. "The Supplemental Poverty Measure: 2016." U.S. Census Bureau, revised September 2017. Available at <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-261.pdf>.

^{xv} Garfield, Rachel, Robin Rudowitz, and Anthony Damico. "Understanding the Intersection of Medicaid and Work." Kaiser Family Foundation, 5 January 2018. Available at <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^{xvi} Rudowitz, Robin, and Rachel Garfield. "10 Things to Know about Medicaid: Setting the Facts Straight." Kaiser Family Foundation, 12 April 2018. Available at <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/>.

^{xvii} "Supplemental Nutrition Assistance Program Participation and Costs." Food and Nutrition Service, U.S. Department of Agriculture, 7 December 2018. Available at <https://fns-prod.azureedge.net/sites/default/files/pd/SNAPsummary.pdf>.

^{xviii} Kearney, Melissa S., and Benjamin H. Harris. "Hunger and the Important Role of SNAP as Part of the American Safety Net." Brookings Institute, 22 November 2013. Available at <https://www.brookings.edu/blog/up-front/2013/11/22/hunger-and-the-important-role-of-snap-as-part-of-the-american-safety-net/>.

^{xix} "Policy Basics: Federal Rental Assistance." Center on Budget and Policy Priorities, updated 15 November 2017. Available at <https://www.cbpp.org/research/housing/policy-basics-federal-rental-assistance>.

^{xx} Authors' calculation using data at "Assisted Housing: National and Local." Office of Policy Development and Research, U.S. Department of Housing and Urban Development, retrieved 17 December 2018. Available at https://www.huduser.gov/portal/datasets/assthsg.html#2009-2017_query; "Section 521 Rental Assistance: Households Members." U.S. Department of Agriculture, 6 April 2018. Available at <https://www.rd.usda.gov/files/RDUL-MFHannual.pdf>; "U.S. and World Population Clock." U.S. Census Bureau, updated 25 January 2019. Available at <https://www.census.gov/popclock/>.

^{xxi} Dutta-Gupta, Indi, and Kali Grant. "TANF's Not All Right." *The Hill*, 30 April 2015. Available at <https://thehill.com/opinion/op-ed/240666-tanfs-not-all-right>.

^{xxii} "In recent decades, a number of states have eliminated their General Assistance programs, while many others have cut funding, restricted eligibility, imposed time limits, and/or cut benefits." See: Schott, Liz, and Misha Hill. "State General Assistance Programs Are Weakening Despite Increasing Need." Center for Budget and Policy Priorities, 9 July 2015. Available at <https://www.cbpp.org/research/family-income-support/state-general-assistance-programs-are-weakening-despite-increased>.

respectively, and the challenges of today's low-wage labor market, these programs are essential for ensuring that people do not fall below a floor for material deprivation or economic resources.^{xxiii}

Removing Access to Health Care, Food, & Housing Assistance Is Counterproductive

Work requirements in programs ensuring a basic foundation for people have a long history of poor outcomes, though recent proposals are unprecedented. New work requirements are inspired in part by similar policies imposed on TANF recipients since 1996 that likely have contributed to increases in deep poverty, as detailed later in this report.

SNAP and housing assistance programs have had some requirements related to work activities for some participants in the past, but the proposals discussed in this paper would make them harsher and include a far larger share of participants. At the federal level, longstanding SNAP time limits have substantially limited access for many unemployed and underemployed adults, though states have routinely applied for and received waivers from these draconian provisions.^{xxiv} In 2016, about half a million participants lost food assistance because they failed to meet a SNAP work time limit.^{xxv} Recent proposals would make these SNAP rules harsher still.^{xxvi} Federally-funded housing assistance programs have experimented with requirements related to work activities through demonstrations, but never as a part of widely-applicable policy.^{xxvii} (For the purposes of this paper, "housing assistance programs" refer to Section 8 Housing Choice Vouchers, Public Housing, and Project-Based Rental Assistance programs.) Until now, Medicaid had never been tied to formal employment; its central purpose is to provide health coverage to people with very low incomes. Removing participants and leaving them uninsured due to not meeting or documenting work or community engagement activities is thus new to Medicaid. As of January 2019, 16 states have applied for, and one has implemented, work requirements in Medicaid; this number is expected to grow.^{xxviii} (The legal question of whether applying such requirements through

^{xxiii} Shaefer, H. Luke, et al. "The Decline of Cash Assistance and the Well-Being of Households with Children." Poverty Solutions at the University of Michigan, 28 August 2018. Available at <https://poverty.umich.edu/working-paper/the-decline-of-cash-assistance-and-the-well-being-of-households-with-children/>.

^{xxiv} Bolen, Ed, and Stacy Dean. "Waivers Add Key State Flexibility to SNAP's Three-Month Time Limit." Center for Budget and Policy Priorities, 6 February 2018. Available at <https://www.cbpp.org/research/food-assistance/waivers-add-key-state-flexibility-to-snaps-three-month-time-limit>.

^{xxv} Bolen, et al. "More than 500,000 Adults Will Lose SNAP Benefits in 2016 as Waivers Expire." 2016.

^{xxvi} Paquette, Danielle, and Jeff Stein. "Trump Administration Aims to Toughen Work Requirements for Food Stamp Recipients." *Washington Post*, 20 December 2018. Available at https://www.washingtonpost.com/business/economy/trump-administration-aims-to-toughen-work-requirements-for-food-stamps-recipients/2018/12/20/cf687136-03e6-11e9-b6a9-0aa5c2fcc9e4_story.html?noredirect=on.

^{xxvii} Jan, Tracy. "Trump Wants More People Who Receive Housing Subsidies to Work." *Washington Post*, 23 May 2017. Available at https://www.washingtonpost.com/news/work/wp/2017/05/23/for-the-first-time-poor-people-receiving-housing-subsidies-may-be-required-to-work/?noredirect=on&utm_term=.a98e8b97d80f.

^{xxviii} "State Waivers List." Medicaid.gov, Retrieved 15 January 2019. Available at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>.

Medicaid state waivers is consistent with the program’s purpose of providing medical care and treatment is the subject of ongoing litigation, as discussed in the Appendix.)^{xxix}

Efforts to take benefits away from many more participants in Medicaid, SNAP, or housing assistance programs misunderstand the populations such programs aim to serve and grossly underestimate the harm to families and individuals as a result of these policies. The new policies also ignore the structural barriers people with very low incomes face, including the unavailability of full-time work and the instability of low-wage jobs today.^{xxx} Alongside a 3.9 percent December 2018 unemployment rate, 7.6 percent^{xxxi} (12.8 million people)^{xxxii} of the civilian labor force plus marginally-attached^{xxxiii} workers was unemployed or underemployed.^{xxxiv} At the same time, many communities of color continue to face recession-like circumstances despite a lengthy period of economic growth for the U.S. For example, the December 2018 unemployment rate for African Americans was 6.6 percent^{xxxv}—a figure that, as a statewide unemployment rate, could be high enough to trigger permanent law Extended Benefits under the Unemployment Insurance (UI) program.^{xxxvi} This high African American unemployment rate comes more than 114 months into an economic expansion, the second longest in U.S. recorded economic history.^{xxxvii} These indicators reveal a strong desire for greater employment than offered or available in what otherwise may seem to some to be a full-employment labor market.

^{xxix} Rosenbaum, Sara. “Stewart v. Azar and the Future of Medicaid Work Requirements.” Commonwealth Fund, 3 July 2018. Available at <https://www.commonwealthfund.org/future-of-Medicaid-work-requirements>.

^{xxx} Hahn, Heather. “Work Requirements in Safety Net Programs: Lessons for Medicaid from TANF and SNAP.” Urban Institute, April 2018. Available at https://www.urban.org/sites/default/files/publication/98086/work_requirements_in_safety_net_programs_0.pdf.

^{xxxi} Author’s calculations. See: “Databases, Tables and Calculators by Subject.” Bureau of Labor Statistics, U.S. Department of Labor, retrieved 26 January 2019. Available at <https://data.bls.gov/timeseries/LNS13327709>.

^{xxxii} “Labor Force Statistics from the Current Population Survey.” Bureau of Labor Statistics, U.S. Department of Labor, updated 4 January 2019. Available at <https://www.bls.gov/web/empstat/cpseea03.htm>.

^{xxxiii} “BLS Information: Glossary.” Bureau of Labor Statistics, U.S. Department of Labor, updated 7 June 2016. Available at <https://www.bls.gov/bls/glossary.htm>.

^{xxxiv} These workers were either unemployed; employed part-time for economic reasons; or were available for work, had looked for a job sometime in the prior 12 months (or since the end of their last job if they held one within the past 12 months), but were not counted as unemployed because they had not searched for work in the prior 4 weeks.

^{xxxv} “Unemployment Rate: Black or African American (LNS14000006).” Federal Reserve Bank of St. Louis and Bureau of Labor Statistics, U.S. Department of Labor, retrieved 26 January 2019. Available at <https://fred.stlouisfed.org/series/LNS14000006>.

^{xxxvi} Whittaker, Julie M., and Katelin P. Isaacs. “Unemployment Insurance: Programs and Benefits.” Congressional Research Service, 27 February 2018. Available at <https://crsreports.congress.gov/product/pdf/RL/RL33362>.

^{xxxvii} “US Business Cycle Expansions and Contractions.” National Bureau of Economic Research (NBER), retrieved 26 January 2019. Available at <https://www.nber.org/cycles/cyclesmain.html>.

As a result, low-paid workers, people of color,^{xxxviii} people with disabilities or chronic health conditions (including mental health conditions and substance use disorders),^{xxxix} people with criminal records,^{xl} and children^{xli} will be harmed, rather than helped, by proposals that take food, health care, and housing assistance away if recipients do not satisfy work requirements. These programs support and promote work, not just for adult participants but for their children when they become adults.^{xlii}

Key Findings

Taking away health coverage, food, and housing support from people who are unable to either document work-related activities, work, or find work will cause more harm than good. Many people who are or will be affected by such requirements are already participating in the labor force, meeting family and caregiving responsibilities, or have other serious or multiple barriers to employment.^{xliii} Establishing or expanding harsh penalties (or sanctions) in programs that help ensure a basic foundation for families promises few benefits and poses substantial costs to already-struggling people.^{xliv, xlv} In this report, we examine how the newly-proposed “work requirements” in Medicaid, SNAP, and housing assistance are **ill-informed, ineffective, inefficient, and inequitable**, and how **alternative policies** would produce outcomes that reduce poverty and increase opportunity:

^{xxxviii} Hahn, Heather, et al. “Why Does Cash Welfare Depend on Where You Live? How and Why State TANF Programs Vary.” Urban Institute, 5 June 2017. Available at <https://www.urban.org/research/publication/why-does-cash-welfare-depend-where-you-live>.

^{xxxix} Ku, Leighton, and Erin Brantley. “Medicaid Work Requirements: Who’s at Risk?” *Health Affairs*, 12 April, 2017. Available at <https://www.healthaffairs.org/doi/10.1377/hblog20170412.059575/full/>.

^{xl} Wolkomir, Elizabeth. “How SNAP Can Better Serve the Formerly Incarcerated.” Center on Budget and Policy Priorities, 16 March 2018. Available at <https://www.cbpp.org/research/food-assistance/how-snap-can-better-serve-the-formerly-incarcerated>.

^{xli} “Taking Away Medicaid for Not Meeting Work Requirements Harms Children.” Center on Budget and Policy Priorities, updated 20 December 2018. Available at <https://www.cbpp.org/research/health/harm-to-children-from-taking-away-medicaid-from-people-for-not-meeting-work>.

^{xlii} Page, Marianne. “Safety Net Programs Have Long-term Benefits for Children in Poor Households.” Center for Poverty Research, University of California, Davis, March 2017. Available at https://poverty.ucdavis.edu/sites/main/files/file-attachments/cpr-health_and_nutrition_program_brief-page_0.pdf.

^{xliii} Bauer, Lauren, Diane Whitmore Schanzenbach, and Jay Shambaugh. “Work Requirements and Safety Net Programs.” Hamilton Project, October 2018. Available at https://www.brookings.edu/wp-content/uploads/2018/10/WorkRequirements_EA_web_1010_2.pdf.

^{xliv} Pavetti, LaDonna. “TANF Studies Show Work Requirement Proposals for Other Programs Would Harm Millions, Do Little to Increase Work.” Center on Budget and Policy Priorities, 13 November 2018. Available at <https://www.cbpp.org/research/family-income-support/tanf-studies-show-work-requirement-proposals-for-other-programs-would>.

^{xliv} Ku, Leighton, et al. “Medicaid Work Requirements: Will They Help the Unemployed Gain Jobs or Improve Health?” The Commonwealth Fund, 6 November 2018. Available at <https://www.commonwealthfund.org/publications/issue-briefs/2018/nov/medicaid-work-requirements-will-they-help-jobs-health>.

- **Ill-Informed.** Weakening foundational programs by taking benefits away from people who do not meet harsh work requirements ignores the realities of today's low-wage labor market and the systemic barriers—such as caregiving responsibilities and discrimination—standing between people and quality, stable, and secure employment. At the same time, the majority of working-age program participants without a work-limiting disability generally work.^{xlvi}
- **Ineffective.** Though they should be strengthened, the affected economic security programs are designed to and already do support and enable work. Mandatory work requirements, on the other hand, are generally ineffective at achieving their goal of reducing poverty through greater employment and earnings.^{xlvi} In fact, they likely will result in the deepening or increasing of poverty^{xlvi} and compound existing challenges with an already overburdened, underfunded workforce system.^{xlvi} Because states fail to communicate effectively about how to fulfill the burdensome documentation and reporting processes, many *working* participants are in danger of losing needed benefits and services.
- **Inefficient.** Work requirements are costly to administer and time-intensive for all involved. Program administrators will spend more time implementing these requirements than focusing on supporting the health, housing, and income support needs of participants. Furthermore, the burden of proof for exemptions and compliance falls on already-struggling people. In particular, people with disabilities who lack Social Security Disability Insurance (SSDI) and SSI benefits and people with substantial economic disadvantages are likely to unfairly face work requirements and struggle to document compliance with them. These sanctions also undermine the effectiveness of economic security programs in countering recessions.
- **Inequitable.** Taking away access to foundational programs from people who do not meet work requirements puts populations that are already facing systemic discrimination or other barriers, including children, people with disabilities, caregivers, older workers, and workers of color, further at risk. Work requirements will deepen existing inequities, including in negative physical and behavioral health outcomes, poverty and deep poverty, and for community-wide outcomes.

^{xlvi} Bauer, Lauren, Diane Whitmore Schanzenbach, and Jay Shambaugh. "Work Requirements and Safety Net Programs." Hamilton Project, October 2018. Available at https://www.brookings.edu/wp-content/uploads/2018/10/WorkRequirements_EA_web_1010_2.pdf.

^{xlvi} Musumeci, MaryBeth, and Julia Zur. "Medicaid Enrollees and Work Requirements: Lessons from the TANF Experience." Kaiser Family Foundation, 18 August 2017. Available at <https://www.kff.org/report-section/medicaid-enrollees-and-work-requirements-issue-brief>.

^{xlvi} Sherman, Arloc. "After 1996 Welfare Law, a Weaker Safety Net and More Children in Deep Poverty." Center on Budget and Policy Priorities, 9 August 2016. Available at <https://www.cbpp.org/family-income-support/after-1996-welfare-law-a-weaker-safety-net-and-more-children-in-deep-poverty>.

^{xlvi} Rocha, Renato and Anna Cielinski. "Why the Current Workforce System is Not Suited to Help Medicaid Beneficiaries Meet Work Requirements." Center for Law and Social Policy, 31 October 2018. Available at <https://www.clasp.org/blog/why-current-workforce-system-not-suited-help-medicaid-beneficiaries-meet-work-requirements>.

Policy Recommendations

In addition to halting and reversing counterproductive work mandates, policymakers should advance an agenda that actually would increase employment and incomes. We propose illustrative recommendations in three categories:

1. **Ensure a foundation for individuals and families**, including by ensuring access to and strengthening programs such as SNAP, Medicaid, housing assistance, and TANF, and raising the minimum wage;
2. **Strengthen family stability**, including by modernizing UI and establishing a Jobseeker's Allowance (JSA), establishing fair and predictable schedules as well as paid leave, and reforming the criminal justice system; and
3. **Support workers**, including by investing in job preparation and creation through proven training and education, and subsidized and public employment programs; expanding child care assistance; and boosting the Earned Income Tax Credit (EITC).

Introduction

In recent years, the Trump Administration, members of Congress, governors, and state legislatures have put forward, and in some cases implemented, new and harsher proposals to take away health care, food, and housing assistance from people who do not meet a work requirement. The programs being targeted for new work requirements—Medicaid, Supplemental Nutrition Assistance Program (SNAP), and housing assistance—are lifelines for individuals and families during times without sufficient work or earnings. Because these proposals reflect misunderstandings of these programs and participants, they are or will be harmful to the well-being of people with low incomes. These policies differ substantially from program to program and state to state, and variations are likely to continue to appear. Regardless, the policies all suffer from the same flaws inherent in conditioning foundational support on documenting and participating in approved activities. As a result, this report focuses on these policies generally rather than on any particular one (though some key policies are described in the Appendix). In addition, alongside proposed restrictions for immigrants' access to,¹ budget cuts for,² and the ending of other participant protections in economic security programs,³ these new work rules are part of a broader strategy of gatekeeping, shrinking, and undermining the system of supports for struggling individuals and families.⁴ The connection to other proposals, often proposed with similar rationales and based on similar misunderstandings of programs and participants, suggests a need to detail the sizeable body of evidence of the effectiveness of Medicaid, SNAP, and housing assistance in supporting people with low incomes as they overcome challenges they face.

Medicaid, SNAP, & Housing Assistance Ensure a Foundation for Families

Research on the effects of economic security programs strongly suggests that every individual and every family require a stable and strong foundation to be healthy and succeed in the labor market and beyond.^{5, 6, 7, 8} That foundation, especially for people struggling in the labor market, is often ensured through public benefits and services, including Medicaid, SNAP, and housing assistance. These programs have demonstrated beneficial long-term, intergenerational effects on employment and earnings for the children in families who participate.^{9, 10, 11, 12} By providing economic security for disadvantaged individuals and families, Medicaid, SNAP, and housing assistance also advance economic opportunity.

Medicaid, SNAP, and housing assistance programs provide essential services and support to tens of millions of individuals and families in the United States. In 2010, Medicaid kept at least 2.6 to 3.4 million people out of poverty.¹³ In 2017, SNAP and housing subsidies kept 3.4 million and 2.9 million people out of poverty, respectively (all by the Supplemental Poverty Measure, or SPM).¹⁴ Medicaid is a federal-state partnership that provides health coverage for more than 1 in 5 people in the United States, including millions of low-wage workers and their families¹⁵ and people in need of long-term support and services.¹⁶ Medicaid provides vital health care coverage to many who would otherwise lack it. SNAP is state-administered and largely federally-funded, helping approximately 1 in 8 people in the U.S.¹⁷ purchase food—including many who are at greatest risk of experiencing hunger or poor nutrition.¹⁸ Federally-funded housing assistance provides rental aid for some households with the lowest incomes and is generally administered through local housing authorities, who in turn provide vouchers, directly subsidize units in private housing developments, or build and maintain public housing¹⁹ for fewer than 1 in 30 people in the U.S.²⁰ Particularly in light of the decline of Temporary Assistance for Needy Families (TANF)²¹ and General Assistance (GA),²² which provide cash assistance to families and individuals

respectively, and the challenges of today's low-wage labor market, these programs are essential for ensuring that people do not fall below a floor for material deprivation or economic resources.²³

Removing Access to Health Care, Food, & Housing Assistance Is Counterproductive

Work requirements in programs ensuring a basic foundation for people have a long history of poor outcomes, though recent proposals are unprecedented. New work requirements are inspired in part by similar policies imposed on TANF recipients since 1996 that likely have contributed to increases in deep poverty, as detailed later in this report.

SNAP and housing assistance programs have had some requirements related to work activities for some participants in the past, but the proposals discussed in this paper would make them harsher and include a far larger share of participants. At the federal level, longstanding SNAP time limits have substantially limited access for many unemployed and underemployed adults, though states have routinely applied for and received waivers from these draconian provisions.²⁴ In 2016, about half a million participants lost food assistance because they failed to meet a SNAP work time limit.²⁵ Recent proposals would make these SNAP rules harsher still.²⁶ Federally-funded housing assistance programs have experimented with requirements related to work activities through demonstrations, but never as a part of widely-applicable policy.²⁷ (For the purposes of this paper, “housing assistance programs” refer to Section 8 Housing Choice Vouchers, Public Housing, and Project-Based Rental Assistance programs.) Until now, Medicaid had never been tied to formal employment; its central purpose is to provide health coverage to people with very low incomes. Removing participants and leaving them uninsured due to not meeting or documenting work or community engagement activities is thus new to Medicaid. As of January 2019, 16 states have applied for, and one has implemented, work requirements in Medicaid; this number is expected to grow.²⁸ (The legal question of whether applying such requirements through Medicaid state waivers is consistent with the program's purpose of providing medical care and treatment is the subject of ongoing litigation, as discussed in the Appendix.)²⁹

Efforts to take benefits away from many more participants in Medicaid, SNAP, or housing assistance programs misunderstand the populations such programs aim to serve and grossly underestimate the harm to families and individuals as a result of these policies. The new policies also ignore the structural barriers people with very low incomes face, including the unavailability of full-time work and the instability of low-wage jobs today.³⁰ Alongside a 3.9 percent December 2018 unemployment rate, 7.6 percent³¹ (12.8 million people)³² of the civilian labor force plus marginally-attached³³ workers was unemployed or underemployed.³⁴ At the same time, many communities of color continue to face recession-like circumstances despite a lengthy period of economic growth for the U.S. For example, the December 2018 unemployment rate for African Americans was 6.6 percent³⁵—a figure that, as a statewide unemployment rate, could be high enough to trigger permanent law Extended Benefits under the Unemployment Insurance (UI) program.³⁶ This high African American unemployment rate comes more than 114 months into an economic expansion, the second longest in U.S. recorded economic history.³⁷ These indicators reveal a strong desire for greater employment than offered or available in what otherwise may seem to some to be a full-employment labor market.

As a result, low-paid workers, people of color,³⁸ people with disabilities or chronic health conditions (including mental health conditions and substance use disorders),³⁹ people with criminal records,⁴⁰ and children⁴¹ will be harmed, rather than helped, by proposals that take food, health care, and housing

assistance away if recipients do not satisfy work requirements. These programs support and promote work, not just for adult participants but for their children when they become adults.⁴²

Taking Assistance Away From Participants Who Do Not Meet Work Requirements is Ill-Informed

his section considers the appropriateness of taking away healthcare, food assistance, or housing assistance if people fail to meet and document work and community engagement requirements—typically a set number of hours in an approved activity each month—as an anti-poverty policy approach within the context of broader social, economic, and other relevant factors. It outlines the ways in which rationales for work requirements for some Medicaid, SNAP, and housing assistance participants fall short of appreciating the roles, purposes, and impacts of these vital supports for low-income people and their families. Lastly, the section examines often-mistaken or misleading assumptions about who participates in affected programs and why, and what keeps participants from working or earning more. These and other ill-informed assumptions about program participants are apparent in what proponents have stated publicly as well as in the details of actual work requirements.

Our Economic Security System is Already Heavily Tied to Formal Employment

Newly proposed work-related rules in Medicaid, SNAP, and housing assistance warrant particular attention because these programs serve as a lifeline to many left out of the rest of our economic security system. Much of our economic security system, including health coverage and income supports, conditions access on some demonstration of formal employment,⁴³ rather than primarily on need (see Figure 1).⁴⁴ Contributory social insurance programs like Medicare,⁴⁵ Social Security (including disability insurance, or SSDI),⁴⁶ and Unemployment Insurance⁴⁷ require individual or household earnings histories. Medicaid, Supplemental Security Income (SSI), and GA taken together with Aid to Families with Dependent Children (AFDC)—before being replaced by TANF—acted as the fallback economic security programs for people who would not otherwise qualify for Medicare (or have access to employer-sponsored health insurance), Social Security, and UI, primarily due to the latter programs' requirements of formal labor market earnings.

Even supports and services intended for those who are least able to work in formal employment, like AFDC's replacement, TANF, require labor-market-focused engagement for many participants.⁴⁸ As TANF and GA have shrunk dramatically, the relatively newer Earned Income Tax Credit (EITC) and even more recent Child Tax Credit (CTC), which both require formal earnings, have grown substantially. Child care assistance has expanded and contracted over the past few decades,⁴⁹ but often targets those with formal employment; for unemployed jobseekers, it is unavailable in several states and significantly restricted in most of the remaining states.⁵⁰ Overall, our economic security system strongly and increasingly requires formal work and offers less and less to those struggling to find and maintain employment.⁵¹

Figure 1. Major economic security programs require earnings & meeting labor-market-oriented tests

Role of labor market earnings & activities in accessing key economic support programs

PROGRAM	DESCRIPTION	LABOR-MARKET-RELATED ELIGIBILITY REQUIREMENTS
Social Security (SS) & Disability Insurance (SSDI)	SS: Provides retirement & survivors' benefits for workers; ⁵² SSDI: Provides benefits for individuals with a work-limiting disability ⁵³	SS: Prior household earnings to claim; SSDI: Prior individual earnings to claim
Medicare	Provides health insurance for individuals aged 65+, or after 2 years of SSDI receipt ⁵⁴	Prior household earnings to enroll, or current income to buy-in for citizens or permanent residents 65 & over
UI	Provides unemployment benefits to eligible workers ⁵⁵	Prior individual earnings as employee &, generally, documentation of current job search to claim
Working Family Tax Credits	EITC: Credit for workers with a low to moderate income; ⁵⁶ CTC: Credit for qualifying dependents claimed by taxpayer; ⁵⁷ CDCTC: Credit to offset child care costs ⁵⁸	Current household earnings to claim EITC, CTC, & CDCTC
CCDBG/CCDF	Provides child care assistance for low-income families so they can work or attend a job training or educational program ⁵⁹	Typically targets people with formal employment; unavailable for unemployed jobseekers in several states & significantly restricted in most remaining states ⁶⁰
TANF	Provides temporary cash assistance for low-income families with children	Participation in labor-market-oriented activities (exemptions: single parents with children under 12 months old & parents caring for family member with a disability ⁶¹ others differ by state)
Medicaid	Provides health insurance for qualifying low-income individuals	Historically, no minimum earnings to claim; recently work and community engagement requirements proposed, approved, or implemented in 16 states ⁶²
SNAP	Provides nutrition assistance for eligible low-income individuals & families	Time limits for some people without jobs of working age if area lacks waiver; ⁶³ USDA proposal would limit waivers to areas where unemployment rate is over 7% ⁶⁴
Housing Assistance	Provides rental assistance for some low-income households, through vouchers, directly subsidized units in private housing developments, or public housing units	No minimum earnings to claim; work requirements in: MTW demonstration (9 PHAs), ⁶⁵ president's FY19 budget (for project-based assistance), ⁶⁶ Proposed Fostering Stable Housing Opportunities Act of 2018 (for youth aging out of foster care) ⁶⁷

Source: Georgetown Center on Poverty and Inequality, 2019

In this context, proposals to establish or expand requirements denying Medicaid, SNAP, and housing assistance—programs that prevent destitution⁶⁸, disease,⁶⁹ and even death⁷⁰ for the most vulnerable in our society—because participants fail to meet and document approved work and community engagement requirements make little sense. Determining eligibility or benefits for these programs by

requiring ongoing demonstration of formal work or work-related activities will tend to compound disadvantage,⁷¹ trapping rather than empowering people when they are struggling the most.⁷²

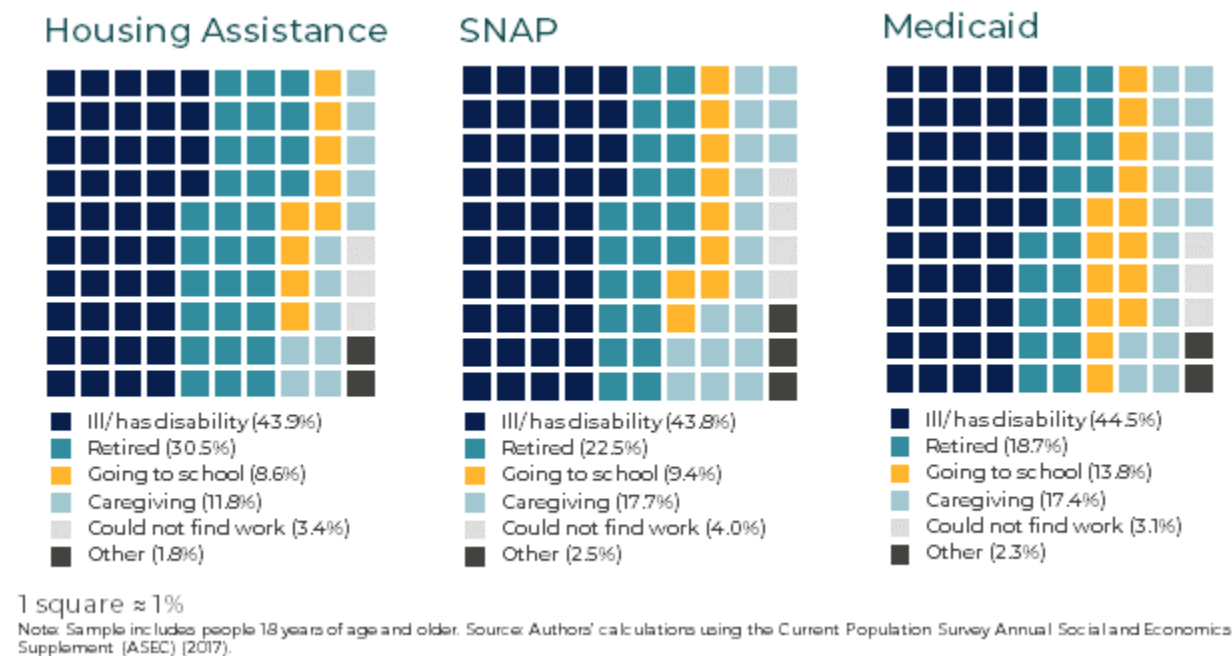
Nearly All Program Participants Have Worked, Still Work, & Will Work in the Future—or Face Major Barriers to Work, Due to Factors Such as Age or Disability

The push for these new requirements reflects an incomplete understanding of the low-wage labor market and the lived experiences of people who are attempting to navigate it to find, secure, and maintain employment compatible with their own health and family responsibilities. A primary assumption⁷³ of policies to take away benefits from participants in Medicaid, SNAP, and housing assistance who do not meet a work requirement is that adults who should be able to work formally can and will do so, if properly incentivized.⁷⁴ However, for all three programs, a multitude of evidence demonstrates that most participants who can work already do. Most adults of working age who do not have a work-limiting disability and participate in Medicaid,⁷⁵ SNAP,⁷⁶ and housing assistance⁷⁷ work or have recently worked. For the majority (over 80 percent) of SNAP participants, who have worked before SNAP participation and will work again (within a year of SNAP participation), SNAP provides temporary support to help weather spells of un- or under-employment, or to help supplement low and inconsistent pay.⁷⁸ Among SNAP recipients of working age who do not have a work-limiting disability, over 50 percent work while receiving SNAP.⁷⁹ Among those not working, two-thirds of recipients are children, elderly people, and people with disabilities (see Figure 2).⁸⁰ This is similar for SNAP households, among whom about 60 percent of households with children and an adult of working age who did not have a work-limiting disability had work earnings in 2015.⁸¹ In fact, the proportion of SNAP participants in households with a worker has increased sharply over the last two decades, suggesting SNAP plays a strong role in supporting people and families during periods of underemployment.⁸²

Medicaid and housing assistance participants who do not qualify for disability insurance typically also live in working households. Of the nearly 25 million working-age Medicaid recipients who do not qualify for SSI, 8 in 10 live in working families or work themselves.⁸³ In 2017, 61 percent of participating non-elderly families had at least one member employed full-time, and an additional 14 percent had someone working at least part-time.⁸⁴ This population is likely to account for a significant share of Medicaid recipients who would lose coverage due to the burdens of satisfying reporting requirements, as discussed in further detail later in the paper.⁸⁵ Similarly, an analysis of federal housing assistance data found that 88 percent of households that received rental assistance in 2010 were elderly or had someone with a disability (55 percent), were working or had recently worked (28 percent), or were likely to face work requirements through TANF (5 percent) as it is.⁸⁶

Figure 2. Vast majority of Medicaid, SNAP, & housing assistance participants not engaged in formal employment due to caregiving, school, retirement, or sickness or disability

Main reported reason for not working among Medicaid, SNAP, & HUD-assisted housing participants, 2017



Participants Face Barriers to Employment That Work Requirements Ignore

Many program participants face barriers to employment that can make it challenging or impossible to maintain steady employment that keeps them and their families out of poverty.⁸⁷ Some face obstacles to work, such as significant health problems or caregiving responsibilities, not addressed adequately in work requirement proposals.⁸⁸ Others need more advanced skills but cannot participate in education or

training without income supports, which are in short supply for people pursuing such development. The remaining individuals who are not working face other sizeable individual and/or structural barriers to employment which, regardless of economic conditions, work requirements will not help address.^{89, 90}

Box 1.

THE RACIAL HISTORY OF WORK REQUIREMENTS

While this paper focuses on recent iterations of work requirements in foundational social assistance programs, the historical context is illuminating. Modern work requirements follow a long history of racially-motivated critiques of programs supporting living standards; some proposals have relied on racial bias—fueled, in part, by false narratives about African American women in particular—to garner support.

(continued on the next page)

Box 1 cont.

Although many think of the Social Security Act of 1935 as the dawn of “welfare” in the United States, federal social assistance began with the mother’s pension (the predecessor to Aid to Dependent Children, or ADC, later renamed Aid to Families with Dependent Children, or AFDC).^{91,92} At first, primarily white women primarily accessed mother’s pensions. During this time, policymakers designed the programs to allow mothers to meet their basic needs *without* working outside of the home. Only once more African American women began to participate, were work requirements implemented.^{93, 94} The programs also attempted to restrict women of color’s access to basic needs assistance. In the 1930s, when there was unmet demand for domestic work and for labor during the harvesting seasons, local administrators of the Federal Emergency Relief program often seized the opportunity to deem Latina and black mothers “employable” under the “employable mother” rule—forcing them to work outside of the home to receive benefits.⁹⁵ Relief programs thus “had the dual function of keeping white mothers at home and forcing Latinas and blacks into the low-wage labor market.”⁹⁶ States also enforced “employable mother” rules in ADC.⁹⁷

Place has also played a role in the history of racial discrimination and work requirements. In 1910, most African American people lived in the South.⁹⁸ Between 1915 and 1970, over 6 million African American people fled the south to escape economic exploitation, extremely limited economic opportunities, and pervasive racial terrorism (such as public lynching and mob violence) in the hope of a better life—a period now known as the “Great Migration.”^{99, 100} As more African Americans flowed north, northern states began to adopt some of the work requirements already prevalent in relief programs in the South.¹⁰¹

Equally salient have been the harmful race-based narratives generally surrounding people experiencing poverty, particularly harming people of color. In many cases, these narratives were employed to appeal to working-class whites and garner support for policies to reduce human services spending.^{102, 103} These false narratives ignore the realities of the labor market discrimination and exclusion people of color face, in particular—and the fact that most people who receive public benefits who can work, do so.

Policy that is not conscious of racial inequities can exacerbate racial injustice. Recently, a 2018 Michigan bill proposed requiring proof of working 30 hours per week in order to access Medicaid—unless the individual lived in a county with an unemployment rate over 8.5 percent.¹⁰⁴ At face value, exempting people in high-unemployment areas from work requirements seems practical and fair. In reality, however, the areas that would have qualified were largely populated by rural whites.¹⁰⁵ In contrast, residents of majority-black Detroit and Flint would not have been exempt because, although both cities had qualifying unemployment rates, the larger counties did not. As a result, the exemption would have largely excluded African Americans in cities.¹⁰⁶

These barriers can be categorized roughly into six basic groups: limited education or mismatched skills, health and disability, criminal justice system involvement, caregiving and family responsibilities, limited economic and social resources, and demographic and other individual characteristics (including immigration status), especially as they interact with systemic racial discrimination.¹⁰⁷ These characteristics and how they may manifest as barriers to employment¹⁰⁸ are briefly outlined in Figure 3.

Figure 3. Selection of barriers to employment unaddressed by work rules

BARRIER TYPE		POPULATION WITH BARRIER
Limitations in Workers' Overall Productivity	Human Capital	Limited Skills & Education
		Immigration Status: Recent Immigrant, Especially Refugee/Asylum Seeker
	Personal & Logistical	Limited Economic & Social Resources: Transportation, Housing, Stability, etc.
		Caregiving & Other Family Responsibilities
		Health & Disability: Work-limiting Physical, Mental, or Sensory Health Condition or Disability
Systemic Discrimination by Employers	Legal	Immigration Status: Undocumented Status
		Criminal Justice System Involvement
	Demographic	Apparent Health Condition or Disability
		Age
		Race, Ethnicity, & Origin
		Sexual Orientation & Gender Identity (SOGI)

Source: Georgetown Center on Poverty and Inequality, 2019

Limited Education, Experience, & Skills

Limited educational attainment (having less than a high school degree or equivalent) may be one of the most prevalent barriers to employment among low-paid workers.¹⁰⁹ People without a high school degree or equivalent often cannot access programs developing the training necessary to attain technical skills, credentials, and normative professional skills.¹¹⁰ Not having enough formal, recent, or relevant work experience may also make it difficult for workers to re-connect or stay connected to the labor force. Workers may also experience significant barriers to getting new skills. For example, access to school and training may be limited because of barriers such as a lack of available and affordable transportation,¹¹¹ child care,¹¹² and other prohibitive costs.¹¹³ Older workers may lack access to training for new technology used in their industries, as well.¹¹⁴

Limited Economic & Social Resources, Including Place-Based Barriers

Material hardship and economic insecurity makes obtaining or maintaining employment more challenging. Other factors, such as geography and social network limitations, can also make it more

difficult for people to work. For example, housing-related instability due to limited economic resources—such as the loss or threat of losing housing assistance, frequent moves, and experiencing homelessness—can have extraordinarily negative impacts on one’s ability to remain attached to the labor force,¹¹⁵ particularly for people with disabilities.¹¹⁶ Moving also can exacerbate transportation issues for lower-income workers, compounding barriers to job searching¹¹⁷ and work.^{118, 119} Groups likely to face transportation barriers include individuals living in rural areas,¹²⁰ individuals with disabilities,¹²¹ and low-income individuals. At-home internet access is also increasingly important for workers and jobseekers to be successful in the labor market (and for complying with work reporting requirements),¹²² and yet, among current Medicaid enrollees in the U.S., more than a quarter “do not use the internet.”¹²³ Even if one’s housing situation is stable, place-based factors (such as geography and social network limitations), can create obstacles to employment for many. For example, jobseekers living in areas where there are limited job opportunities, including rural areas¹²⁴ and on American Indians and Alaska Natives (AIAN) tribal lands,¹²⁵ may find it difficult to obtain employment.

Caregiving & Other Family Responsibilities

Caregiving and family responsibilities, in the absence of adequate work-family supports and policies, can also impact one’s ability to participate in the formal labor force.^{126, 127} In Georgia, one of the states contemplating Medicaid work requirements,¹²⁸ over one-quarter of Georgia parents with children under age 5 “reported that, in the past year, they or someone in their family experienced a significant disruption to employment—quitting, not taking, or greatly changing a job—due to challenges with child care.”¹²⁹ The same study estimates that annually, child care-related challenges for parents cost the state at least \$1.75 billion “in lost economic activity” (such as through adverse employment-related outcomes).¹³⁰ Additionally, among all working-age Medicaid participants in the U.S. who are not working,¹³¹ nearly one-third (28 percent) cited caregiving or other home responsibilities as preventing them from working.¹³²

Health & Disability

Work-limiting physical, mental, or sensory health conditions and disabilities present barriers to employment for many.¹³³ This may be due to limits to capacity for work, both real and those perceived by others.¹³⁴ About 1 in 5 childless adults enrolled in SNAP in 2014 who did not have income from a disability program reported either a disability that prevents or limits the type of work they can do such as hearing, walking or climbing stairs, or concentrating and making decisions due to a physical, mental, or emotional condition.¹³⁵ Additionally, a study found that over one-third of jobseekers with disabilities (36 percent) experienced discrimination from prospective employers, such as pre-emptive employer judgment of their ability to do the job.^{136, 137} From FY1997-FY2016, one-third of employment discrimination charges filed with the U.S. Equal Employment Opportunity Commission were for discrimination on the basis of disability.¹³⁸ People of color with disabilities have higher rates of unemployment on average than their white counterparts.¹³⁹ Older workers of color are also more likely to be in poverty¹⁴⁰ and more likely to have disabilities,¹⁴¹ which can increase their obstacles to gaining and maintaining employment and increase their need for health coverage.

Criminal Justice System Involvement

The labor market is replete with barriers that undermine the ability of formerly incarcerated people to attain stable and quality employment, including employer discrimination, low educational and skills attainment, and even occupational licensing restrictions.¹⁴² In fact, data shows that up to half of returning citizens remain unemployed for up to one year post-release.¹⁴³ Discrimination in the labor market due to past criminal justice system involvement presents significant challenges to obtaining

employment. Individuals with criminal records face systematic employer discrimination,¹⁴⁴ and race can further compound disadvantages in the labor market for people reentering the workforce after incarceration. The barriers to employment are particularly severe for African-Americans and Hispanics, who are incarcerated at five times and three times the rate of whites, respectively.¹⁴⁵ Furthermore, black men with a criminal record are three times less likely to get a callback during the hiring process, while white men with a criminal record are half as likely to get called back than their same-race counterparts who do not have a record.¹⁴⁶

Systemic Discrimination

Employer discrimination based on race/ethnicity, immigration status, and sexual orientation and gender identity (SOGI) present significant barriers for individuals in the labor market.¹⁴⁸ A 2017 study found that white applicants were more likely to receive callbacks than their Latino and African American counterparts, and that discrimination against black job applicants has not meaningfully declined in the last three decades.¹⁴⁹ Recent immigrants may face employer discrimination—in addition to difficulty acquiring the skills necessary to easily succeed in the U.S. labor market, such as English proficiency.¹⁵⁰

Additionally, SOGI-related characteristics are associated with a greater risk of low pay and financial insecurity, which can compound the need for services and supports.¹⁵¹ Forty-two percent of women say they have faced gender discrimination in the workplace, including differential pay based on gender.¹⁵² There are no federal laws prohibiting Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) workers from being fired on the basis of their sexual orientation or gender identity.¹⁵³ LGBTQ individuals also are not a protected class under the Fair Housing Act, which augments their risk of facing housing discrimination.¹⁵⁴ As previously discussed, housing instability and homelessness can increase the difficulty of finding and keeping work.¹⁵⁵

Age-based discrimination in the job market can create barriers for workers in their 40s,¹⁵⁶ 50s, and 60s. About 3 in 5 older workers say they have experienced or seen age-based discrimination in the workplace.¹⁵⁷ One study examining the submission of fictitious resumes with differing ages and genders found employer callback rates were lower for older workers, particularly older women.¹⁵⁸ Older women near the perceived retirement age face not only age-based discrimination, but also gender-based discrimination (which may manifest through prejudiced ideas about women's physical appearances).¹⁵⁹ Older workers who are women of color face often increased barriers, as they contend with discrimination on the basis of their age, gender, and race.

Box 2.

EXEMPTIONS CAN BE ILL-INFORMED

In response to the evidence suggesting these new work requirements are not appropriate nor workable for Medicaid, SNAP, and housing assistance, proponents may point to exemptions as a defense.¹⁴⁷ While exemptions may protect certain individuals, they invariably fall short of taking into account the challenges many low-income people and their families face. More importantly, the new requirements and exemptions to them operate under a de facto 100 percent participation requirement, giving caseworkers little discretion and placing the burden of proof on program participants (see section “Revoking Access to Work-Supporting Programs Due to Rigid & Impractical Work Requirements is Inefficient” for more information). As a result, the designation of exemptions itself is likely to reflect this lack of understanding.

Box 2 Cont.

Generally, new work requirements in SNAP, Medicaid, and housing assistance exempt older participants (depending on the state, beginning at 50 – 65 years of age), and people under age 18 – 19 (depending on the program).¹⁶⁰ In SNAP, working-age participants are exempt if they have a disability; are providing caregiving for a family member with a disability or a child under the age of six; are enrolled in training or school (including higher education); or are receiving treatment or rehabilitation services.¹⁶¹ In Medicaid, people are generally exempt if they are elderly, pregnant, or under age 19.¹⁶² For public housing authorities (PHAs) that impose work requirements in housing assistance programs as a part of a Moving to Work (MTW) demonstration (see Appendix C. for more information), while additional exemptions depend on the individual, these PHAs already exempt participants who are older, have a disability, or are “physically or mentally unable to engage in work activities.”¹⁶³ To be sure, exemptions may appear to protect those who are unable to comply with new requirements. In reality, exemptions are themselves challenging to receive, and may have contributed to the harmful short- and long-term outcomes of work requirements for individuals, their families, and their communities.

Exemptions may employ an unrealistic view of caregiving and other family obligations. For example, exemptions may not account for persisting child care needs once children enter primary school. The proposed 2018 House Farm Bill included increased work requirements and would have exempted parents with children under age 6 from its expansion of the work rules for SNAP, but not parents with children in elementary school.¹⁶⁴ Similarly, while some Medicaid waivers have exempted parents from work requirements, two of those approved so far—Indiana and New Hampshire—do not exempt parents with children over the age of six.¹⁶⁵ Yet, no state requires that public schools ensure that school times and dates align with full-day or full-year work.¹⁶⁶ For many work-eligible parents unable to afford or secure child care, the imposition of work requirements forces impossible choices, between either leaving their elementary school-aged children unattended or at risk of neglect to maintain Medicaid coverage, or staying with their children but losing coverage because they cannot meet the required hours-worked threshold.

Even when exemptions allow for broader consideration of barriers related to disability and health, they can be difficult to access and can result in people being inappropriately subject to work requirements. For administrative ease, states have a tendency to use participation in disability assistance programs, such as SSDI/SSI, private disability insurance (PDI), temporary disability insurance (TDI), and Interim Assistance, as proxies when making eligibility determinations. However, in many programs little if any support is available to help people navigate the exemption process,¹⁶⁷ there is no requirement for state administrators to do so, or the incentives for the worker or administrative agency do not support offering this assistance.¹⁶⁸ As it is, the federal programs that provide disability benefits, such as SSDI and SSI, have strict qualification tests,¹⁶⁹ leaving many people with a work-limiting disability likely ineligible. As a result, many people with work-limiting disabilities or chronic conditions likely would face work requirements and thus lose their benefits.¹⁷⁰

Exemptions do not always support work preparation activities, such as education and training. Although some states are exempting students or allowing class hours to count towards the requirement, many states are not.¹⁷¹ Even within states where students are technically exempt or can count their coursework as work, the rigidity of the exemptions may not make sense within the context of education and training programs. For example, the ability to count an educational program towards one’s participation requirement often falls short of the time it takes to complete the degree or program. In addition, for states that choose not to count class hours as work, students will be forced to work more.¹⁷² Low-income students who work over 15 hours per week are more likely to have lower grades and lower program completion rates.¹⁷³

Medicaid, SNAP, & Housing Assistance Support Work

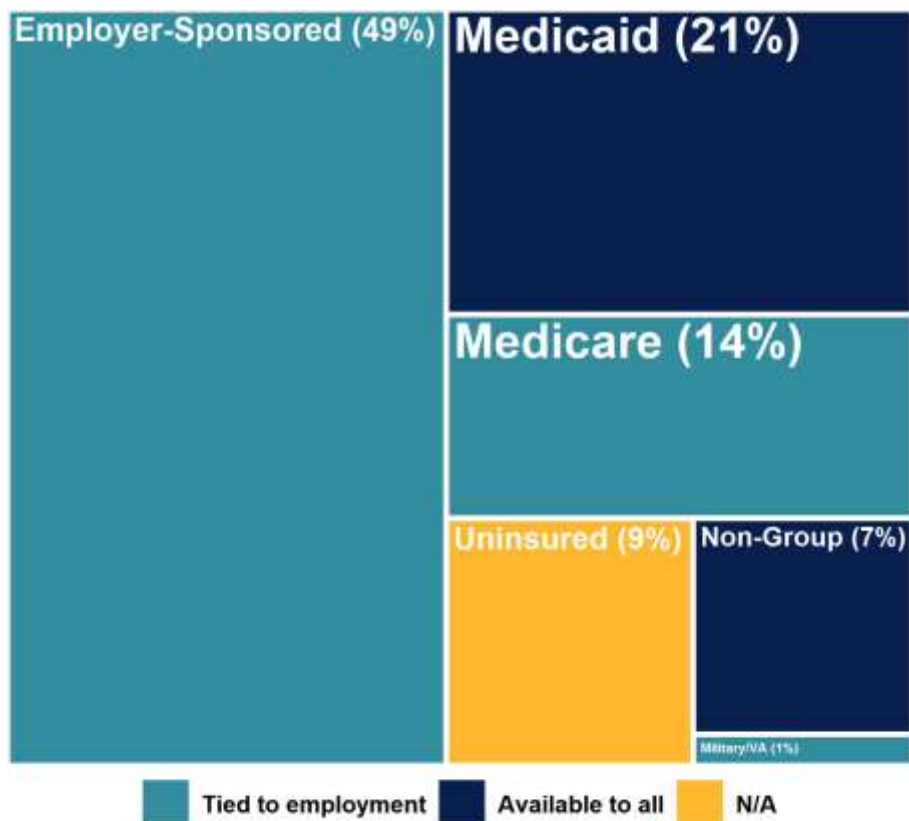
SNAP, Medicaid, and housing assistance are essential programs that help keep millions of people and their families out of poverty in the U.S.¹⁷⁴ By providing food assistance, health care, and housing support, these programs help people experiencing economic insecurity make ends meet and help those who are able to work, work. They also enable unemployed individuals to look for employment. The benefit structures of SNAP and housing assistance are designed to both support work and minimize any potential work disincentives, while Medicaid provides work-supporting health care for millions of low-paid workers.¹⁷⁵ In other words, all three programs support working adults and their families rather than significantly substituting or dis-incentivizing employment. They also help fill in gaps left by the low-wage labor market.¹⁷⁶

MEDICAID SUPPORTS WORK

Due to the U.S.' employer-based health insurance system, which falls particularly short for workers in low-wage industries, Medicaid acts as the backstop for many (see Figure 4).¹⁷⁷ It provides essential health care to over 76 million low-income Americans who would otherwise not have coverage.¹⁷⁸ Having access to health care, like Medicaid provides, can ensure that someone living with a chronic health condition or disability—or providing caregiving for a family member with one—can best manage their condition and maintain attachment to the labor market.¹⁷⁹ Research also suggests that increased Medicaid health coverage under the Affordable Care Act (ACA) makes it easier for people to find and maintain work. For example, a study of expansion enrollees in Ohio found that among unemployed jobseekers, 74.8 percent said Medicaid made it easier to seek employment.¹⁸⁰ The study also found that for a majority of enrollees, Medicaid made it easier to maintain employment.¹⁸¹ A separate study of enrollees in Michigan found similar results.¹⁸² Conversely, unmet behavioral health (mental health and substance use disorder) needs can make it more difficult to gain and maintain employment.¹⁸³ A substantial and growing body of evidence also links the Medicaid expansion to positive effects for participants' (and their children's) health, as well as for their access to services,¹⁸⁴ financial security, and general well-being.^{185, 186} As many full- and part-time low-wage workers do not have access to employer-provided health insurance, Medicaid ensures that workers have the tools to stay healthy and succeed at work.¹⁸⁷ Taking Medicaid coverage away from people who do not meet an employment, training, or community engagement requirement could place needed health care out of reach for the very populations whose future employment and earnings most depends on accessing health care.

Medicaid also acts as a connector to other work-supporting programs and assistance. Recognizing the impact of social determinants—such as housing¹⁸⁸—on health, the ACA and other policies provide opportunities¹⁸⁹ for states to support housing-related and home- and community-based services through Medicaid.¹⁹⁰ For example, under certain waivers, state Medicaid programs can provide supportive services for securing and retaining housing or living in non-institutional settings for people experiencing homelessness and people with disabilities.^{191, 192} Similarly, state Medicaid programs can also support work by referring enrollees to (voluntary) job training and search programs and “cover[ing] the services needed to keep people healthy and enable them to work.”¹⁹³ For these reasons, many leading organizations of medical professionals in the U.S. have voiced their opposition to recent CMS approvals of state waiver applications for Medicaid work requirements, arguing that the new policies would roll back progress under the ACA and result in a loss of coverage and care for low-income families¹⁹⁴ and people with disabilities,¹⁹⁵ chronic illness,¹⁹⁶ and behavioral health conditions¹⁹⁷—all of which would lead to increased system-wide costs and poor health outcomes.¹⁹⁸

Figure 4. 1 in 5 people in U.S. are insured through Medicaid
Breakdown of U.S. Population by insurance coverage, 2017



Source: "Health Insurance Coverage of the Total Population." Kaiser Family Foundation, accessed 2 January 2014, <http://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22location%22%7D>.

SNAP SUPPORTS WORK

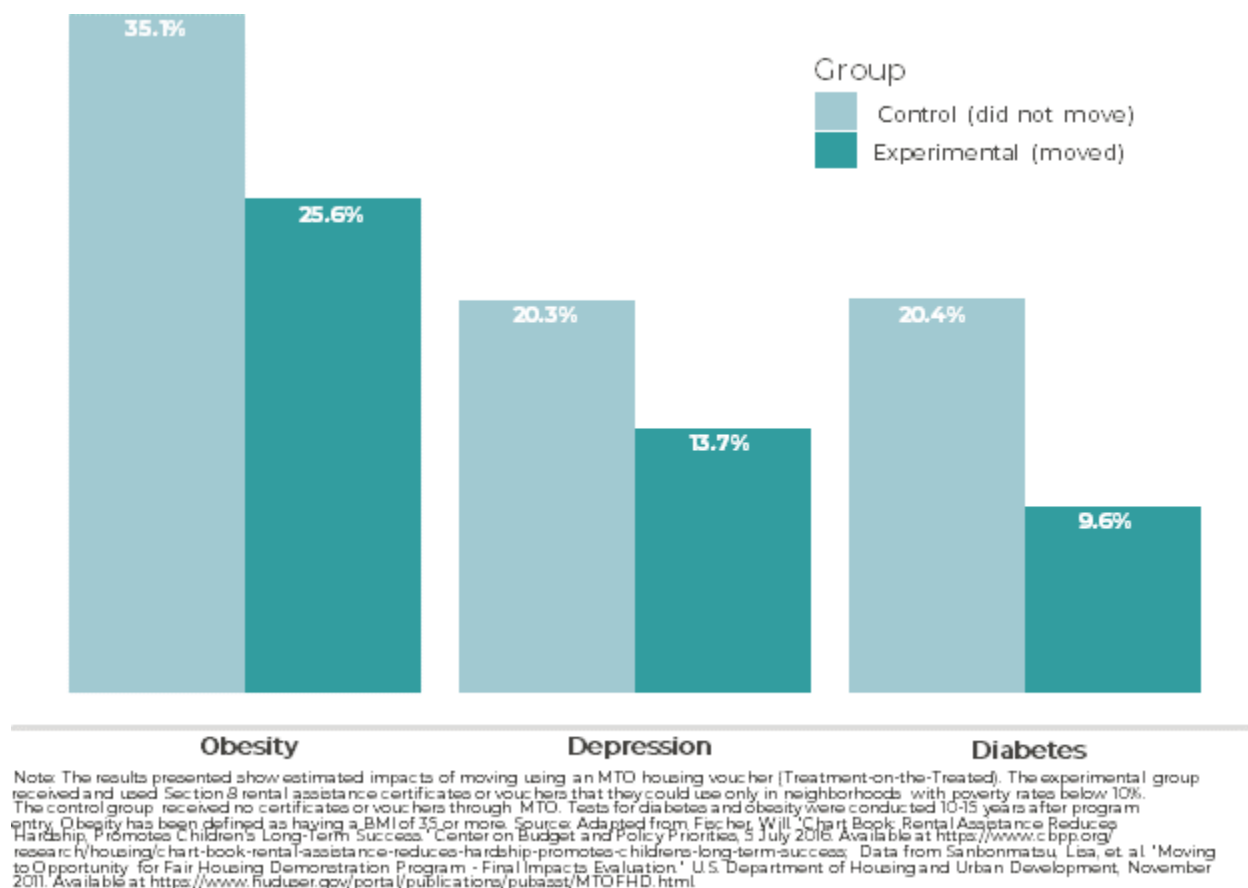
As with Medicaid, many SNAP recipients likely to be subject to this new brand of SNAP work requirements (as has been seen in efforts such as the proposed 2018 House Farm Bill) are already employed.¹⁹⁹ In their case, SNAP is supplementing low wages, not substituting for work. SNAP provides temporary nutrition support to workers to help smooth income and employment volatility characteristic of low-wage jobs.²⁰⁰ Low-wage jobs are precarious for workers trying to maintain stable and consistent employment, as they have to contend with challenges related to low pay, such as unpredictable schedules, a lack of worker protections, and benefits such as paid sick leave. As a result, workers in low-wage positions are particularly vulnerable to periods of economic insecurity and instability.²⁰¹ SNAP's monthly benefits help individuals manage temporary under- and un-employment that can arise from these factors, and help supplement inconsistent and inadequate earnings.²⁰²

HOUSING ASSISTANCE SUPPORTS WORK

As for housing assistance, research indicates that when people have affordable, accessible, secure, and adequate housing, they are better situated to get and retain employment and sustain improved health (see Figure 5). For example, having a stable address can help a low-wage worker maintain regular transportation to a job and sustain ongoing relationships with child care and/or health care providers.²⁰³ Housing assistance also can help bridge the gap between stagnant, low wages and rising costs of living.

Figure 5. Moving to a lower-poverty neighborhood can improve physical & mental health

Prevalence of depression, diabetes, and obesity among adults participating in the HUD Moving to Opportunity demonstration (MTO), 1994-1998



For many in the U.S., there is a fundamental mismatch between wages and the cost of housing. One in four renter households (11.4 million households) have low incomes and cannot afford their rents.^{204, 205} Many others—over 20 million renter households—experience “housing poverty,” or the inability to afford basic needs such as food, health care, and transportation after paying rent.²⁰⁶ Thus, housing assistance can promote employment if it prevents or mitigates these problems.

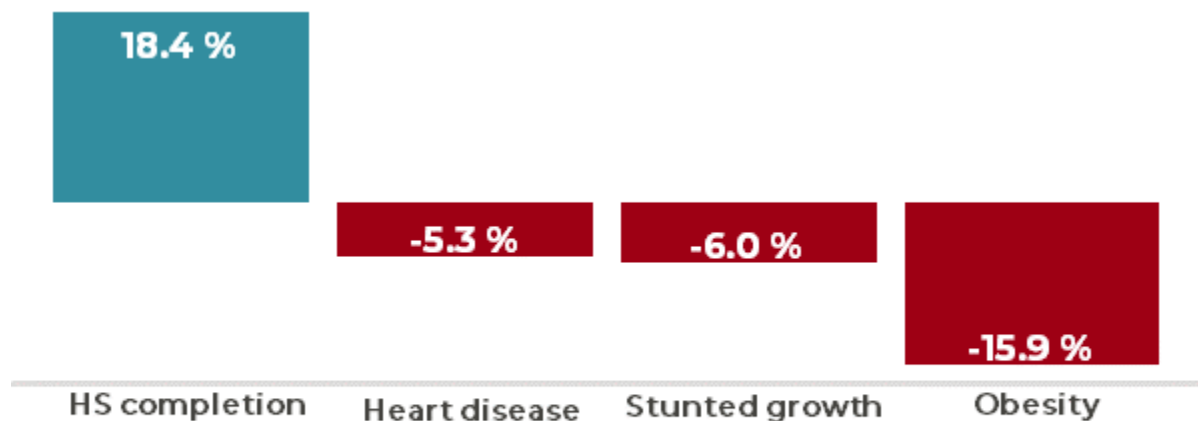
MEDICAID, SNAP, & HOUSING ASSISTANCE IMPROVE LABOR MARKET OUTCOMES FOR THE NEXT GENERATION

In addition to supporting work and helping families in the short-term, research indicates that Medicaid, SNAP, and housing assistance programs generate positive longer-term—and even intergenerational—labor market, educational, and health outcomes. For example, multiple studies have found that Medicaid expansions, which increased access to care in-utero and in childhood, resulted in higher high school and college completion rates and lower rates of some health conditions in adulthood.^{207, 208} The more years someone accesses Medicaid during childhood, the stronger the effects—including increased college enrollment and reduced births to teenagers.²⁰⁹ Links to positive impacts on one’s labor market outcomes in adulthood are clear.²¹⁰ Housing assistance, to help families move to lower poverty

neighborhoods, has been shown to improve earnings and college attendance rates for children whose families moved before they reached 13 years old.²¹¹ With regard to SNAP, one seminal study found that childhood access to SNAP led to a significant reduction in adulthood of health conditions like diabetes and obesity, as well as increased educational attainment, employment, and earnings for women (see Figure 6).^{212, 213} When people are able to come home to secure and stable housing, put food on their tables, and take care of their health needs, they are able to succeed in a number of ways, including at their jobs. This research suggests that taking away vital resources undermines a worker's ability to meet life's demands, let alone thrive.

Figure 6. Adults who had access to SNAP as children were more likely to complete high school & less likely to face major health obstacles

Difference in likelihood of adult outcomes for individuals born just before & after introduction of food stamps (now known as SNAP)



Notes: Figures reflect results of a differences-in-differences analysis of early childhood exposure to food stamps among a sample of adults born from 1956-1981. The model involved multiple robustness measures and controls, including for county, year of birth and interview. Source: Hoynes, Hilary, Diane Whitmore Schanzenbach, and Douglas Almond. 2016. "Long-Run Impacts of Childhood Access to the 'Safety Net.'" *American Economic Review*, 106 (4): 903-34. Available at <https://www.aeaweb.org/articles?id=10.1257/aer.20130375>

The Details of Harsh Work Requirement Proposals Make Little Sense for Low-Paid Workers

Even when individuals work, many struggle to earn enough money to maintain basic living standards, often due to job-based factors beyond their control. Income volatility, low pay, involuntary part-time status,²¹⁴ and a lack of access to health insurance and other important work supports, such as paid time off for medical and family leave, are common challenges in the low-wage labor market.²¹⁵ Despite the involuntary and unpredictable fluctuation in hours, pay, and schedule that is common among low-paid workers, work requirements are not structured to accommodate such realities.²¹⁶ Work requirements also do not consider the interrelated challenges that result from not being paid a living wage or having limited control over one's schedule—including being unable to schedule and afford child care and transportation, and access other work supports and opportunities.²¹⁷ The low-wage labor market demands an inordinate amount of flexibility from workers; yet, with work requirements, government offers the opposite: demanding, unyielding rules with harsh sanctions that fail to accommodate or account for the conditions many low-paid workers face. In addition, the frequency and level of documentation required can be unreasonable, particularly when considered within the context of typical challenges for low-wage workers that many better-paid full-time and salaried workers do not

face.²¹⁸ All of this suggests that work requirement supporters either misunderstand or disregard the nature of the modern low-wage labor market.

LOW-WAGE EMPLOYERS ROUTINELY PROVIDE UNEVEN & INSUFFICIENT WORK HOURS

Many people in low-income families are working at least part of the time, either cycling in and out of jobs or stuck in part-time positions.²¹⁹ Of the workers below the federal poverty line in 2016, nearly half were usual part-time workers (defined as working fewer than 35 hours per week).²²⁰ In 2015, nearly 1 in 5 workers were on unstable work schedules, due to working on-call or having irregular shifts.²²¹ This means that people who work more annual hours than mandated by a work requirement but who have irregular hours could fail to meet a “work requirement” of a set number of hours per week or month, and could lose benefits.^{222, 223} The restaurant and food service industries, which provide a substantial portion of the country’s low-wage jobs,²²⁴ often require employees to accept unstable work schedules. These schedules may constantly change the days and times someone works, along with how many hours they are assigned. In 2016, about 10 percent of working Medicaid enrollees had jobs in the restaurant or food service industry.²²⁵ Also in industries like retail, the numbers of hours per month may fluctuate dramatically from season-to-season, and it is not uncommon for workers to have gaps between jobs.²²⁶ A Hamilton Project study revealed the flaw in looking at employment at a single point of time when designing policies to encourage work, which proponents of work requirements, such as the Trump Administration’s Council of Economic Advisers (CEA), have done.²²⁷ According to The Hamilton Project’s empirical analysis, work requirements penalize people for normal movement between jobs and other behaviors symptomatic of modern labor market conditions. Looking at employment at only a single point in time is likely to expose a greater number of people to losing assistance and will harm many people actively participating in the labor force.²²⁸

LOW-PAID WORKERS HAVE LIMITED CONTROL OVER THEIR WORK HOURS

Conditioning Medicaid, SNAP, and housing assistance on meeting rigid mandates for ongoing documentation of monthly minimum work hours would punish working people for factors out of their control. For example, the employer of a person participating in SNAP working a 15-hour-per-week job may not offer an extra shift to meet a work mandate, costing their family their nutrition assistance.²²⁹ Or, as would be the case under the Kentucky Medicaid waiver, a restaurant worker could lose their Medicaid for six months if their employer cuts their shifts for a week or two because business is slow. For a working parent, the variability of their hours could mean having to quit their job because their assigned work schedule does not fit with the child care they can arrange—and then, on top of being unemployed for a month or two until they are able to find another job, losing SNAP or Medicaid as well. Unstable work arrangements can be especially difficult for those with caregiving responsibilities, given the challenges in aligning child or elder care schedules with changing work hours or affording care on a strained budget with unpredictable income.^{230, 231}

Further, even jobs that are billed as “full-time” may not always be so. A study of work sites in four industries (hospitality, retail, transportation, and financial services) found that none of the employers included “guaranteed a minimum number of hours for employees in hourly jobs – full-time or part-time.”²³² In the study, “workers in full-time positions in airline catering companies were regularly sent home when flights were cancelled or delayed, and at least some housekeepers, food service workers, and sales associates in full-time jobs were not scheduled for full-time hours some weeks.”²³³

PUNITIVE, INFLEXIBLE RULES ARE POORLY ALIGNED WITH THE LOW-WAGE LABOR MARKET

Work requirement proposals can have rigid, punitive elements that are incompatible with the movement in and out of jobs in the low-wage labor market that is commonplace. For example, lockout periods in many new work requirements proposals prevent sanctioned recipients from re-applying for benefits until a certain amount of time has passed. Even if participants become compliant again, they cannot get the work supports they may need to keep their job until after the lockout period has ended. In Arkansas, the first state in which new Medicaid work rules took effect, low-income adults who lose their benefits for not documenting enough work hours must wait until the start of the new calendar year to reapply.²³⁴ Evidence from TANF also illustrates the incompatibility of this punitive approach: in 2011, Kansas imposed a three-month lockout period for families after the first instance of noncompliance, with harsher penalties for each following instance.²³⁵ Four years after exiting the program, parents affected by the sanctions had median earnings that were only *11 percent* of the federal poverty line.²³⁶ While their employment rates for one year immediately before and after exiting TANF were virtually the same, participants' employment was markedly lower in the quarter right after their exit. This indicates that they likely still faced the same unsteadiness in their job prospects, and because of sanctions and the lockout, they also had no fallback assistance.²³⁷

NEW RULES CAN MAKE MEDICAID ACCESS IMPOSSIBLE FOR SOME

In non-Medicaid expansion states, the new work tests are presenting a Catch-22 for some workers. If one works enough to meet the designated hour amount, their income becomes too high to qualify for the program. Unfortunately, as many low-wage jobs do not provide employer-sponsored health insurance, this is likely to leave many workers without any sort of health insurance.²³⁸ This trend is especially prevalent in rural areas.²³⁹ States that did not expand Medicaid under the ACA but have proposed work requirements (such as Mississippi, Oklahoma, and Kansas) have some of the strictest eligibility rules in the country.²⁴⁰ For example, in Mississippi (a state that has proposed a 20 hours/week requirement), to be eligible for Medicaid, family income has to be lower than 27 percent of the poverty line, or \$370 a month for a single parent with one child.²⁴¹ However, if the parent worked 20 hours a week at minimum wage in order to fulfill the work requirement, they would earn \$580 and become ineligible for Medicaid.²⁴² This suggests the purpose of such a requirement is not to encourage work, but to reduce the number of people participating in Medicaid.

Taking Benefits Away from People Who Do Not Meet a Work Requirement is Ineffective

Taking food, housing, and health care assistance and coverage away from people who are unable to successfully secure and document work or community engagement is more likely to increase poverty than decrease it. Such efforts will also do little to increase work and earnings among program participants. This result is consistent with the failure of these new, formal employment-based policies to address the underlying reasons people must rely on such programs in the first place—such as the nature of the low-wage labor market and the significant un- and under-addressed barriers to work many face. This section discusses such findings and outlines current and previous attempts to take away supports based on work tests. It then discusses why taking Medicaid, SNAP, and housing assistance benefits away in this way is ineffective at achieving the stated goals of increasing employment and decreasing poverty. The section closes by discussing several serious accountability issues for states pursuing or implementing these policies.²⁴³

Removing People Unable to Meet a Work Requirement from Vital, Work-Supporting Programs Has Limited Effects on Employment

Research indicates that mandatory work programs have very limited efficacy as a strategy for promoting stable employment. First, as noted earlier, the vast majority of work-capable adult participants in SNAP,²⁴⁴ Medicaid,²⁴⁵ and housing assistance²⁴⁶ already work. For the minority who are of working age, do not have a work-limiting disability, and are jobless, work requirements do little to promote work or address barriers to work. They have modest effects on participant behavior in the short-term, do not foster labor market success in the long run, and lead to increased hardship for many families.²⁴⁷

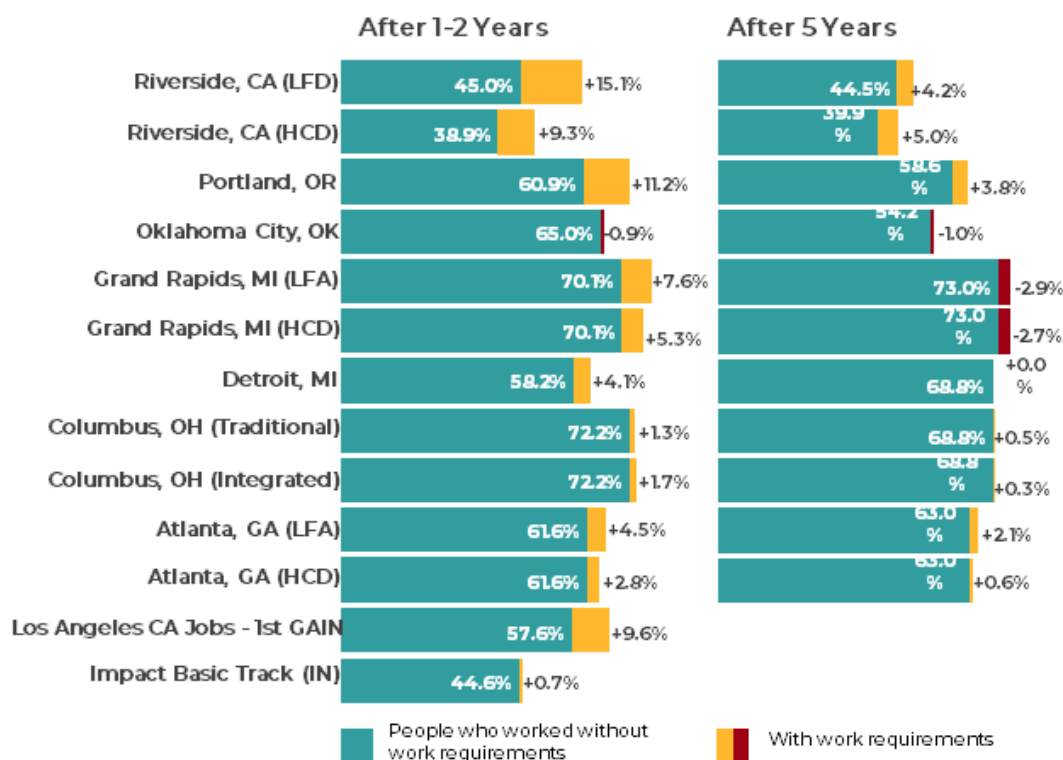
AVAILABLE EVIDENCE SUGGESTS THAT FEW WILL BENEFIT, BUT MANY WILL LOSE NEEDED SUPPORTS

Contrary to some supporters' claims,²⁴⁸ a body of evidence from random assignment experiments testing the impact of mandatory work programs that operated more than 20 years ago under the AFDC program suggests that they consistently have underwhelming effects on employment. (Notably there have not been many rigorous evaluations of TANF work rules.)²⁴⁹ An evaluation of 11 "welfare-to-work" programs in the AFDC era found that many participants were likely to work irrespective of whether they faced work rules, though the work requirement may have hastened their entry into the labor force.²⁵⁰ When welfare-to-work participants did see increased employment rates and earnings, the increases were small and often did not last over time (see Figure 7).²⁵¹ Programs generally also failed to produce stable employment.²⁵² Instead, work rules led to participants losing assistance, which impacted participants for much longer than any increased employment or earnings.²⁵³ Lower rates of assistance were due to participants being sanctioned, lower take-up rates, and reduced benefit amounts as participants had higher incomes.²⁵⁴ There is no doubt that imposing work requirements on foundational programs means that many participants will lose needed support.²⁵⁵

SNAP work-related time limits have had similar results. The available evidence suggests that at best these harsh policies did not help participants exit poverty or even deep poverty, if they had any measureable effect on employment at all.²⁵⁶ What is clear is that SNAP time limits, like other forms of work requirements, are most likely to affect participants who are already living in deep poverty, making it even harder for them to become meet their basic needs, let alone find work.²⁵⁷ As for Medicaid, studies on the link between work and health show that access to health insurance has a positive effect on a person's ability to find and keep work.²⁵⁸ A study on the potential impact of taking Medicaid away from individuals who do not meet a work requirement in Kansas suggests that we should expect similar results in Medicaid.²⁵⁹ The study found that, among unemployed enrollees likely to face work requirements, just 11 percent said the requirements would increase their likelihood to job search.²⁶⁰

Figure 7. In experimental evaluations, work requirements had limited impacts on employment, which shrank or even reversed within 5 years

Difference in employment rates between disadvantaged participants subject to work requirements & those who were not after introduction of work requirements in 1990s



Note: The first thirteen study sites were a part of the National Evaluation of Welfare-to-Work Strategies (NWSS) program that began at different sites between 1991 and 1993. The Los Angeles study site was a part of the Greater Avenues for Independence (GAIN) program that began in 1996. The Indiana study site was a part of the Indiana Manpower Placement and Comprehensive Training (IMPACT) Basic Track program. LFA stands for Labor Force Attachment group, where the focus was primarily on job search, also known as "work first" programs. HCD stands for Human Capital Development group, that also included skills training and education. The Columbus, OH (Traditional) site had two separate workers for handling employment case management and eligibility determination. Whereas, the integrated site had one worker doing both the tasks. Source: Adapted from Chang, Alvin, and Tara Cobhan. "The Republican push for welfare 'work requirements,' cartoonsplained." Vox, 26 July 2018. Available at <https://www.vox.com/2018/7/26/17465068/work-requirements-medicare-snap-republican-cartoon>. Data from Pavetti, LaDonna. "Work Requirements Don't Cut Poverty: Evidence Shows." Center on Budget and Policy Priorities, updated 7 June 2016. Available at <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>.

INCREASING EMPLOYMENT & INCOMES REQUIRES RESOURCES & STRATEGIES NOT PROVIDED BY WORK REQUIREMENTS

For the minority of program participants who are unattached to the labor market, policies to take away benefits from people who do not meet a mandatory work requirement are likely to be ineffective. Most programs devote few if any resources to addressing participants' often-significant barriers to employment.^{261, 262, 263} Evaluations of the AFDC-era programs that levied work requirements on participants (all precursors to the work requirement added into the 1996 law that created TANF) found that the few programs that did have lasting effects on increased employment were those that combined the mandate with training, subsidized employment opportunities, wraparound supports, and placement assistance for participants with significant barriers.²⁶⁴ (Voluntary subsidized employment programs that provide essential wraparound services appear particularly promising at improving employment and earnings—such as the New Hope for Families and Children-Milwaukee, which provided subsidized child care, among other supports.)²⁶⁵ Overall, however, even in the programs considered most effective, most of the participants with major obstacles to employment did not successfully enter the labor force.²⁶⁶ Evidence from SNAP Employment and Training programs (E&T) also show that helpful strategies for participants included “individualized assessments, addressing barriers to employment, and helping participants gain skills and experience[;]”²⁶⁷ the most successful E&T programs providing these services were also voluntary.²⁶⁸ However, these resources still did not reach many of the participants facing significant barriers to work, and job retention resources for these populations needed to be expanded to build on the success the program did have.²⁶⁹

Under the new proposals to take benefits away from people who do not meet a work requirement, enrollees are likely to encounter a similar or even greater dearth of work-supporting resources, due in part to statutory and other structural restrictions. As mentioned earlier, SNAP has dedicated but limited funding for employment and training.²⁷⁰ Some housing assistance programs have a Section 3 requirement, which mandates that PHAs must use a portion of their federal funding on employment, training, and other opportunities for certain residents and community members.²⁷¹ With regard to Medicaid, federal law prohibits states from using federal funds for work supports such as child care or transportation services.²⁷² To date, state Medicaid work requirement demonstration projects²⁷³ spend and do little to prepare people for and connect them to work and wraparound supports.²⁷⁴

While CMS recommends that states carry out Medicaid work requirements through programs that have some existing labor market-oriented infrastructure, like SNAP or TANF, this is not likely to mitigate concerns.²⁷⁵ New Medicaid work requirements, as they are mandatory, will apply to a much larger population than in SNAP, which could strain its already under-resourced training and support programs, as most of these states are not significantly increasing their funding outside of Medicaid.²⁷⁶ Researchers at the Commonwealth Fund have concluded that they “are not well designed to help people get jobs or improve health and are more likely to lead to a loss of health insurance coverage.”²⁷⁷

As discussed in further detail later in the paper, work requirements divert substantial state resources towards administrative efforts, such as tracking compliance, which leaves few if any resources for work-supporting services. States have claimed they will use workforce development funding under the Workforce Innovation and Opportunity Act (WIOA) to fill in the gaps, but WIOA is already inadequately funded and is not structured to scale up and help a new population that faces many barriers to employment.²⁷⁸ (WIOA also has a long history of struggling to help workers with the greatest barriers, including TANF recipients who have work requirements.)²⁷⁹ As a result, work requirements will likely further burden under-resourced workforce development programs.

Work Requirements Fail to Reduce Poverty & May Even Increase Poverty by Weakening Foundational Programs

A robust body of evidence shows that conditioning foundational program participation on harsh work requirements is not an effective strategy for reducing or mitigating poverty. Evidence from work requirements in TANF²⁸⁰ and SNAP²⁸¹ suggest that work requirements may result in the deepening or increasing of poverty.²⁸² This is for two major reasons: many subject to the rules are in low-wage jobs, and some are unable to find work due to serious or multiple barriers to employment. The aforementioned study of AFDC-era waiver demonstrations in 11 states indicates that poverty decreased by 2.1 percent among recipients subject to work requirements, though deep poverty also increased by 2.9 percent.²⁸³ A follow-up study found that the poverty reduction effects that did occur were short-lived and did not continue in the long run.²⁸⁴ Additionally, the study concluded that the program did not result in “systematically greater income or reduced poverty for AFDC recipients,” and “did not generally improve the economic wellbeing of the welfare recipients.”²⁸⁵

Some point to the substantial decrease in TANF participation since its inception,²⁸⁶ and the initial decline in poverty rates from 1996 to 2001,²⁸⁷ as indicators that work requirements are effective at increasing employment and reducing poverty.²⁸⁸ However, even as TANF participation has dropped, poverty among families has not. Even the initial decline in poverty came about during a strong economy, and the expansion of other programs, such as the EITC, likely contributed to the reductions.²⁸⁹ While a decline in TANF caseloads could be seen as a sign of effectiveness if it corresponded with a decrease in poverty among people leaving TANF (voluntarily or involuntarily), this has not been the case. Rather, the evidence suggests that TANF just became out of reach for most families in need.

Even participants in programs with work requirements who do find work face the problem of being phased out of benefits they may still need. The original AFDC waiver study found that participants who found jobs were still below the poverty line because their earnings did not increase enough.²⁹⁰ For many of the enrollees who did earn enough, they were phased out of receiving benefits, as their incomes rose above program eligibility levels.²⁹¹ The partial or full loss of benefits thus offset many of their gains from employment and earned income.²⁹² Studies on the impact of SNAP work requirements found that while employment increased among those subject to work requirements, their incomes remained below the federal poverty line.²⁹³ Though evidence from work requirements in housing assistance demonstration programs is mixed, a clear takeaway is that work requirements did not boost families’ incomes enough to allow them to transition out of these programs.²⁹⁴

Deep Poverty is Likely to Rise as a Result of Work Requirements Weakening Foundational Programs

Research links work requirements in programs that serve as lifelines to increases in the number of people experiencing deep poverty and income inequality.²⁹⁵ Certain populations, such as single-parent households²⁹⁶ and individuals with multiple barriers to employment,²⁹⁷ may be at particular risk of experiencing deep poverty due to work requirements.

The aforementioned study of 11 AFDC-era work requirement pilot programs evaluated which strategies had the most success in reducing poverty rates for single-parent participants.²⁹⁸ The study found that adding work requirements to cash assistance programs *increased* deep poverty.²⁹⁹ In TANF, data from the subsequent decade and a half have revealed additional harmful results. Research shows a rise in both deep and extreme poverty, defined as living on “\$2 or less, per person, per day,”³⁰⁰ since the

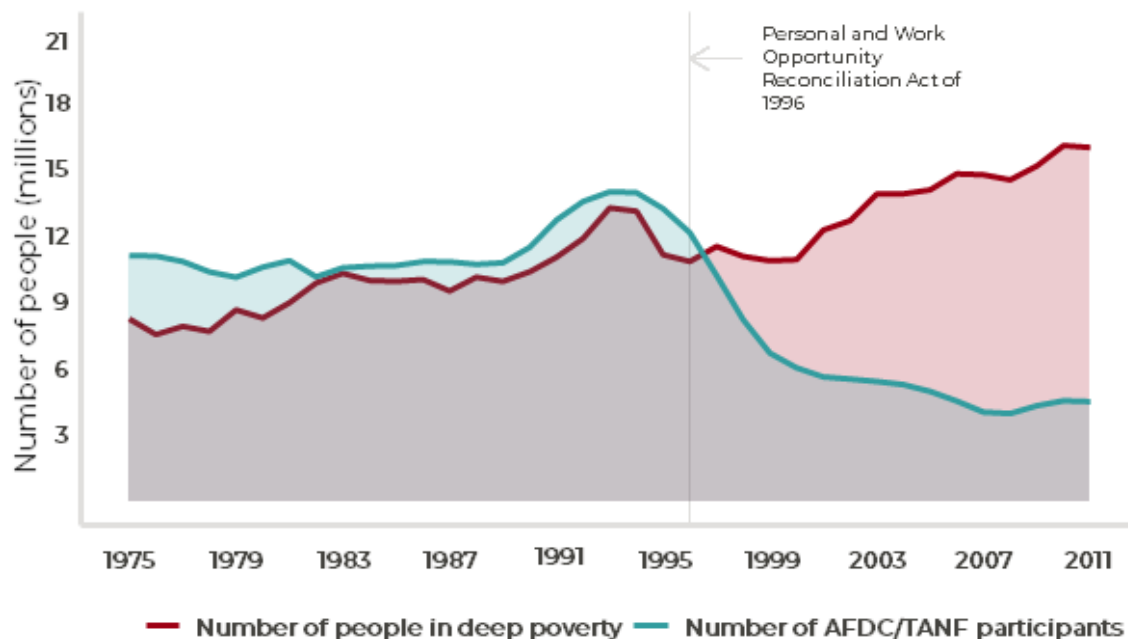
beginning of the program (see Figure 8). A number of other studies confirm these findings, showing that deep poverty rates have risen sharply since the advent of TANF.³⁰¹ Unsurprisingly, the number of households with children experiencing extreme poverty has ballooned, from 636,000 in 1996 to 1.65 million in 2011.³⁰²

The rise in deep poverty due in part to work requirements³⁰³ under TANF has particularly affected children. From 1995-2005, the number of children in deep poverty rose from 1.5 million to 2.2 million.³⁰⁴ For children in single-parent households, particularly those raised by single mothers disconnected from the labor market, the percentage in deep poverty more than doubled, from 2.8 percent in 1995 to 5.8 percent in 2005.³⁰⁵ A 2015 Center on Budget and Policy Priorities study found similar results, showing that “in more recent years, a significant number of single-mother families appear to have been made worse off and to have higher deep poverty rates.”³⁰⁶

In the pre-TANF era, the increase in deep poverty occurred because many participants were unable to find jobs and experienced longer-term financial instability.³⁰⁷ In the years following the creation of TANF, factors including work requirements contributed to the continuation of the trend, as the shrinking availability of TANF benefits aided in increasing extreme and deep poverty.³⁰⁸ The new work requirement proposals for similarly last-resort programs are likely to replicate and potentially even magnify these harmful effects, due to present-day low-wage labor market characteristics. Some states are already showing early evidence of such effects. For example, in the year following the implementation of additional SNAP work requirements in Kansas, 80 percent of SNAP participants with jobs had incomes at or below the poverty line.³⁰⁹

Figure 8. Number of people in deep poverty has increasingly exceeded number of people served by TANF following 1996 welfare law

Number of AFDC/ TANF participants vs. number of people with household incomes below 50% poverty level, 1975-2011



Note: From 2000 onward, the data for TANF participants includes SSP participants. Includes data for all 50 states and the District of Columbia. Deep poverty estimates use the Supplemental Poverty Measure (SPM). Source: Deep poverty series is based on authors' calculations using a historical SPM deep poverty rate series from Collyer, Sophia, Center on Poverty & Social Policy at Columbia University, 2018 and total population series from 'Table 6. People Below 125 Percent of Poverty Level and the Near Poor' U.S. Census Bureau, accessed 29 January 2019; official AFDC/TANF data from 'Welfare Indicators and Risk Factors: Thirteenth Report to Congress,' U.S. Department of Health & Human Services, 1 March 2014.

Work Requirements Lack Important Guardrails for States

Policies to take away benefits from individuals who are unable to meet a work requirement generally lack features that would hold states accountable for providing adequate support and communication to participants so they can fulfill the requirement. This is a recipe for ineffectiveness. For example, it is widely documented that states often improperly administer work requirements, with high rates of error.³¹⁰ Many times staff do not have adequate training or may also face a time crunch.³¹¹ Multiple studies have found state TANF sanction processes to be problematic and error-filled. For example, a study found that in Tennessee, roughly 30 percent of all TANF sanctions “were imposed in error.”³¹² Such errors can be clerical or result from miscommunication or a lack of communication,³¹³ such as a failure to receive notices, among other reasons.³¹⁴ Since state and local offices determine which participants are subject to new work requirements, as they do for TANF, additional opportunities for error abound.³¹⁵ Other studies have found that many individuals who should receive exemptions do not and are instead sanctioned.³¹⁶

Layering on additional requirements increases the risk of administrative errors even if participants complete their part of the process correctly. For example, even if a participant follows the guidelines

exactly to document their work activities and meet the eligibility standards, a mistake on the agency's side in reporting the worker's hours (for example, due to lost paperwork, computer errors, bureaucracy, or other administrative errors) may result in the worker losing their benefits. There are documented cases of this occurring in TANF in states.³¹⁷ States are not penalized for these errors and the onus of challenging them falls on the participant, as do the consequences from the mistake.

States also lack accountability when it comes to communicating about the process of fulfilling work requirements. An empirical assessment of TANF sanctions found that for a good proportion of sanctioned recipients, information about their status was lacking and the rules associated with sanctioning were unclear.³¹⁸ According to the Urban Institute, such a trend seems to be continuing with the Medicaid work requirements that have been implemented in 2018: "only about half the states offer any information on whether assistance would be available to beneficiaries to help them meet the work-related requirements" in their Medicaid waiver applications, let alone provide such assistance themselves.³¹⁹

In Arkansas, a lack of reliable internet access and public awareness may have contributed to the low compliance with the new rules.³²⁰ Recent interviews with Arkansans subject to Medicaid work requirements detailed cases where enrollees reported never having heard of the new work requirements, concerns about transportation access to get to jobs, and lack of awareness about when to report work hours.³²¹ CMS has no requirement that states reach out to beneficiaries in person or by telephone to explain the new work rules. Program administrators in Arkansas did attempt to contact enrollees who likely needed to document their work hours, but only successfully reached about 20 percent of them.³²² These initial findings indicate that insufficient communication to the public and limited supports for affected participants may be behind massive coverage losses, rather than failure to meet new standards.

The kind of robust evaluations of work requirements that can give states clear information about these types of problems arising during the implementation process is not required by statute. Absent widespread pushback, this is likely to result in states not implementing evaluations and or being held accountable for outcomes. For example, in Wisconsin, which has expanded work requirements for SNAP, there was evidence that work requirements have been harmful for recipients, but former Governor Scott Walker declined to implement a formal evaluation to confirm these findings.³²³

Revoking Access to Work-Supporting Programs Due to Rigid & Impractical Work Requirements is Inefficient

Work requirements are inherently burdensome for all parties. Decades of experience with TANF and similar programs show that introducing new work requirements generates costly and onerous work for participants and state administrators, and consumes critical state resources.³²⁴ This section explores how inconsistencies in the design and implementation of work rules,³²⁵ increased administrative burdens, and intrinsic complexity will lead to major inefficiencies. The section also discusses how the new work requirements will lead to inappropriate eligibility determinations, widespread reductions in program caseloads, and chilling effects. Lastly, the section outlines how some states may not fully appreciate the adverse macroeconomic consequences of implementing work requirements. All of these factors will cause further economic and social harms, both in the short and long-term.

States Make it Difficult to Comply with Work Requirements

Administrative requirements—especially unrealistic expectations for documentation, verification, and tracking—in combination with minimal accountability for states³²⁶ make work rules needlessly difficult for participants.³²⁷ In states that have already implemented work requirements for SNAP³²⁸ and Medicaid,³²⁹ enrollees have experienced substantial technical and material barriers at every stage of the process, from application to reporting.

WORK RULES IMPOSE CUMBERSOME REQUIREMENTS ON PARTICIPANTS, REGARDLESS OF EMPLOYMENT STATUS

Work requirements often paint participants with a broad brush that does not consider the different needs of program participants. This is due to the expansive and indiscriminate nature of work requirements, which can lead to a number of efficiency issues (such as red tape, wait times, and technological difficulties) affecting both individuals and states.³³⁰ As a result, work requirements affect all program participants, whether they are already working or typically not expected to work. For example, certain proposals for Medicaid would require all working-age enrollees—regardless of employment status—in participating states to comply with cumbersome reporting obligations.³³¹

Often, providing initial documentation for program enrollment, and demonstrating ongoing compliance just to maintain benefit receipt, already involves a number of challenging steps for participants, including paperwork; in-person appointments;³³² and other burdensome, time-intensive obligations.³³³ The new proposed work requirements create more difficulties and opportunities for error. For example, even after eligibility is determined, participants must regularly submit documentation of their hours worked—in some cases from multiple jobs—to comply with work requirements.³³⁴ Research suggests that requiring such intensive and frequent documentation to maintain coverage greatly increases the risk for participants—even those who are working enough hours to comply—to fall out of compliance

and lose their benefits.³³⁵ Many working participants may have difficulty identifying hours worked each week due to the temporary or informal nature of their employment.³³⁶ In the case of Medicaid work requirements, states like Kentucky are requiring family caregivers to keep logs or engage in other record-keeping practices to document caregiving hours.³³⁷ Such a requirement compounds the challenges many caregivers already face.³³⁸

Navigating the different rules and processes across programs can also be challenging and time-consuming for participants. The process of complying with reporting requirements may include waiting for appointments and taking time off for in-person meetings with a caseworker.³³⁹ Additional administrative burdens related to work requirements may also increase backlogs in processing paperwork, especially if states change the required number of work hours over time.³⁴⁰ Stringent cutoffs for reporting may also harm participants—Arkansas, for example, has implemented a policy requiring all hours worked for the previous month to be reported no later than the fifth of each month.³⁴¹ If a worker is unable to fully report their hours by the fifth but attempts to report hours after that date, the hours would not be counted toward the required monthly hourly minimum.³⁴²

Other workers may experience barriers to documenting their hours through internet or telephone reporting.³⁴³ Online reporting poses a serious barrier to compliance for the significant number of low-income people in the U.S. who lack reliable internet access. In Arkansas, the state with the lowest household internet access rate in the country, 20 percent of enrollees subject to work requirements lack internet access in their homes.³⁴⁴ Despite this, when the state implemented work requirements for Medicaid, it limited participants to online-only reporting. So far, more than 18,000 people have lost their health coverage in Arkansas.³⁴⁵ Even when participants can get online, online-only reporting presents a host of obstacles for participants. In Arkansas, according to the Urban Institute, “reporting work activities each month requires at least 13 steps, and documenting exemptions requires at least 11 steps.”³⁴⁶ Participants have reported that the online portal was difficult to access and use on mobile phones, even though that was the primary mode many participants used.³⁴⁷ The portal also closed at 9:00 p.m. each day for maintenance, further limiting participants’ access.³⁴⁸ Arkansas ultimately experienced widespread backlash to its online reporting requirements (as of January 2019, the state is in the process of adjusting them in response).³⁴⁹ Nevertheless, states are likely to follow Arkansas’ lead in using online systems as the primary means for enrollee documentation.

Navigating such hurdles can result in devastating consequences for participants, and it can be difficult for participants and program administrators to adjust if something goes wrong. Studies show that “failing to submit paperwork—even when participants are working and meeting the work requirements—will cause people to lose their Medicaid coverage.”³⁵⁰ For states that choose to implement work requirements in Medicaid, the state program will have to develop a new monitoring system to verify participation in work or other qualifying activities (unless it relies entirely on a state’s TANF program for this, which is inadvisable—see section, “States are Ill-Equipped to Administer Work Requirements”). The TANF experience also provides insight into some potential pitfalls of such intensive tracking. Despite some praise of the 1996 law that created TANF, by the time it was reauthorized in 2005, many had concluded that states were engaged in widespread erroneous or problematic tracking of participation by TANF recipients.³⁵¹ Even a relatively “light touch” initial approach to verification in Medicaid waivers may see similar intensification over time, leading to additional paperwork for participants and more hassle for their employers. No matter how the requirements are implemented, many people are likely to be sanctioned and lose benefits due to burdensome documentation and reporting processes, rather than actual noncompliance.

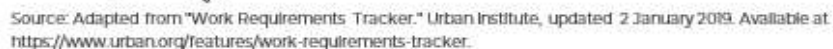
PARTICIPANTS BEAR THE BURDEN OF NAVIGATING UNRELIABLE & UNEVEN EXEMPTION PROCESSES

States have some latitude when it comes to exempting populations from new work requirements in SNAP, Medicaid, and housing assistance. There are multiple forms of exemptions, depending on the work requirement and the program (as discussed in Box 2). For example, for Medicaid work requirements, the Trump Administration has delegated all eligibility determination to the states. (While the CMS guidelines contain suggestions for exempted populations, it is up to states to decide who is covered and who is not.) Several state proposals have carved out other exemptions for populations facing significant barriers to employment, such as people with disabilities, caregivers, students, people who have experienced Domestic Violence/Intimate Partner Violence (DV/IPV), and federally recognized tribes.^{352, 353, 354, 355} In practice, however, exemptions fall short of protecting these populations from losing their benefits—and of alleviating any of the administrative burden for enrollees and states.³⁵⁶ Requiring participants to apply for exemptions further burdens already overburdened and financially-stressed populations. For all involved, the process is likely to be costly and time-consuming, and the exemptions likely to be unevenly and unpredictably applied (see Figure 9 and appendices for detailed descriptions of state policies).

Several factors contribute to the disparate application of exemptions within and among states. Using disability as an example, across the board, it is unclear what “counts” as a disability for the purposes of work requirements.³⁵⁷ Many people face significant barriers to work due to a work-limiting disability or a severe or chronic illness that does not meet the formal definition of a disability in their particular state or may not be labeled as a disability by their local benefits office. However, they still would be subject to work requirements in Medicaid.³⁵⁸ In addition, state definitions of various eligibility thresholds (such as disability) vary,³⁵⁹ and the often-broad language in the policies leaves much room for discretion.³⁶⁰ In Kentucky’s Medicaid work requirements, “able-bodied” people would be required to work, but individuals deemed “medically frail” would not³⁶¹ and there is no clear standard for making these determinations.³⁶²

The ambiguity in the details of these policies may lead to inconsistent screening or harmful determination practices. Research on TANF suggests that individuals “with severe but temporary disabilities may not be not exempt from a work requirement and may lose benefits, despite facing substantial barriers to employment as a result of their health needs.”³⁶³ States have varying screening processes for workers with disabilities. As a Mathematica report notes, “few TANF agencies have comprehensive processes in place to identify recipients living with a disability, although some agencies do routinely screen for mental health conditions or learning disabilities.”³⁶⁴ It is therefore not surprising that TANF participants who were sanctioned for not meeting a work requirement are more likely to have a disability than non-sanctioned participants.³⁶⁵ A study of adults who exited TANF without finding employment found that over 41 percent reported having poor mental or physical health.³⁶⁶ Since states have had little time to build in consistent processes before rolling out new work requirements in Medicaid and SNAP, screening procedures are likely to be even more unpredictable and inconsistent. They may also lead to participants with disabilities being incorrectly mandated to work and eventually losing their benefits.

Waivers and policies for SNAP, Medicaid, and housing assistance by state as of January 2019



The lack of specificity in CMS guidelines about other exemptions have resulted in significant inconsistencies in policies by state. Some states, such as Arkansas, have broadly exempted parents, while other policies only exempt parents with children below a certain age.³⁶⁷ Some states are exempting students or allowing class hours to count towards the requirement, while others are not.³⁶⁸ Even within states where students are technically exempt from work requirements or can count their coursework as work, inconsistencies may still arise, due to inefficient exemption determination and reporting requirements.³⁶⁹ TANF again provides an instructive example: it has been particularly challenging for students to combine school or training with work to meet TANF requirements.^{370, 371} If a state chooses to adopt TANF-like rules for counting education and training towards the requirement, students receiving Medicaid may find themselves in a similar position. (See Box 2 for additional information about exemption inconsistencies.)

Implementing exemptions consistently and fairly is a difficult task for administrators of any program.³⁷² It takes time and resources to screen and verify each enrollee for exemption eligibility and to respond to appeals. A few states have taken steps that might appear to streamline the process for certain participants. For example, some states automatically exempt those who receive or apply for disability benefits (rather than invoking a cumbersome case-by-case assessment to determine whether a chronic health condition or mental health issue are sufficient to warrant an exemption).³⁷³ Arkansas is using a data match system to automatically exempt the bulk of participants who qualify for an exemption. However, even under this system, some people will still have to apply for an exemption, which means barriers such as a lack of internet access may still affect them.³⁷⁴ Such policies still fail to address the fact that the burden of proof is being placed on already-struggling people, and that many are likely to slip through the cracks and unfairly face work requirements, particularly people with disabilities who are outside of SSDI and SSI and people with prohibitive economic disadvantages.

Furthermore, studies have found that each additional piece of paperwork leads to fewer eligible individuals receiving the benefits they need.³⁷⁵ The initial loss of social supports can make it hard to become eligible for these benefits again, as it becomes harder to work without the supports themselves.³⁷⁶ Given the relatively high levels of employment among Medicaid recipients, especially in Medicaid expansion states,³⁷⁷ the initial waivers may appear to affect a modest number of Medicaid enrollees. Under the CMS guidance, however, states could require a large number of adults to document their current employment or other reason for being exempt.³⁷⁸ Due to the administrative burden of this documentation,³⁷⁹ most people who would lose coverage actually meet the work requirements, but would lose their eligibility because of how difficult it is to understand this bureaucratic process and correctly complete it.^{380, 381}

Work Requirements Are Burdensome for States & Their Limited Resources

The red tape from work requirements negatively affects states.³⁸² Even if the aforementioned implementation issues were resolved, the required verification, documentation, and enforcement still would make work requirements an inefficient and counterproductive use of limited state resources. Existing programs with work requirements have shown that the added bureaucracy is cumbersome and costly for state administrators, and diverts limited resources.³⁸³ Some proponents of work requirements may view participants' subsequent loss of benefits—due to being unable to comply—as a net gain for a state, due to reduced program spending. However, research suggests that the “penny wise, pound foolish” nature of work requirements will not save states money in the long run.

STATES ARE ILL-EQUIPPED TO ADMINISTER WORK REQUIREMENTS

For a number of reasons, both fiscal and structural, states are ill-equipped to administer new work requirements. Evidence from programs with existing work requirements illustrates some of the challenges associated with administering work requirements. Tracking participation for all enrollees requires extensive administrative resources and capacity, as does conducting eligibility screening and developing a network of employers and employment training providers.³⁸⁴ Research on SNAP and TANF requirements shows that caseworkers spend considerable time monitoring participants' work-related activities.³⁸⁵ States, however, lack the necessary infrastructure for doing this tracking in Medicaid and housing assistance programs, and on an exponentially larger scale than currently in SNAP;³⁸⁶ creating the infrastructure for these programs would require a massive diversion of resources.

Medicaid has never included a work requirement,³⁸⁷ nor was it set up to function as a work program. While it supports work³⁸⁸ indirectly, its statutory purpose is to provide health coverage.³⁸⁹ The 2018 CMS guidance related to the waivers encouraged states to lean on and build upon existing infrastructure in TANF or SNAP related to work requirements and reporting.³⁹⁰ To the extent that a state chooses to administer Medicaid work requirements through TANF, it is unclear how the state would avoid replicating many of the systemic challenges experienced by TANF participants, particularly for enrollees with serious or multiple barriers to work.³⁹¹ A state could choose to develop the necessary infrastructure within Medicaid or another program, although states are ill-equipped for the task.³⁹² (While states must automatically consider people who are satisfying TANF and SNAP work rules as also compliant with Medicaid work rules,³⁹³ participants may still have to provide separate documentation for each of the different programs, which can compound their administrative burden.) SNAP and housing assistance face similar structural limitations for administering work requirements or coordinating with another agency to do so.

Research suggests that each option presents significant challenges for states. First, coordinating multiple agencies, particularly given the lack of directives and the limited time period in which they are often developed, requires substantial resources. As SNAP and TANF services are typically co-located, it could potentially be a lighter lift to coordinate work requirements for SNAP participants through TANF.³⁹⁴ But the local administration of housing assistance programs likely would prevent connections with state administered TANF and SNAP systems.³⁹⁵ Public Housing Authorities likely lack the resources to develop their own systems for work supports.³⁹⁶ Second, public assistance offices—which can be administered at the state, county, or local level depending on the state—are already understaffed and under-resourced. Work requirements impose additional obligations on capacity that are likely to further overwhelm and undermine offices,³⁹⁷ especially considering the need for up-to-date technological systems or systems that can coordinate with each other.³⁹⁸

As a result, neither the use of existing infrastructures nor the creation of new ones is likely to adequately service the substantial rise in administrative functions and demand on organizational capacity. For example, a state would need its own approach to determining which applicants or recipients have conditions or situations that merit an exemption and which do not.³⁹⁹ An administering agency may choose to rely on requiring up-front job search and receipt of disability benefits as a proxy for being unable to work, rather than engaging in serious assessments of a person's capacity to work. This process may incorrectly penalize individuals who face significant barriers to work due to a work-limiting disability or a health condition.⁴⁰⁰ State workforce development entities are similarly likely to be overwhelmed by the influx of Medicaid, SNAP, and housing assistance enrollees into their training and job placement programs,⁴⁰¹ as discussed earlier in the paper.

PROPOSALS THAT TAKE BENEFITS AWAY FROM PEOPLE WHO DO NOT MEET A WORK REQUIREMENT MAY INCREASE COSTS FOR STATES

A growing body of research suggests that work requirements in foundational economic security programs may be an unproductive use of scarce or restricted resources.⁴⁰² Due to the inherent structural inadequacies outlined previously, work requirements generate sizeable net costs for states.⁴⁰³ States considering work requirements should weigh potential short- and longer-term economic outcomes of implementing and enforcing them. An estimate of the potential impacts in Missouri, a state exploring work requirements for Medicaid, found that as just a fraction of “enrollees would be subject to work requirements, implementation costs may outweigh any potential savings.”⁴⁰⁴ Similar analyses of the potential costs of implementing new work requirements in SNAP and housing assistance programs have drawn parallel conclusions.⁴⁰⁵

Because states are ill-equipped to enforce work requirements, implementation often requires substantial upfront investment. Kentucky, for example, expects to spend about an additional \$370 million in the first two years of implementation on administrative costs for Medicaid waivers.⁴⁰⁶ Informational technology changes and growth and training of administrative staff are needed to track and enforce compliance with the requirements.⁴⁰⁷ For changes that are supposed to affect a fraction of Kentucky’s Medicaid population (less than 200,000 of the state’s 1.4 million enrollees), they are commanding disproportionate financial resources.^{408, 409} It is unlikely that these costs, which could amount to “thousands of dollars per beneficiary,”⁴¹⁰ will be offset by savings, because even if participants do find work, their earnings are unlikely to increase enough to allow them to transition into employment sufficient enough to afford private health coverage.⁴¹¹

In addition to startup costs, states must devote considerable resources to ongoing verification and related enforcement activities. For every participant, states must track and record each hour of work, whether through their own already-limited staff or by hiring contractors.⁴¹² Since many exemptions granted by states are temporary, states have to re-evaluate and document them repeatedly.⁴¹³ There is evidence that such efforts are not only costly, but inefficient, as states can end up spending more resources and administrative time tracking hours than providing essential work-supporting services.^{414, 415} Again, there is little evidence that states will recoup these costs in the long-term.

Even though work requirements would spur sizeable new and ongoing spending obligations for states, as mentioned earlier, states have not been required to pair such efforts with spending on services and supports that would help participants find and maintain employment. With limited resources likely strained by new work requirements, states may choose not to create new employment and training programs, especially if they are not required to do so. In fact, many new work requirement proposals “have not included additional funds to provide employment programs and services.”⁴¹⁶ Even in states that have allocated funding for employment services, state officials have indicated that funding is too low and much less than funding allocated to track compliance.⁴¹⁷ Under the proposed 2018 House Farm Bill, states would have been required to offer employment, training services, and case management that would meet the 20 hours/week standard to all participants subject to work requirements. However, there is evidence to suggest that the bill’s \$1 billion per year workforce development funding increase—financed through benefit cuts—would be inadequate to cover the cost of providing employment and training (E&T) services. An estimated 3 million additional E&T slots would be needed by 2021 and the new funding would amount to only about \$30 per month per person, which likely would be insufficient to cover the need.⁴¹⁸ In fact, the Congressional Budget Office (CBO) estimated that by 2028, state

governments would be unable to meet the new E&T requirement.⁴¹⁹ As a result, by 2028, more than 1 million people would lose SNAP as a result of these provisions.⁴²⁰

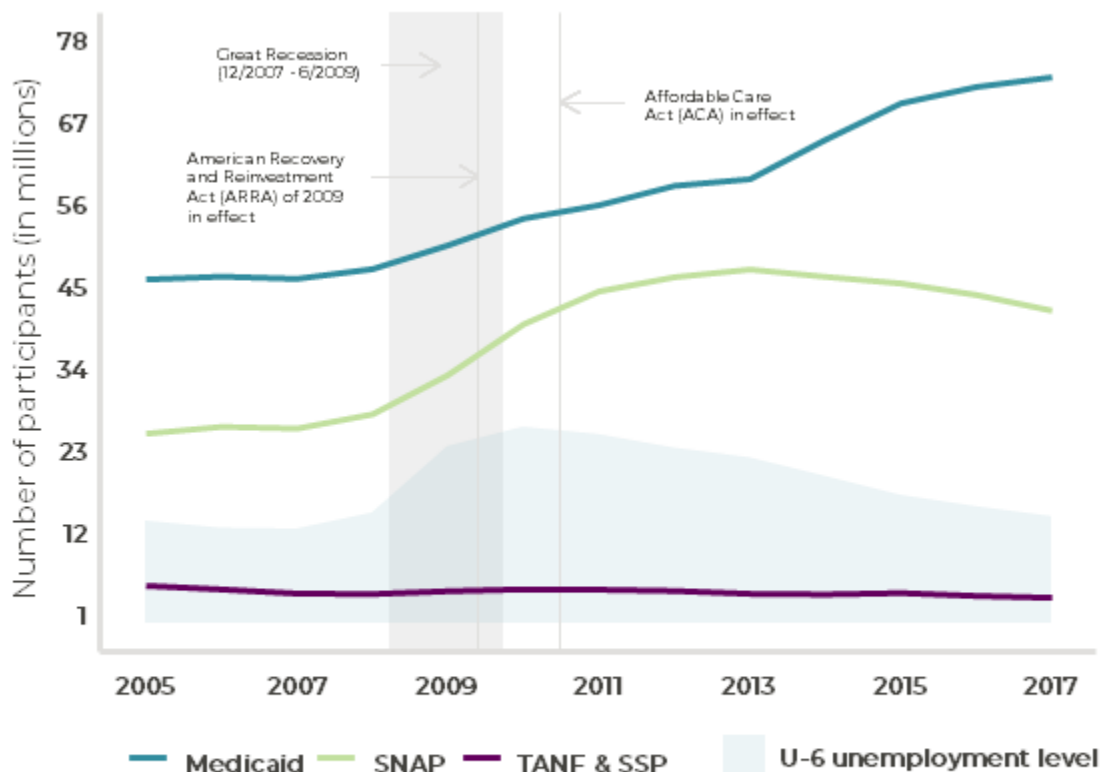
Implementing new work mandates is also likely to result in states incurring substantial indirect costs. First, research suggests that Medicaid work requirements will ultimately lead to increases in uncompensated care costs for states.⁴²¹ A substantial body of evidence has documented the reductions in uncompensated care for people who are uninsured, due to Medicaid expansions under the ACA in states.⁴²² As work requirements will result in people losing coverage, such gains are likely to reverse. Estimates of the impact in Kentucky offer a compelling illustration of such effects: implementing work requirements in Medicaid would result in approximately 108,000 to 118,000 Kentuckians losing coverage; hospital uncompensated care costs are also expected to double, “leading to significant declines in operating margins, especially for safety-net hospitals.”⁴²³ Second, work requirements may harm state economies. Medicaid expansions have demonstrated substantial short- and even long-term benefits to participants and society at large. One study looking at longitudinal data found that for children whose eligibility increased due to expansions in Medicaid and CHIP, by age 28 they had paid more taxes and had lower EITC payments; the women also had greater cumulative wages.⁴²⁴ As a result, the government is able to recapture “much of its investment over time in the form of higher future tax payments.”⁴²⁵ Because work requirements are likely to lead to coverage losses, however—and research demonstrates that when parents do not have access to health care, their children are also less likely to receive it⁴²⁶—states that choose to expend resources on enforcing work requirements would forgo any similar return on investment.

WORK REQUIREMENTS FAIL TO CONSIDER MACROECONOMIC RAMIFICATIONS FOR STATES

These new proposals that take away foundational assistance from people who do not meet work requirement policies have paid little attention to the numerous economic challenges they present for states and the resulting inefficiencies. In an economic downturn, employers and consumers limit spending. This leads to more job loss and reduced revenues. One of the ways the federal government helps the economy weather the storm is by stimulating more private and public spending at both the national and state levels. Programs with countercyclical designs, such as UI, SNAP, and Medicaid, do this automatically. These programs directly and indirectly give participants more money to spend, and as people with low incomes are especially likely to spend that money to meet their basic needs, it goes directly back into the economy, supporting the recovery (see Figure 10). As a result, these programs act as moderating forces for the depth and breadth of any downturns that occur, helping to mitigate harm to families and communities and accelerate economic recovery.

Figure 10. Medicaid & SNAP responded more robustly to the Great Recession & its aftermath than TANF

Number of participants (in thousands) for Medicaid, SNAP, TANF, & number of people unemployed, FY 2005-2017



Note: 12-month averages are presented for each federal fiscal year (October - September). TANF participation includes participants in separate state programs (SSP). Source: TANF & SSP combined participation data from U.S. Department of Health and Human Services; SNAP participation data from U.S. Department of Agriculture; Medicaid enrollment data from Centers for Medicare & Medicaid Services' 2017 Actuarial Report; and U-6 unemployment level data based on authors' calculations on data from Bureau of Labor Statistics for federal fiscal years 2005-2017.

Policies to take benefits away from people who do not meet a work requirement, on the other hand, lack this important feature and are actually pro-cyclical. Evidence indicates that programs with automatic stabilizers⁴²⁷ typically start expanding in response to increased need long before a downturn is officially recognized.⁴²⁸ Without any type of automatic countercyclical policy, states are set up for a cycle of reliance on temporary, discretionary fiscal policy fixes every time there is a downturn.⁴²⁹ Ultimately, work requirements would exacerbate the negative effects of a downturn, such as rising unemployment, increasing economic hardship, and shrinking output.

Research also suggests that even in periods of economic growth, work requirements make little sense for state economies, and would even result in a net loss of funds.⁴³⁰ For Kentucky and Arkansas, as with all states that have chosen to expand Medicaid, the federal government bears the lion's share of Medicaid costs for expansion enrollees.^{431, 432} By opting to utilize Section 1115 waivers to introduce work requirements in Medicaid, both states are forgoing substantial federal funds in exchange for extremely modest state savings, if any. An estimate found that in 2020, Arkansas will lose between \$220 million and \$340 million in federal dollars.⁴³³ In contrast, the state will save only \$25 million on its own spending.⁴³⁴ The benefit to Arkansas taxpayers is miniscule, at an estimated \$8 to \$13 per capita each

year, and the state will be giving up the equivalent of nearly 5 percent of its total tax revenues in federal funding.⁴³⁵

Kentucky is in a similar situation. An estimate by The Commonwealth Fund found that by 2021, when the work requirements are proposed to be fully in effect, Medicaid enrollment will plunge, and as a result the state will lose \$680 million federal dollars annually.⁴³⁶ The estimate noted that the subsequent annual loss of federal funds “will be of a magnitude similar to the state losing its entire federal highway program funding each year.”⁴³⁷ The state will reduce its own related expenditures in 2021 by just \$120 million.⁴³⁸ As with Arkansas, the immediate savings to Kentucky taxpayers will be small. According to the estimate, “at a per-capita level, the net-of-taxes reduction in federal funds will amount to about \$150 per Kentucky resident ... the savings in state tax obligations will be just \$28 per Kentucky resident.”⁴³⁹

Policies to Take Benefits Away from Recipients Who Do Not Meet a Work Requirement Are Inequitable

Mandating participation in work or related activities to receive Medicaid, SNAP, or housing assistance would limit these important supports in harmful and (in the case of Medicaid) unprecedented ways. These new work rules are symptomatic of a broader, systematic strategy of gatekeeping, shrinking, and undermining the system of public benefits that supports struggling individuals and families. This section discusses how the harmful consequences of new work rules disproportionately fall on people and groups who face systemic oppression and will increase social and economic inequities by concentrating harms on the most vulnerable and disadvantaged. The section also briefly outlines some of the likely impacts of those burdens.

Work Requirements Disparately Harm Groups Who Experience Systemic Oppression

The burdens and harms of introducing new work requirements to Medicaid, SNAP, and housing assistance programs disproportionately fall to low-income people who are already held back by racism, sexism, ableism, heterosexism, and ageism. People who experience discrimination in the workforce, inequities in public benefits systems, and barriers to employment specific to their identities will likely find it more difficult to meet stringent work requirements. And due to already higher poverty rates, when their benefits are taken away these groups are more likely to experience severe harms. This section briefly outlines how work requirements disparately impact people with disabilities, people of color, women, LGBTQ people, and older workers. Many people belong to two or more disadvantaged groups, which compounds the barriers they face and deepens the harm that work requirements are likely to cause. For example, the intersection of race, gender, age, and disability can result in a higher risk of losing health coverage, even for people who are working. People with disabilities are more likely to be in part-time jobs where they may not meet the minimum work hour standards needed maintain health coverage.⁴⁴⁰ Women have slightly higher rates of disability than men and will likely be disproportionately impacted by a loss of health coverage as the majority of adult Medicaid enrollees are women.⁴⁴¹

PEOPLE LIVING WITH DISABILITIES & CHRONIC HEALTH CONDITIONS

Work requirements are likely to cause disproportionate harm to people with disabilities and their families.⁴⁴² People with disabilities or chronic health conditions are more likely to experience poverty than people without them. Working-age people with disabilities are three times more likely to live in poverty than working-age adults without disabilities.⁴⁴³ Additionally, 61 percent of working-age adults with disabilities earned incomes below 200 percent of the federal poverty line in 2013.⁴⁴⁴ Discrimination in the workforce against people with disabilities or chronic health conditions^{445, 446} and other barriers to employment increase the chances that they will not be able to meet new work requirements.⁴⁴⁷

According to one study, SNAP participants who would be subject to new work requirements proposals identified health challenges (including disabilities) as the primary reason for not working.⁴⁴⁸ Similarly, of the estimated 11 million at risk of losing their Medicaid benefits if work requirements were imposed nationally, data indicate that a majority (59 percent) have a serious health condition or live with someone who does.⁴⁴⁹ (The problems with the unclear, inconsistent exemption process discussed earlier in this paper put people with disabilities and serious health conditions at serious risk of harm from sanctions.)⁴⁵⁰ Without health coverage, people with disabilities or chronic health issues could be at risk of losing their jobs due to unaddressed health and disability challenges.⁴⁵¹ Many people with disabilities may need ongoing care. The Center on Budget and Policy Priorities notes that, “[c]overage interruptions lead to increased emergency room visits and hospitalizations, admissions to mental health facilities, and health care costs.”⁴⁵²

PEOPLE OF COLOR

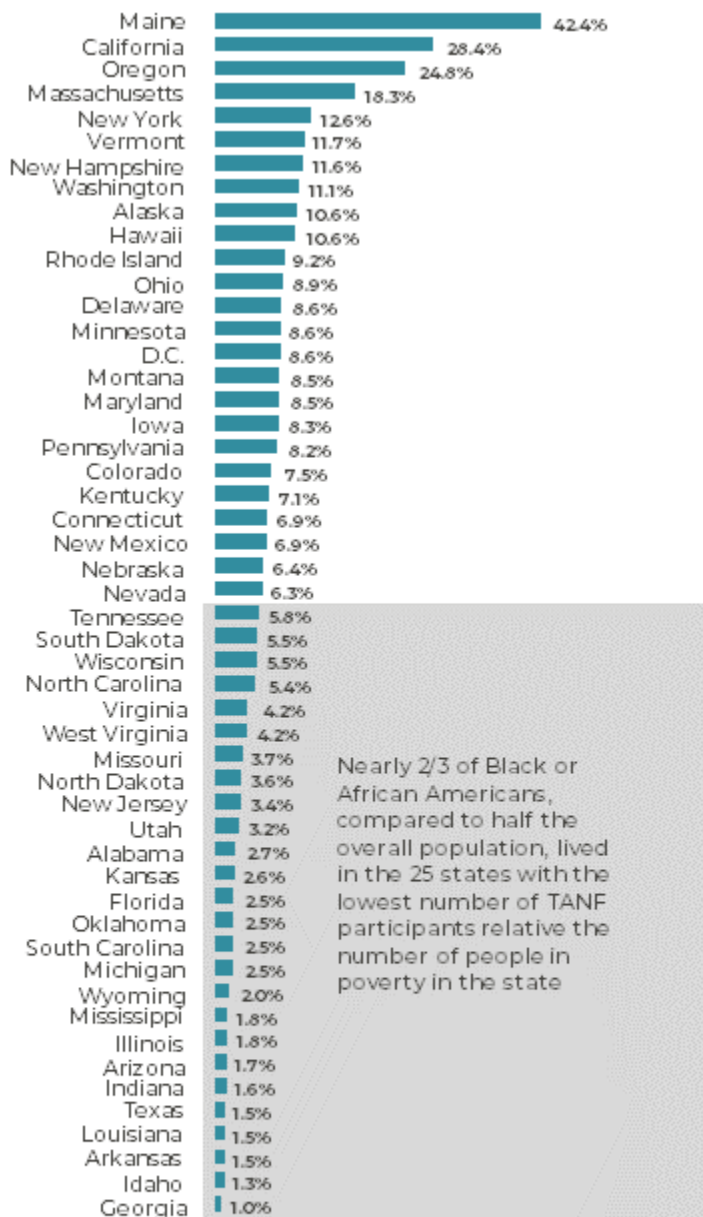
Systemic racial and ethnic discrimination continue to harm people of color, and evidence shows that taking away health care, food, and housing assistance exacerbates the effects of discrimination.^{453, 454} As discussed earlier, people of color face prejudice and discrimination in the labor market and workplace, which can significantly hinder their ability to find and retain adequate employment.⁴⁵⁵ Racial inequities baked into social policy design⁴⁵⁶ and bias within benefits administration systems⁴⁵⁷ result in even more inequitable outcomes. Higher poverty rates among African-Americans, Latinos, and AIAN relative to whites means that communities of color likely would experience greater harm from the loss of health, food, and housing program benefits.^{458, 459}

Evidence from TANF, which provides states enormous flexibility, indicates that states are more likely to pursue stricter work requirement policies when a greater share of their population is African American.⁴⁶⁰ The 25 states with the lowest TANF-to-poverty ratio, or the share of people in poverty who receive TANF benefits, are home to 65 percent of the total U.S. African American population (see Figure 11), but a significantly smaller share of the non-Hispanic white population.⁴⁶¹ One such state is Mississippi, which recently submitted a Medicaid work requirement proposal. With many African Americans in Mississippi facing high unemployment and poverty rates,⁴⁶² introducing new work requirements could lead to the loss of health coverage for a sizeable portion of the state’s African American population—many of whom may have already experienced cuts in food assistance from the reinstatement of SNAP time limits for some adults.⁴⁶³ Additionally, multiple analyses of benefit sanctions under TANF find that African-American and Latina women are more likely to be sanctioned than white women.^{464, 465} These findings demonstrate how caseworker discretion and biases can factor into the administering of work requirements, thus harming people of color disproportionately.⁴⁶⁶

Proposed cuts through work requirement pose unique threats to Native populations. At 28 percent, AIAN face a poverty rate twice the national average, and many rely on food and health coverage provided by SNAP and Medicaid.⁴⁶⁷ Almost a quarter (24 percent) of all AIAN receive SNAP benefits, and in some tribal communities, the SNAP participation rates are as high as 60-80 percent.⁴⁶⁸ The high rates of food insecurity among the AIAN populations can in part be traced back to federal policies such as the Dawes Act of 1887, that stripped American Indians of land they had been inhabiting to make room for white settler communities.⁴⁶⁹ Indigenous peoples were forced to live on land that was less productive for agriculture, ranching, and/or endowed with fewer natural resources.^{470, 471, 472}

Figure 11. African Americans are disproportionately affected by inadequate access to Temporary Assistance for Needy Families (TANF)

TANF-to-poverty ratios in 50 states and the District of Columbia, 2017



Note: TANF-to-poverty ratios are the average number of TANF & SSP-MOE recipients divided by the number of people living below poverty level for the calendar year of 2017 for each of the 50 states. Poverty estimates are based on the Official Poverty Measure. Source: Figure updated and adapted from Hahn, H. et al 2017, "Why Does Cash Welfare Depend on Where You Live?" The Urban Institute. Available at <https://www.urban.org/sites/default/files/publication/90761/tanf-cash-welfare-fina12-1.pdf>. Data are from authors' calculations using TANF caseload data from U.S. Department of Health and Human Services and population data from the 2017 American Community Survey 1-Year Estimates.

Twenty-five percent of working-age AIAN adults, and half of AIAN children participate in Medicaid.⁴⁷³ Given the importance of SNAP and Medicaid in Tribal communities, instituting new work requirements could result in massive losses of health coverage and food assistance and could exacerbate current economic development challenges on tribal lands. Compliance and documentation of work requirements would create undue burdens for AIANs, many of whom live in remote areas with high unemployment rates and where 1 in 4 working age adults report having a chronic health condition that presents a barrier to subsistence jobs which would be difficult to document or record to comply with work requirements.⁴⁷⁴ Due to these burdens, some experts predict that subjecting AIAN populations to new work requirements in Medicaid or SNAP would result in many not participating and ultimately losing coverage.⁴⁷⁵ Implementing Medicaid work requirements also could lead to decreased funding for the Indian Health Service (IHS), which operates clinics and hospitals across Tribal lands. Up to 13 percent of IHS operational funding comes from Medicaid expansions under the 1976 Indian Health Care Improvement Act, and would be at risk of decline under new work requirements rules.⁴⁷⁶

Instituting work requirements may violate federal treaties and legal agreements that recognize the sovereignty of Tribal nations. Concerns about such violations led four states to seek exemptions for Medicaid work requirements for Native populations in early 2018.⁴⁷⁷ CMS rejected these requests, but partially reversed its decision in July 2018, stating that states had "flexibility and discretion to implement the community engagement requirements with respect to local tribal members."^{478, 479} Still, providing states with discretion to subject Native populations to work

requirements at all may be in violation of the sovereignty of Tribal nations and jeopardizes their wellbeing.

WOMEN

New work requirements in Medicaid, SNAP, and housing assistance are likely to worsen existing gender inequities. Women are more likely to experience poverty than non-women, and poverty rates are especially high among women of color⁴⁸⁰ due to a number of factors. Women make up 55 percent of all U.S. workers in jobs that pay less than \$15 an hour.⁴⁸¹ It is common for low-wage jobs to lack employer-sponsored health insurance and have unpredictable pay and schedules—all factors that could put low-income women at risk of losing their benefits or coverage due to work requirements.⁴⁸² Medicaid is critical for low-income women who have limited options for health coverage.⁴⁸³ In fact, more than 6 in 10 nonelderly, non-working Medicaid enrollees in 2015 were women.⁴⁸⁴ Many women gain access to birth control through Medicaid, which affects key decisions in family planning, educational attainment, and career opportunities.⁴⁸⁵

Women also face barriers to employment related to their gender.⁴⁸⁶ For example, women provide the vast majority of family caregiving, which can limit opportunities to participate in formal employment.⁴⁸⁷ The fluctuating and unpredictable nature of caregiving responsibilities can also increase exposure to financial volatility.⁴⁸⁸ While caregivers for the elderly, young children, and family members with disabilities are often thought to be exempt under the new work requirement proposals,⁴⁸⁹ states vary in their implementation of these exemptions (See Box 2.). Some states may have narrow definitions of who qualifies as a dependent in need of care.⁴⁹⁰ Further, the broad and inconsistent definitions of disability across states⁴⁹¹ could raise problems of exempting women who provide care for family members with disabilities.

Women are more likely than men to experience sexual harassment in a low-paid job.⁴⁹² This is particularly true of women of color, who are more likely than white women to experience sexual harassment.⁴⁹³ New work requirements could also result in victims of sexual harassment at work being dissuaded from reporting or taking any other action for fear of having their hours cut⁴⁹⁴ and losing their benefits.

The number of unemployed single mothers without financial support has risen in the past two decades, in part due to TANF work requirements implemented under the 1996 law that created TANF.⁴⁹⁵ By 2016, there were 2 million more unemployed single mothers than families receiving cash assistance in a typical month.⁴⁹⁶ Single mothers who are disconnected from benefits and employment face several barriers to employment, such as low education, DV/IPV history, and mental and physical health conditions, among others.^{497, 498} As a result, the new work requirements could especially impact low-income women caring for their children.

LGBTQ INDIVIDUALS

About 1 in 5 LGBTQ adults experiences employment discrimination⁴⁹⁹ and they are more likely to be unemployed than non-LGBTQ adults.⁵⁰⁰ Transgender adults in particular are three times more likely to be unemployed than non-LGBTQ adults.⁵⁰¹ The high rates of unemployment among LGBTQ people can largely be attributed to discrimination based on sexual orientation or gender identity.⁵⁰² Imposing work requirements would not address the discrimination many LGBTQ people are subject to, and could further undermine the economic security of vulnerable LGBTQ adults.

Due in part to discrimination and inadequate legal protections, LGBTQ people face higher rates of food and economic insecurity than their non-LGBTQ counterparts.^{503, 504} As a result, many LGBTQ people rely on basic assistance programs such as SNAP, where LGBTQ participation is more than twice the rate of non-LGBTQ recipients.⁵⁰⁵ Further, LGBTQ adults with children are 1.6 times more likely to report not having enough food to feed their families at least once during the year.⁵⁰⁶ LGBTQ people, especially those with disabilities, are also more likely to participate in Medicaid.⁵⁰⁷ With already high poverty and high participation in the programs and discrimination blocking access to steady employment, the LGBTQ community would likely bear a disproportionate share of the burden of policies taking away programs that ensure basic living standards.

OLDER ADULTS

A perhaps less obvious population that is at risk of being more severely harmed by new work requirement proposals is older low-wage workers in their 50s and 60s. The proposed 2018 House Farm Bill,⁵⁰⁸ for example, would have extended strict time limits in SNAP to people aged 50-59. (Currently they apply to adults between 18-49 years old.)⁵⁰⁹ Some of the Medicaid waivers for implementing work requirements also would put older workers in their 50s and early 60s at serious risk of losing benefits, as they are more likely than younger people to have chronic health conditions, which in turn may make employment more challenging without qualifying for an exemption from work requirements (see Box 2). Evidence shows that age discrimination continues to be a pervasive obstacle in the labor market, particularly for older women, as described above.⁵¹⁰

Conditioning basic supports on employment increases the chance that such discrimination will result in additional harm to older Americans. For example, workers age 50 and above (who account for 44 percent of the 11 million individuals who could lose coverage under new Medicaid work requirements) could face worse health outcomes under work requirements, as health coverage can help enable employment.⁵¹¹ According to the Centers for Disease Control and Prevention (CDC), 78 percent of adults aged 55 and over have at least one chronic health condition,⁵¹² which can pose significant obstacles to working. One study found that increased food insecurity among SNAP participants aged 55 and over may be associated with a higher rate of emergency room visits.⁵¹³ Older workers of color who face double jeopardy of health disparities and employment discrimination would be at greater risk than their white counterparts of the harms from losing health coverage under work requirements.^{514, 515}

Other Groups Experiencing Deep Economic Insecurity Will be Disparately Harmed by Work Requirements

Work requirements are likely to be particularly harmful to specific groups of people who tend to be vulnerable to some of the worst effects of poverty. This section briefly outlines how work requirements are likely to affect low-income caregivers, former foster youth, people with criminal justice system involvement, victim-survivors of DV/IPV, and veterans with disabilities.

LOW-INCOME CAREGIVERS & THEIR FAMILIES

Low-income caregivers and their families are particularly at risk of losing vital assistance for food, housing, and health coverage due to these new work requirements. Caregivers are more likely to have low incomes, be women, and be older, but are less likely to have health insurance through a spouse or job.⁵¹⁶ For many family caregivers of young children, elderly people, and people with disabilities, the costs and time associated with caregiving significantly affect the kinds of jobs they can work and their ability to save.⁵¹⁷ While the majority of family caregivers are employed,⁵¹⁸ 25 percent report spending 40

hours a week helping relatives,⁵¹⁹ and 60 percent say that caregiving has undermined their capacity to do their jobs.⁵²⁰ About 1 in 6 of the country's 44 million family caregivers reported leaving their jobs because they could not afford to hire a paid care worker.⁵²¹ African Americans and Hispanics spend more time providing care than their white and Asian counterparts.⁵²² Further, family caregivers spend 20 percent of their income on average on caregiving activities,⁵²³ with Hispanic and African American caregivers spending a larger share of their incomes.⁵²⁴ As a result, financial strain and insecurity persist among caregivers, especially those working in low-wage jobs.⁵²⁵

Many caregivers rely on Medicaid for health coverage for themselves and the people they care for.⁵²⁶ Taking away vital health coverage and placing additional financial, emotional, social, and physical pressures⁵²⁷ on caregivers would likely compound the inherent challenges of caregiving. For example, while Kentucky's Medicaid waiver allows caregiving for those with a disability to fulfill their work requirement, it will still require caregivers to provide records detailing their caregiving, which most caregivers do not currently maintain.⁵²⁸ As illustrated by this paper's earlier discussions about exemption and documentation issues, work requirements will likely further complicate challenges related to caregiving for low-income populations.

PEOPLE WITH CRIMINAL JUSTICE SYSTEM INVOLVEMENT

People with criminal justice (CJ) system involvement are more likely than the general population to face poverty, homelessness, unemployment, and poor health conditions, even before arrest.⁵²⁹ Upon CJ involvement, these challenging factors often multiply. For example, people returning to their communities after incarceration are three to six times more likely to be diagnosed with a mental illness and about 50 percent experience chronic health conditions such as asthma and hepatitis. Accordingly, sanctions from Medicaid based on work requirements could be especially harmful for returning individuals who face low employment prospects and high recidivism rates.⁵³⁰ A study of Ohio adults enrolled in SNAP and subject to time limits if they were unable to document sufficient hours of work each month found that more than one-third had felony convictions, which respondents indicated made it hard to find jobs and pass background checks.⁵³¹

Since CJ involvement is associated with low pay and unstable work hours, frequent bouts of unemployment and job turnover, complying with harsh and rigid work requirements for programs providing basic assistance is likely to be particularly challenging.⁵³² On top of the substantial barriers to employment individuals with justice system involvement face, work requirements will further limit access to social supports⁵³³ and likely make it harder for individuals with criminal records to work.⁵³⁴

FORMER FOSTER YOUTH

Youth who have aged out of foster care are at particular risk for harm under the new work requirements.⁵³⁵ Nationally, foster youth face high rates of homelessness, as well as low educational attainment, skill levels, and employment rates.⁵³⁶ More than 20 percent of foster youth experience homelessness within one year after emancipation,⁵³⁷ which can make finding and keeping a job difficult. Homelessness is more acute among LGBTQ youth, who make up as much as 20 percent of the runaway and homeless youth population.⁵³⁸ Among foster youth who are employed, many work in low-paying jobs without prospects to exit poverty.⁵³⁹ Further, youth in foster care who have experienced neglect or abuse have a higher likelihood of becoming involved with the criminal justice system.⁵⁴⁰ A study on newly emancipated foster youth found sizeable rates of involvement with the criminal justice system just six months after emancipation.⁵⁴¹ Given the many barriers to employment people with criminal

records face, as outlined earlier, former foster youth with a criminal record may particularly struggle to attain stable employment.

Additionally, while former foster youth are eligible to receive Medicaid until age 26, this mandate currently applies to states where they lived while in foster care.⁵⁴² Were they to move to another state, most former foster youth would be subject to adult Medicaid eligibility provisions; only 12 states currently provide the same coverage for former foster youth up to age 26 from other states.⁵⁴³ Under these conditions, many former foster youth could be subject to work requirements and risk losing health coverage. Loss of health coverage could result in deep harm for former foster youth, who experience physical health conditions, like asthma and obesity, at twice the rate of non-foster care youth⁵⁴⁴ and behavioral health challenges⁵⁴⁵ at three times that of non-foster care youth.⁵⁴⁶

VICTIM-SURVIVORS OF DV/IPV, TRAUMA, & VIOLENCE

People who have experienced trauma, DV/IPV, or other types of violence are also particularly at risk of being harmed by the new work requirement proposals. Exposure to trauma and violence can lead to mental and physical health conditions that may limit one's ability to participate in the labor force.^{547, 548, 549} In particular, exposure to traumatic experiences during childhood has been linked to higher incidences of low work performance in adulthood, as well as financial problems.⁵⁵⁰ Yet, in its policy guidance, the federal government placed no explicit requirements for states to include DV/IPV exemptions in designing their work requirement demonstrations.⁵⁵¹ The CDC have argued that strengthening economic supports is a key strategy for preventing DV/IPV,⁵⁵² but the lack of exemptions could put survivors of domestic violence at risk of losing crucial health care and services, pushing financial security further out of reach, and likely putting more people at risk.

VETERANS WITH DISABILITIES

Veterans with disabilities and health challenges who do not qualify for disability insurance, or who the Department of Veterans Affairs (VA) does not label "100 percent disabled," may also be at risk of losing benefits under these new work requirements.⁵⁵³ About 10 percent of non-elderly US veterans use Medicaid, and of that share, 40 percent rely on Medicaid as their only source of health coverage.⁵⁵⁴ Among this group of veterans, 54 percent have a disability, 42 percent have two or more chronic health conditions, 11 percent have severe mental illness, and 12 percent have a substance use disorder.⁵⁵⁵ As a result, veterans with mental health conditions that do not meet disability insurance or VA guidelines likely would face the difficulties of either fulfilling work requirements or proving their need for exemption.⁵⁵⁶ Moreover, the job and skills training programs provided by the VA may not constitute sufficient hours to meet the minimum required under various work requirements proposals.⁵⁵⁷

Work Requirements Are Likely to Harm People, Families, & Communities Struggling the Most

Taking away benefits from people who fail to meet new work requirements undermines access to basic assistance for the people who face the most barriers to financial security, such as those with limited education and unstable housing. Almost a quarter (24 percent) of Medicaid enrollees who would be subject to work requirements have less than a high school education.⁵⁵⁸ SNAP recipients who are not raising children and do not have a work-limiting disability have similar rates of education.⁵⁵⁹ A study of SNAP participants subject to time limits in Ohio found that many experienced unstable living situations, many had limited telephone service, more than 40 percent lacked access to reliable transportation, and 60 percent lacked a valid driver's license.⁵⁶⁰ Implementing new work requirements is likely to lead to a

series of adverse effects on enrollees, their households, and their communities. In fact, work requirements are likely to harm struggling people the most, and lead to a variety of negative outcomes, including:

- Lower well-being for families and children, especially for families involved with the child welfare system
- Increased poverty and deep poverty
- Negative physical and behavioral health outcomes
- Communities with fewer resources

DAMAGE TO WELL-BEING OF FAMILIES & CHILDREN

Losing vital food, housing, and health benefits due to work requirements is likely to be destabilizing for low-income families with children. Under recent Medicaid, SNAP, and housing assistance proposals, millions of adults with children would be subject to work requirements, which could have adverse effects on child well-being. Across programs, any reduction in benefit that reduces total household income is likely to affect children in particular.

Medicaid & SNAP Work Tests Will Undermine Child Health & Development

Among states that did not expand Medicaid, adults with children will be the main target of work requirements, since childless adults are generally not eligible for Medicaid.⁵⁶¹ Research has shown that when parents lose Medicaid coverage, their children are also more likely to be uninsured and the family is likely to face financial insecurity.^{562, 563} Children with uninsured parents could lose access to full and preventative health services, such as hearing and vision screenings under Medicaid's Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit,⁵⁶⁴ which could result in negative health outcomes as mentioned above. Additionally, research indicates that childhood access to SNAP is linked to positive health outcomes as well as school achievement, high school graduation, and adult economic success.⁵⁶⁵ Unfortunately, many children in SNAP households are at risk of being cut off from nutrition assistance because of policies intended to target their parents.^{566, 567} The work requirements in the proposed 2018 House Farm Bill would have put nearly one million parents at risk of losing their household's nutrition benefits by 2021, which would worsen household food insecurity.⁵⁶⁸ Growing children are especially at risk of experiencing developmental and emotional issues when there is not enough food in a household.^{569, 570} Among adolescents, food insecurity is linked to higher rates of anxiety, depression, substance abuse, and other mental health disorders.^{571, 572}

Taking Away Food & Housing Assistance Can De-Stabilize Families

Imposing benefit sanctions on parents who do not meet work requirements could also translate to stressful, unstable home lives for children, which can have long-term effects on children's health and prospects for upward mobility.⁵⁷³ A study conducted after the Great Recession found that parents experiencing food insecurity may face increased stress, anxiety, and depression, which may negatively affect their parenting. Their children often had a harder time focusing and being able to control their own behavior.⁵⁷⁴ Taking away housing assistance from a family with adults that cannot meet a new work requirement could lead to serious negative consequences for children. Access to decent and stable housing is strongly linked to several indicators of child and familial well-being, including lower rates of domestic violence, drug, and alcohol abuse (see Figure 12).⁵⁷⁵ Children in families that receive vouchers are less likely to be removed from their homes and placed in the child welfare system.⁵⁷⁶

Families who face work requirements in public assistance programs may have a higher chance of becoming involved with the child welfare system. In TANF, this was due to an “emphasis on sanctions and work requirements, coupled with the lack of adequate child care,” which opened families up to charges of “inadequate supervision.”⁵⁷⁷ For parents or guardians already involved with the child welfare system, work requirements could be especially damaging for their efforts to keep, maintain custody of, or reunite with their children. In such cases, parents may have challenges juggling both meeting work requirements and fulfilling child welfare protocols, such as parenting classes or family counseling,⁵⁷⁸ which could delay or decrease the likelihood of reunification.⁵⁷⁹

Figure 12. Among families with children, those with increased access to housing choice vouchers face far lower risk of food insecurity and domestic violence

Experiences for TANF-eligible families participating in 1999-2006 HUD experimental housing voucher evaluations

INCREASE IN ECONOMIC INSECURITY & HARDSHIP

Work requirements could further entrench families already experiencing poverty and deep poverty, by leaving them without much needed basic assistance. Under TANF, deep and extreme poverty rates increased, especially among single mothers and their children.⁵⁸⁰ SNAP and housing subsidies decrease the depth of and number of families in poverty.⁵⁸¹ Without these benefits, many low-income participants in dire financial circumstances could be driven further into poverty, potentially increasing deep poverty rates. As medical costs continue to be a key driver of debt⁵⁸² for millions of families with low incomes, people sanctioned off Medicaid may be forced to choose between paying for health services and paying rent. Including work requirements in housing assistance could increase rental costs for recipients who are already more likely to be rent-burdened and in poverty, putting them at risk of homelessness.⁵⁸³

Due to the burdensome requirements and additional strains work rules place upon low-paid workers and their families, some may be discouraged from applying or trying to maintain access to such supports in the first place. Such chilling effects are evident in TANF, where there was a drop in applications from people who should have been eligible for benefits but did not apply to them, in part because of the harsh work requirements.⁵⁸⁴ Just like with TANF, the likely drop in applications due to these new work requirements is likely to contribute to a rise in poverty and deep poverty, as otherwise-eligible individuals and families will be further isolated from the social supports system.⁵⁸⁵

HEALTH OUTCOMES LIKELY TO WORSEN

Proposals that take away health coverage from those who do not meet work requirements could result in worse health outcomes for millions. Over three-quarters (76 percent) of all Medicaid enrollees eligible for work requirements face multiple challenges to obtaining the employment needed to meet work requirements.⁵⁸⁶ Were Medicaid work requirements implemented nationally, these enrollees would be in serious danger of losing health coverage.⁵⁸⁷ The loss of health coverage could have serious adverse consequences for millions of current Medicaid participants, including those with disabilities. Among the 11 million individuals who could lose coverage under new Medicaid work requirements were they applied nationally, 46 percent reported having serious health conditions or being in fair or poor health. For those in fair or poor health, losing health coverage would significantly elevate the risk of death.⁵⁸⁸

Toxic stress that may already exist for some Medicaid participants, due to trauma and the difficulties associated with experiencing poverty,⁵⁸⁹ could worsen due to the threat of losing these fundamental supports. Under the proposed 2018 House Farm Bill, 2 million households would no longer be able to access SNAP benefits.⁵⁹⁰

If implemented, lockout periods could result in many Medicaid enrollees receiving infrequent or disrupted health coverage and services.⁵⁹¹ The lockout periods included in recent work requirement proposals in Indiana and Kentucky⁵⁹² would cut people off health coverage for up to six months if they fail to meet work requirements or renew their eligibility every year.⁵⁹³ Once a person has been locked out, they would lose access to benefits for that time period, even if they are later able to fulfill the work hour requirement or complete their eligibility renewal before the six-month period ends.⁵⁹⁴ Such inconsistent health coverage would be especially harmful for people with behavioral health conditions who need continuous treatment [for it](#) to be effective.⁵⁹⁵ Further, states could see a sizeable loss of health coverage among recipients just due to the effects of lockout periods. An estimated 25-50 percent of Medicaid enrollees could lose six-month coverage from lockouts if they fail to meet the eligibility renewal requirement.⁵⁹⁶

Families could also become financially insecure if they lose health coverage and food assistance. Without health insurance, parents may take on significant debt to cover out of pocket medical expenses. More than 20 percent of adults had unexpected medical expenses to pay in 2017, and 37 percent had unpaid debt from medical bills.⁵⁹⁷ Families may also forgo medical care altogether if they are unable to pay out of pocket. In 2017, 39 percent of families with annual incomes below \$40,000 went without medical treatment due to costs.⁵⁹⁸ If more states expand work requirements to include Medicaid, the share of households foregoing needed health care services likely will increase.

FEWER FEDERAL RESOURCES FLOWING INTO LEFT-BEHIND COMMUNITIES

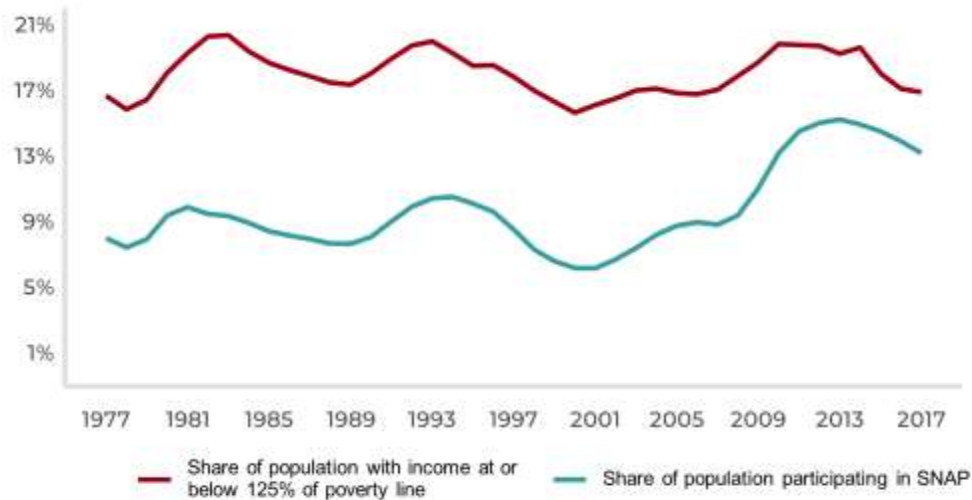
By reducing the flow of well-targeted federal funds to disadvantaged communities, work requirements in Medicaid,⁵⁹⁹ SNAP, and housing assistance could shrink economic development and employment opportunities overall. According to one estimate, by adding work requirements to Medicaid, the state of Kentucky's annual loss in federal funds will be akin to losing funding for its entire federal highway program each year.⁶⁰⁰ A reduction in Medicaid funding can have a ripple effect on medical providers as well. For example, hospitals in rural areas or small towns may be unable to afford to provide critical treatments at certain locations, forcing patients to drive further in order to access services such as chemotherapy.⁶⁰¹ As referenced earlier in the paper, the loss of coverage will not only impact the health of those who are now unable to receive adequate care, but will also lead to increased system-wide costs.⁶⁰²

During an economic downturn, work requirements still would apply, and workers who lose their jobs would be prevented from accessing benefits when they need them most.⁶⁰³ SNAP responds to fluctuations in U.S. economic insecurity (see Figure 13). With SNAP, one dollar of benefits results in approximately \$1.74 of economic activity during recessions, and \$1.22 in a stronger economy.⁶⁰⁴ If work requirements were imposed broadly, families and communities would have to deal with not only labor market impacts, but also the loss of access to vital food, medical, and housing assistance, which would dramatically curtail the ability of both states and the federal government to temper the effects of the downturn. Even if work requirements were waived at some point during a recession, some damage is still likely, as people would still lose benefits in the interim. (Area waivers put in place for SNAP work

requirements during the Great Recession are endangered by the Trump administration's December 2018 proposal to change SNAP work requirement exemptions; see Appendix B for more information.)

SNAP offers large benefits to rural areas and small towns, where it created and bolstered about 567,000 jobs in 2017, including almost 50,000 in agriculture.⁶⁰⁵ SNAP also generates revenue for grocery stores both large and small, making up about 10 percent of all grocery expenditures nationwide,⁶⁰⁶ and an even higher percentage in low-income areas where SNAP benefits are used for a greater portion of sales.⁶⁰⁷ Other non-grocery businesses also receive a boost since households that use SNAP then have greater purchasing power to buy other types of goods too.⁶⁰⁸ State government finances benefit as well. A study in California found that a proposal to expand SNAP eligibility could boost the state's revenue through \$3.5 million of additional sales tax.⁶⁰⁹

Figure 13. SNAP enrollment responds to fluctuations in U.S. economic insecurity
Share of U.S. population near or in poverty & share receiving SNAP benefits, 1977-2017



Note: SNAP participation data is in fiscal years, whereas the poverty data is in calendar years. Source: Updated and adapted from Rosenbaum, Dottie, and Brynne Keith-Jennings "SNAP Caseload and Spending Declines Accelerated in 2016," Center on Budget and Policy Priorities, updated 27 January 2017. Available at <https://www.cbpp.org/research/food-assistance/snap-caseload-and-spending-declines-accelerated-in-2016>. Poverty data is obtained from the U.S. Census Bureau (2018), and SNAP participation data from the Food and Nutrition Service (2018).

An Agenda to Increase Employment & Earnings Would Look Very Different

It is well-established that taking away health coverage, food assistance, and housing assistance from people who do not meet work requirements is an ill-informed, ineffective, inefficient, and inequitable approach to increasing employment and improving financial security. Instead of continuing to look to work rules as a solution, states and other stakeholders should consider the wide range of more promising tools available to policymakers to bolster employment and improve social assistance participation among participants who are able to work. This section outlines how a more robust and effective policy agenda might address individual and systemic barriers to higher employment and earnings, among other concerns. The section divides the proposed recommendations into three parts:

- 1) **Ensure a foundation for individuals and families**, including by ensuring access to and strengthening programs such as SNAP, Medicaid, housing assistance, and TANF, and raising the minimum wage;
- 2) **Strengthen family stability**, including by modernizing UI and establishing a Jobseeker's Allowance (JSA), establishing fair and predictable schedules as well as paid leave, and reforming the criminal justice system; and
- 3) **Support workers**, including by investing in job preparation and creation through proven training and education, and subsidized and public employment programs; expanding child care assistance; and boosting the EITC.

Such a policy agenda would draw from a more accurate understanding of Medicaid, SNAP, and housing assistance; program participants; and the nature of the low-wage labor market, among other considerations.

Ensure a Foundation for Individuals & Families

Rather than imposing work requirements, ensuring access to work-supporting programs like Medicaid, SNAP, and housing assistance, strengthening TANF, and raising the minimum wage would all help build a strong foundation upon which workers and their families can succeed.

ENSURE ACCESS TO WORK SUPPORTS LIKE MEDICAID, SNAP, & HOUSING, INCLUDING EXPANDING MEDICAID IN ALL STATES

As discussed in the paper, Medicaid, SNAP, and housing assistance programs can enable work and thus access to these programs should be ensured, rather than limited through a work requirement. All three programs must be adequately funded and eligibility without restrictions on immigrants. Medicaid should also be expanded in all states under the ACA to reach more low-income families and support their work.⁶¹⁰

Positive Uses of Waivers & Other Innovations

Medicaid, SNAP, and housing assistance can help connect people to employment services and jobs programs. (See the “Support Workers” recommendation for a list of promising models for SNAP and housing assistance programs.) In states, policymakers can leverage Medicaid demonstration waivers to implement programs that effectively address barriers to employment. For example, Montana has created a Medicaid initiative that targets barriers to employment and offers intensive outreach to unemployed Medicaid recipients, including on-the-job training and subsidized employment, operated through its workforce system.⁶¹¹ While not formally evaluated at this point, the state reports high employment rates for participants.⁶¹² States can also offer help with employment under home and community-based service waivers designed to assist individuals living with disabilities in staying out of institutional care.⁶¹³ Federal policymakers should end the SNAP “ABAWD” time limit, as the policy limits needed access to food for many low-income individuals and families.

STRENGTHEN TANF

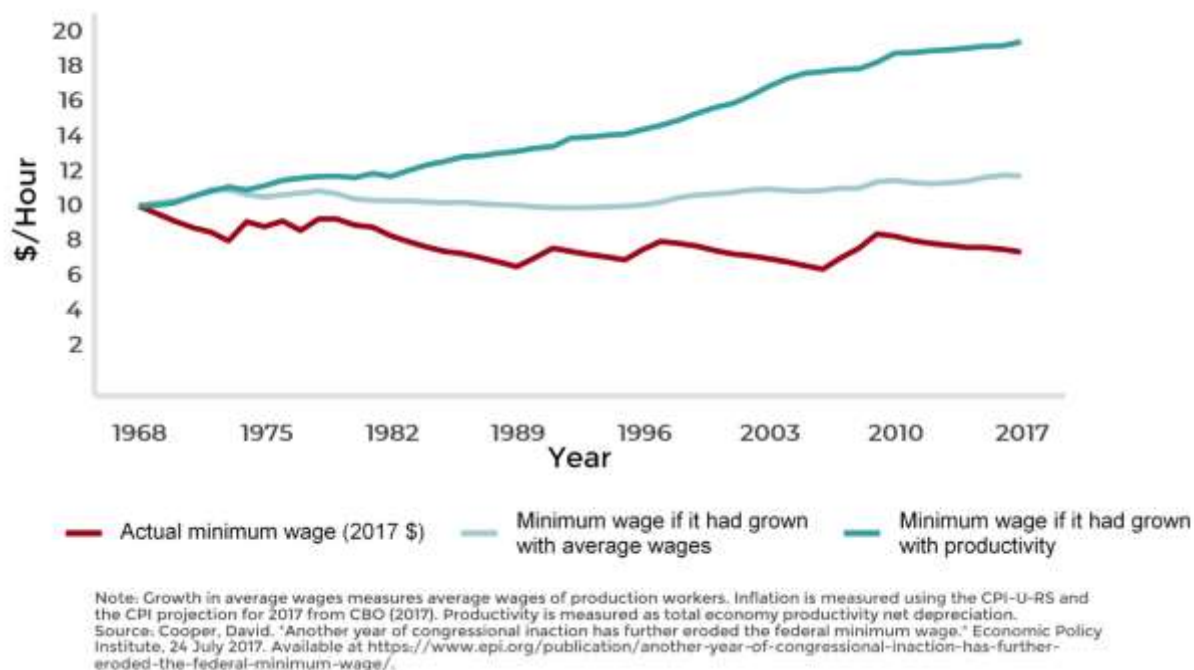
As discussed earlier in the paper, TANF is inaccessible to many families who are eligible for it.⁶¹⁴ Rather than implementing new work requirements, strengthening TANF would more effectively serve these populations. Funding levels lost over the past two decades, due to the program’s nominally fixed and capped block grant structure,^{615, 616} should be restored. TANF’s harsh work requirements should be replaced with state accountability for poverty reduction and child well-being outcomes, including through improved earnings and employment.⁶¹⁷

RAISE THE MINIMUM WAGE (INCLUDING FOR TIPPED WORKERS & PEOPLE WITH DISABILITIES)

Raising the minimum wage will make work more feasible, allowing individuals and families to more easily meet their basic needs in a way that work requirements do not. The minimum wage has eroded greatly over time (see Figure 14). In 1968, the federal minimum wage was equal to 52.1 percent of the median wage of all full-time workers; in 2016, that number was 34.9 percent.⁶¹⁸ Currently, the federal minimum wage is \$7.25 per hour, a level it has been at since 2009. Full-time, full-year work for the minimum wage would yield an annual income of \$15,080—less than the poverty line for a single mother working to support just one child.^{619, 620} One recent proposal to raise the federal minimum wage is the “Raise the Wage Act of 2019,”⁶²¹ which would raise the minimum wage to \$15 per hour over several years.⁶²² This step would help ensure that more families share in the economic growth of the past half century.

Figure 14. Value of the federal minimum wage lags behind U.S. economic growth

Real value of the federal minimum wage, actual, and hypothetical, 1968-2017



Strengthen Family Stability

Modernizing Unemployment Insurance and establishing a Jobseeker's Allowance, establishing fair and predictable schedules as well as paid leave, and reforming the criminal justice system would greatly improve the economic stability and labor market outcomes of families.

REFORM UNEMPLOYMENT INSURANCE & ESTABLISH A JOBSEEKER'S ALLOWANCE

Our unemployment insurance system has significant gaps,⁶²³ as only 27 percent of jobless workers received unemployment insurance in 2016.⁶²⁴ UI could be strengthened by incentivizing states to link UI participants with career pathways programs and apprenticeships.⁶²⁵ States could also expand the eligible pool of applicants making caregiving a valid reason for a UI application⁶²⁶ and by banning mandatory drug testing for UI programs.⁶²⁷ Even a robust UI program would leave many workers out. A Jobseeker's Allowance could reach these workers, including contractors, people exiting prison, young people entering the job market, and full-time caregivers returning to work. Elsewhere, the Georgetown Center on Poverty and Inequality, along with the Center for American Progress and National Employment Law Project, has proposed a JSA that would be parallel and complementary to UI, offering a modest stipend to jobseekers ineligible for UI for up to 13 weeks for job search and preparation. The JSA would expand worker access to crucial reemployment services, and we believe "would encourage workforce participation, support geographic labor mobility, and promote family stability and social cohesion"⁶²⁸ in a way that current work requirement proposals fail to do.

ENSURE ACCESS TO QUALITY, DECENT JOBS & FAIR LABOR STANDARDS

The populations mentioned in this paper would greatly benefit from access to quality employment, rather than facing work requirements that may force them to stay in lower-paid, lower quality jobs. This section discusses how ensuring predictable scheduling, expanding access to paid family and medical leave, and expanding worker bargaining power can improve employment and earnings.

Ensuring Predictable Scheduling

As discussed earlier in the paper, significant numbers of lower-wage workers do not have regular hours of employment. This can make it particularly difficult for individuals with care-taking responsibilities and limited transportation options to keep jobs or accept employment that assumes irregular hours. One fix would be to give employees the right to request flexible schedules that fit their responsibilities without fear of being penalized by the employer. A complementary option would require employers to set predictable schedules and to have to offer additional “predictability” pay if they change a worker’s schedule with less than a week’s notice.⁶²⁹ This would put the costs associated with such flexibility more squarely on the (more powerful) employer, rather than leaving it on the (less powerful) employee.

Expand Paid Family & Medical Leave

Most low-income workers in the U.S. do not have access to paid family leave and medical leave (PFML),⁶³⁰ which contributes to working families losing \$20.6 billion in wages annually.⁶³¹ The evidence from state-level PFML programs is promising and demonstrates that ensuring access to PFML is more helpful for low-income workers than work requirement proposals. Positive outcomes included increases in work hours⁶³² and labor force attachment and improved employee performance and health outcomes.⁶³³ Recommendations to expand access and make it more inclusive include passing a national law guaranteeing paid leave, ensuring PFML laws include workers at employers of all sizes and part-time workers, allowing intermittent use of leave, and making sure leave is available without any adverse employment consequences.⁶³⁴

Expand Worker Bargaining Power

Expanding workers’ bargaining power can help address many of the barriers to work and difficulties of the low-wage labor market mentioned earlier.⁶³⁵ Unions particularly help workers of color,⁶³⁶ women,⁶³⁷ and others who face discrimination have better pay and better quality jobs. Unions have been shown to raise wages for workers whether or not they are in a union,⁶³⁸ including in professions that are normally low-paid. They also provide training for workers and can help decrease the pay differential between workers of different skill levels.⁶³⁹ Workers in a union are more likely to have employer-provided health insurance, paid sick and vacation days, and predictable work schedules.⁶⁴⁰ Strategies to expand workers’ bargaining power include making it easier to join a union and repealing and stopping the expansion of state laws that reduce the fees unions can collect, making it harder for them effectively bargain.⁶⁴¹

REFORM THE CRIMINAL JUSTICE SYSTEM

A criminal record leads to barriers to finding education, training, and employment for some populations who will be affected by new work requirement proposals, especially younger men of color.⁶⁴² Mass incarceration also harms families and can lead to issues such as “family instability, unemployment, socioeconomic disadvantage, substance use, and mental health problems,” according to the National Council on Family Relations.⁶⁴³ More than 70 million Americans have a criminal record of some sort⁶⁴⁴ and, by one estimate, employment losses due to criminal records represent about \$80 billion in lost in annual economic output.⁶⁴⁵ Recognizing that incarceration as a policy tool has been over-used, a

bipartisan effort has been underway in recent years to reform the criminal justice system. The “First Step Act,” passed in 2018, granted early release to many individuals convicted of low-level federal crimes, retroactively reduces disparate sentences for powder versus crack cocaine offenses, and amends some mandatory minimum sentences to allow judges more discretion.⁶⁴⁶ Next steps should build on this law,⁶⁴⁷ and also provide additional funding for re-entry programs, including through Pell Grants,⁶⁴⁸ to give individuals with a record a better chance of finding work, instead of penalizing them through work requirements. In the long-term, farther-reaching decriminalization and decarceration efforts could lead to employment and earnings gains for millions of families.

Support Workers

Investing in proven workforce development programs, increasing child care assistance, and expanding access to the EITC can help individuals with significant barriers to work gain the skills and services they need to find and keep higher quality jobs, along with rewarding and supporting work in a way that work requirements do not.

EXPAND PROVEN WORKFORCE DEVELOPMENT FUNDING & REACH

By all accounts, workforce development funding is insufficient and effective programs have not been brought to scale. Policymakers have many workforce development-focused options for more effectively people targeted by work requirements.

Boost WIOA & CTE

WIOA is one of the core programs that states use to promote workforce development. It provides employment, training, and education programs for adults, youth, and dislocated workers, along with wraparound services.⁶⁴⁹ Historically, WIOA has fallen short in helping the most disadvantaged workers.⁶⁵⁰ However, WIOA is already inadequately funded, and funding has been falling for the past 40 years.⁶⁵¹ WIOA funding should be increased, but the workforce system must work for all workers, particularly those who have multiple barriers to work through the welfare system. Substantially expanding career and technical education (CTE) is one solution. CTE has been shown to increase educational attainment rates⁶⁵² and to help provide individuals with the skills needed for evolving industries.⁶⁵³ Successful programs include sector partnerships, where students receive industry-specific training to help them meet the needs of local employers.⁶⁵⁴

Invest in SNAP E&T

A stronger and easier to administer E&T program would help more SNAP participants find and keep jobs, especially since evidence suggests that many unemployed childless adults on SNAP have recent work experience.⁶⁵⁵ E&T programs should be adequately funded, and states can use new funding to specifically focus on groups facing barriers to employment, such as people with low educational attainment and people with criminal records.⁶⁵⁶ As noted earlier, the E&T programs that had the most success in helping individuals with significant barriers to work combined “individualized assessments, addressing barriers to employment, and helping participants gain skills and experience[;]” and were voluntary,⁶⁵⁷ which is a stark contrast to work requirements. Such features should be expanded in other E&T programs.

Build upon Evidence in Housing Programs

Housing assistance can serve as a platform to increase employment and earnings, while improving health for participants. Two promising approaches, Jobs Plus and the Family Self-Sufficiency Program

(FSS) suggest strategies for policymakers to improve labor market outcomes of housing assistance participants. Both programs were voluntary,⁶⁵⁸ unlike current work requirement proposals.

Jobs Plus Demonstration

Jobs Plus was a demonstration program that operated for 15 years, beginning in 1998, in six public housing developments as part of a rigorous randomized controlled trial. Jobs Plus had three elements – on-site job centers, rent rules that provided more financial incentive to work, and community support for work through neighbor-to-neighbor conversations.⁶⁵⁹ The results of the Jobs Plus demonstration were striking. Residents earned an average of 14 percent more per year than those at the control sites without Jobs Plus. Even more importantly, the impact continued after the program concluded, with residents at Jobs Plus sites earning 19 percent more per year.⁶⁶⁰ Broader implementation of Jobs Plus could increase labor force participation among public housing residents.

Family Self-Sufficiency Program (FSS)

FSS is a promising housing program administered by PHAs for families receiving public housing or Section 8 Housing Choice Voucher assistance. Primarily funded by the federal government, FSS combines case management support for employment and other goals, with an escrow savings account for families who pay higher rents as their incomes rise.⁶⁶¹ After five years, participating families can withdraw funds from their escrow accounts for any purpose.⁶⁶² Research on FSS indicates that the program supports positive employment and earnings outcomes⁶⁶³ for participants, along with greater economic security through asset building.⁶⁶⁴ Currently, fewer than five percent of qualifying families in public housing and Section 8 Housing Choice Voucher programs participate in FSS.⁶⁶⁵ In partnership with local PHAs, the U.S. Department of Housing and Urban Development (HUD) can support increased awareness of the FSS program among eligible families.⁶⁶⁶ Additionally federal agencies can foster collaboration between PHAs and TANF agencies to increase FSS participation among TANF families subject to work requirements, which would increase the amount of services and resources for work-related activities available to them.⁶⁶⁷

DEVELOP SUBSIDIZED & PUBLIC EMPLOYMENT PROGRAMS TO ADDRESS BARRIERS TO EMPLOYMENT, INCLUDING PLACE-BASED DISPARITIES

Unlike work requirements, a proven yet underutilized strategy for increasing employment and reducing poverty is subsidized employment programs.⁶⁶⁸ Such programs specifically target individuals with significant barriers to employment, including people in areas of concentrated joblessness, and provide participants with wage-paying jobs, training, and wraparound services, while offsetting employers' costs.⁶⁶⁹ As mentioned earlier, such programs have seen positive impacts on earnings⁶⁷⁰ and employment,⁶⁷¹ even after the program duration, and have specifically helped people returning from prison and reduced recidivism rates.⁶⁷² Creating a national subsidized employment program with dedicated and flexible funding streams could lead to further-reaching gains for the well-being of participating workers and their families, employers, and communities.⁶⁷³ This program could be complemented by a well-designed and implemented public employment option.⁶⁷⁴

EXPAND CHILD CARE ASSISTANCE

For parents and guardians, safe and reliable child care is necessary to be able to work, particularly if they work in industries with irregular schedules and hours. Child care is expensive and can take up much of a family's income, especially for those working in low-wage jobs.⁶⁷⁵ Federal funding for the main program that provides child care assistance, the Child Care and Development Block Grant (CCDBG), has largely

stagnated (though a large, one-time increase was passed in 2018⁶⁷⁶) and has not kept up with the cost of child care, resulting in a reduction in purchasing power in real terms.⁶⁷⁷ While some child care funding comes from other sources such as TANF⁶⁷⁸ and Social Services Block Grant (SSBG),⁶⁷⁹ these funds are also under threat.⁶⁸⁰ As it is, the vast majority of low-income parents eligible for child care subsidies do not receive them.⁶⁸¹ Funding for child care needs a large investment through the CCDBG and other funding sources in order to reach more families. Vouchers that help families in need of care during nontraditional hours also should be established, along with subsidies specifically for the creation of new jobs in child care, to further increase access to quality care.⁶⁸²

EXPAND THE EARNED INCOME TAX CREDIT (EITC)

The EITC supplements low-wage work⁶⁸³ by providing an annual lump sum payment after individuals and families file their federal income tax returns.⁶⁸⁴ Research has found that the current structure of the EITC, which overwhelmingly benefits families raising children,⁶⁸⁵ raises single parents' employment.⁶⁸⁶ The EITC has been expanded on numerous occasions since it was created in the 1970s and should be expanded again to reach more low-income individuals.⁶⁸⁷ One such proposal is known as "Paycheck Plus," which has been tested thus far in New York City and Atlanta.⁶⁸⁸ The program provided low-wage workers without dependent children a bonus of up to \$2,000 at tax time.⁶⁸⁹ An evaluation by MDRC found an increase in after-bonus earnings, a reduction in severe poverty, and relatively higher employment rates, especially among women and lower-income participants.⁶⁹⁰ This suggests that the populations described in this paper would be better served by the implementation of a Paycheck Plus-style expansion of the EITC rather than through an expansion of work requirements.

Conclusion

Medicaid, SNAP, and housing assistance help ensure a foundation for tens of millions of families in the U.S. Taking away Medicaid, SNAP, and housing assistance if people do not meet and document meeting work requirements misunderstands the contributions of and obstacles faced by working people in the U.S., and fails to address the underlying reasons for relying on such programs in the first place.⁶⁹¹ By undermining the necessary and productive purposes of SNAP, Medicaid and housing assistance, work requirements will cause real harm, especially to people who are already among the most disadvantaged.⁶⁹² Imposing work requirements for health care, food, or housing destabilizes families. Thus, the push for “work requirements” is likely to make life worse for many current and aspiring workers and their families, whether already employed, in training or education, or in the midst of a job search. In fact, current proposals to take benefits away from people appear more likely to penalize those already working than to increase participants’ employment or earnings.⁶⁹³ For these and other reasons, work requirements are ill-informed, ineffective, inefficient, and inequitable.

Policymakers would be wise to reconsider the value of work requirements and the assumptions underlying them. Work requirements come with substantial downside and little upside. These harsh proposals reflect a lack of understanding for the realities of low-wage work in America, as well as the range of barriers to higher employment and earnings. Struggling families need a reality-based agenda to improve their health and financial well-being. Research and evidence point to a different path forward than work requirements that take away essential food, housing, and health care program benefits.

Programs like SNAP, Medicaid, and housing assistance help millions of individuals and families meet basic needs and serve as highly effective anti-poverty programs.^{694, 695, 696} In contrast, the anti-poverty effects of mandatory work requirements under other programs are mixed at best and counterproductive for many subject to these harsh rules. Medicaid, SNAP, and housing assistance certainly can promote and support work and economic opportunity more effectively, including by connecting participants with voluntary job preparation and placement programs that address the barriers they face. A host of other approaches, such as increasing the availability and affordability of child care or expanding the EITC, would do far more to promote work than the cuts being implemented and proposed today.

Appendices

Appendix A. Medicaid

SUMMARY OF MEDICAID WAIVERS PERMITTING STATE WORK REQUIREMENTS

Medicaid is a federal- state partnership that provides health coverage to tens of millions of people, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Following the passage of the ACA in 2014, the federal government authorized states to expand Medicaid eligibility to individuals under age 65 in families with incomes below 133 percent of the federal poverty level.^{697, 698} To date, 37 states, including the District of Columbia, have expanded Medicaid eligibility in response.⁶⁹⁹ In 2017, House Republicans sought first to establish a work requirement in Medicaid as part of their legislation to repeal the ACA.⁷⁰⁰ After this effort failed in the Senate, proponents of work requirements turned to pursuing work requirements through administrative actions by the Trump Administration.

Under the Trump Administration, the U.S. Department of Health and Human Services (HHS) has taken an unprecedented step, inviting states to apply for Section 1115 waivers under the Social Security Act to introduce work requirements in Medicaid for the first time in the half-century history of Medicaid.⁷⁰¹ A January 2018 letter from CMS to state Medicaid directors supported the imposition of work requirements, detailing policy guidelines for what CMS would be willing to approve.⁷⁰² In the year following the letter, seven⁷⁰³ states received approval to implement work requirement programs and nine states⁷⁰⁴ have proposals pending.^{705, 706}

Who Is Affected by Medicaid Work Requirements

The work requirements currently approved in seven states are similar but not identical. They apply largely to the “expansion” population made eligible under the ACA, made up of low-income, adults not raising children, and they mandate meeting and documenting a work requirement of 80 hours per month (100 hours per month in New Hampshire) for most adults in the expansion population.⁷⁰⁷ Another point of variance is exemptions. While CMS’ policy guidance states that work requirement demonstrations would target “non-elderly, non-pregnant adult Medicaid beneficiaries who are eligible for Medicaid on a basis other than disability,” CMS does not explicitly require states to exempt certain at-risk populations from work requirements. Rather, CMS suggests that states “may wish to consider” exempting caregivers, individuals with health-related barriers to work, survivors of domestic violence, and other at-risk populations from work requirements, similar to policies in SNAP and TANF.⁷⁰⁸ The broad parameters of CMS’ guidance leave states with ample autonomy and limited accountability in how they design work requirements. For example, Kentucky, Maine, and New Hampshire only exempt those 65 and older while Indiana (60), Michigan (63), Wisconsin (50), and Arkansas (50) set lower ages.⁷⁰⁹

A subject of discussion in 2018 was the degree to which the non-expansion population within Medicaid can have these requirements applied to them. CMS Administrator Seema Verma has signaled concerns about some waivers that reach into the traditional Medicaid population. In an April 2018 legal brief filed as part of pending litigation over the Kentucky waiver, CMS stated that these requirements were primarily for adults in expansion states.⁷¹⁰ However, CMS has approved waivers for Wisconsin and

Maine, two states that would apply work requirements to traditional, non-expansion enrollees.⁷¹¹ This raises questions about whether waiver applications from non-expansion states like Mississippi and Kansas will move forward.

Challenges to the Legality of Medicaid Work Requirements

Under the Social Security Act, the statutory purpose of Medicaid is, “to furnish medical assistance,” to people with low incomes.^{712, 713} Following CMS’ first approval of Medicaid work requirements in Kentucky, the question of whether these requirements are permissible in Medicaid under current law have become the subject of legal and public debate.

A number of federal and state lawsuits have been filed challenging the legality of work requirements under the Medicaid statute. One lawsuit filed against HHS in the weeks following Kentucky’s waiver approval argued, among other things, that the waiver amounted to “effectively rewriting the [Medicaid] statute,” which is impermissible without Congressional action.^{714, 715} In response, Kentucky Gov. Matt Bevin filed a countersuit, and threatened to end Medicaid expansion in Kentucky if work requirements were not implemented.⁷¹⁶ A federal judge later blocked CMS’ Kentucky waiver approval on June 29, 2018 ruling that HHS had acted in an “arbitrary and capricious” manner in approving it, failing to adequately consider whether the waiver proposal actually met Medicaid’s objectives.^{717, 718} HHS then re-opened the comment period on the waiver, presumably to gather additional input that would address the judge’s objection. CMS ultimately re-approved Kentucky’s waiver on November 21, 2018, allowing the state to begin implementing work requirements as early as April 2019.⁷¹⁹ Kentucky’s waiver was challenged again on January 15, 2019, when over a dozen Medicaid beneficiaries filed another lawsuit against the federal government for its re-approval the state’s waiver.⁷²⁰ As of January 31, 2019, a final ruling has not been made.

While the Kentucky waiver was on hold due to the litigation, Arkansas began implementing work requirements in June 2018. Beginning on June 1, non-exempt enrollees in the expansion population ages 30 to 49 were required to document 80 hours of work-related activities per month via an online portal to maintain their health coverage.⁷²¹ By December 2018, an estimated 18,000 people had lost health coverage due to the new policy.⁷²² Rattled by the dramatic drop in enrollment, the Medicaid and CHIP Access Payment Commission released a letter urging the Trump Administration to halt implementation of Arkansas’ work requirements program, citing the massive loss of coverage from people failing to comply.⁷²³ The commission requested a pause in revoking health coverage to allow for more outreach and communication about the state’s new policy.⁷²⁴ On August 14, 2018, three Medicaid enrollees who lost coverage filed a federal lawsuit against HHS on the basis that Arkansas’ work requirements program was unconstitutional. The case is currently proceeding and a final verdict has not been reached.⁷²⁵ Arkansas later announced in December 2018 that Medicaid enrollees would now be able to report hours by phone (rather than just online) in large part due to the outrage over significant coverage loss among enrollees subject to work requirements.⁷²⁶

Medicaid Work Requirements May Not Be Evaluated as Required by Law

As with any type of state-led demonstration, regular and timely evaluations are imperative for ensuring the effectiveness and efficiency of the programs. They suggest and guide improvements and serve as critical oversight tools for the federal government. While CMS guidance suggests that states “evaluate health and other outcomes of individuals that have been enrolled in and subject to the provisions of the demonstration,” in practice CMS has not made this a priority.⁷²⁷ In 2018, CMS allowed the Arkansas work requirement waiver to begin before an evaluation plan was agreed upon with the state.⁷²⁸

Furthermore, in the past (prior to Medicaid work requirement proposals), CMS has not followed through on its commitment to produce independent public evaluations of Medicaid demonstrations. According to a U.S. Government Accountability Office (GAO) report on previous Medicaid demonstration evaluations, "the federal government did not require complete and timely evaluations from states," and "the federal government was not making its evaluation results public—missing opportunities to inform federal and state Medicaid policy discussions."⁷²⁹ These findings pose doubts about the likelihood of future Medicaid demonstration evaluations being conducted and/or produced under the Section 1115 authority. Current arrangements between CMS and states also raise doubts about the federal government's prioritization of evaluation.

SUMMARY OF APPROVED MEDICAID WORK REQUIREMENT POLICIES

State	Background	Who is Subject to Work Requirements?	State-set Exemptions	What are the Requirements?	What are the Sanctions?	Impacts to date (as of Dec. 2018)
Kentucky	KY was the first state to receive federal (CMS) approval to institute Medicaid work requirements (Jan. 2018).	Medicaid expansion ⁷³⁰ enrollees without disabilities between the ages of 19 and 64. ⁷³¹	<p>Full-time students; former foster care youth; pregnant women; people with serious medical conditions; primary caregivers of adults with disabilities or dependent children; domestic violence survivors; elderly adults (65 and above); and people with disabilities (based on SSI qualification).^{732,733}</p> <p>Former foster youth and people who are “medically frail” must pay monthly premiums to get access to vision and dental services.⁷³⁴</p>	Perform 80 hours of work-related activities per month (or prove exemption). Approved activities include: working, volunteering, job searching, educational or vocational training, and substance abuse treatment among other things. ⁷³⁵	Failure to prove exemption or meet work requirements results in a 6-month lockout period from accessing Medicaid. ⁷³⁶	<p>Experts estimate that work requirements would double the number of adults who dis-enroll from Medicaid in two years.⁷³⁷</p> <p>Additionally, up to 70,000 KY adults could lose coverage permanently due to work requirements.⁷³⁸</p>
Arkansas	On June 1 2018, AR became the first state to implement work requirements in Medicaid. ⁷³⁹	Mainly adults aged 29-50 who are non-elderly and without disabilities. By 2019, the target population will include adults aged 19-29, adding 45,000 more people subject to work requirements. ^{740, 741}	Full-time students; people receiving TEA cash assistance; ⁷⁴² people deemed medically frail, disabled, or incapacitated; people with physical or mentally health conditions; caregivers for incapacitated persons; parents w/ children under 17; people receiving unemployment benefits; people enrolled in alcohol or substance abuse program; pregnant women; and people exempt from SNAP work requirements. ⁷⁴³	<p>Perform 80 hours of work-related activities each month (or prove exemption).</p> <p>Qualifying activities include: unsubsidized employment, enrollment in school, job training, vocational school, or other education programs; community service, job searching (up to 39 hours/month); enrollment in health education classes (up to 20 hours/month);⁷⁴⁴ and any activity that satisfies SNAP work requirements.⁷⁴⁵</p> <p>Those subject to work requirements are required</p>	Work-eligible adults who do not meet work requirements will lose their Medicaid benefits after 3 months. ⁷⁴⁷ Enrollees will also be locked out of coverage until the next enrollment cycle. ⁷⁴⁸	<p>In the first month of implementation (June 2018), about 25,815 Medicaid adults were subject to work requirements.⁷⁴⁹</p> <p>About 18,000 AR enrollees (22%) of those subject to work requirements have lost Medicaid coverage.⁷⁵⁰</p>

Indiana

In 2015 under then-Gov. Mike Pence, IN expanded access to Medicaid under the ACA. However, the state included a provision requiring Medicaid expansion enrollees to make monthly payments ranging from \$1-27 to keep their benefits.⁷⁵¹ The Medicaid expansion program was set to expire in January 2018, but IN applied for a waiver to extend the program and include work requirements. CMS approved IN's waiver in February 2018, and the state is set to begin implementing work requirements in 2019 through 2020.⁷⁵²

"Non-elderly, non-disabled" adults aged 19-59.⁷⁵³ The target population for work requirements are those enrolled in HIP Plus, IN's Medicaid expansion program.⁷⁵⁴

Full- and part-time students; pregnant women; primary caregiver of children under age seven or a person with disabilities; people deemed medically frail or incapacitated; people who are homeless, people with a serious illness; people incarcerated in the last 6 months; people exempt from or meeting TANF work requirements; and people enrolled in Medicaid employer premium assistance program.⁷⁵⁵

to document their hours or exemption via an online portal.⁷⁴⁶

Perform 20 hours of work-related activities per month (or prove exemption). The required work hours will increase to 80 hours per month by 2020.⁷⁵⁶

Qualifying activities include: subsidized and unsubsidized employment; state-run employment initiatives;⁷⁵⁷ job skills or vocational training; homeschool, high school, college and ESL⁷⁵⁸ education; job searching; volunteering; caregiving activities; enrollment in Indiana's work-referral program;⁷⁵⁹ enrollment in tribal nation workforce programs; enrollment in a substance abuse treatment program; and meeting SNAP work requirements.⁷⁶⁰ Enrollees must meet work requirements for eight months out of the year.⁷⁶¹

Additionally, Medicaid expansion enrollees are required to make monthly payments into health savings accounts within a 60-day grace period and must re-determine eligibility for Medicaid annually.⁷⁶²

Work-eligible enrollees who do not document hours or exemption from work requirements by the end of a 12-month period will lose benefits beginning the first day of the following year. Enrollees can reactivate their eligibility to receive benefits after they complete one month of work-related activities.⁷⁶³

Additionally enrollees who do not submit their Medicaid redetermination paperwork within a 90-day grace period will be locked out of enrolling for three months.⁷⁶⁴

The new waiver will also include lockout periods for enrollees who fail to make their monthly payments in the health savings account within a 60-day timeline. Enrollees with incomes above 100% FPL will lose all of their benefits for a six-month lockout period.⁷⁶⁵ Those with incomes at or below the federal poverty line will lose some benefits.⁷⁶⁶

While the new policy will not take effect until 2019, the changes are projected to cut Medicaid enrollment by 1% in the first year.⁷⁶⁷ Under the previous amendment, 46,000 enrollees were locked out of coverage for failing to make initial payments, and since 2015, over 91,000 enrollees in IN lost health coverage for not meeting the eligibility redetermination requirement.⁷⁶⁸ The work requirements rule is predicted to affect about 85,000 Medicaid enrollees beginning in 2019.⁷⁶⁹

New Hampshire

Under Gov. Chris Sununu, NH sought to institute work requirements on adults who gained health coverage

"Non-elderly, non-disabled" adults aged 19-64. Adults with children above age 6

People who are hospitalized, seriously ill, or incapacitated; caretakers for people who are seriously ill, incapacitated, or hospitalized; people participating

Perform 100 hours of work-related activities per month (or prove exemption).

Enrollees who do not meet work requirements or exemptions will have one month to make up their unreported hours, or prove

On December 20, 2018, the Joint Legislative Committee on Administrative Rules, a bipartisan panel of state legislators unanimously

	under Medicaid expansion in 2014. ⁷⁷⁰	are also subject to work requirements. ⁷⁷⁶	in drug court; parents with a child under age 6 (one parent is exempt in the case of two-parent homes); parents of a child with a disability (one parent is exempt in the case of two-parent homes); pregnant women; people with a disability (as defined under American Disabilities Act); people exempt from SNAP or TANF work requirements; people enrolled in Nh's voluntary Health Insurance Program (HIPP); and elderly adults (above age 64). ⁷⁷⁸	Qualifying activities include: subsidized or unsubsidized employment; job skills or vocational training; high school or college enrollment; enrollment in substance abuse treatment program; volunteering; caregiving for a person with physical or mental health conditions; and fulfilling SNAP or TANF work requirements. ⁷⁷⁹	a "good cause" exemption from making up those hours. Enrollees who do not meet the 1-month deadline will then lose their benefits, and must re-apply to get back coverage. ⁷⁸⁰	objected to the new work requirements policy, due to a number of disagreements with the policy. However, the state health agency plans to continue implementation of work requirements without the panel's approval beginning in 2019. ⁷⁸¹
	Prior to 2018, NH had implemented a section 1115 demonstration waiver that included a voluntary work referral program, but in 2017 the state applied for an amendment that would institute work requirements. ⁷⁷¹ CMS first approved the state's waiver but only until December 2018. ⁷⁷² On November 30, 2018, CMS extended the waiver to implement Medicaid work requirements until December 2023. ^{773, 774} Implementation will begin January 2019. ⁷⁷⁵	Enrollees with incomes above 100% FPL will be required to make copayments for Medicaid coverage. ⁷⁷⁷				

Maine

Under Gov. Paul LePage, ME first submitted a request to institute work requirements in August 2017, and on December 21, 2018 CMS approved the state's waiver to implement work requirements. ⁷⁸² As ME did not expand Medicaid coverage under the ACA, the work requirements waiver approved by CMS would apply to the traditional Medicaid population or those making below \$12,000 annually. ⁷⁸³	"Non-elderly, non-disabled" adults ages 19-64. ⁷⁸⁴	Elderly (age 65+) enrollees; people with disabilities (recipients of disability benefits); pregnant women; parents with children under age 6; people physically or mentally unable to work; people housed in an institutional facility; and caregivers of incapacitated adults. ^{785 786}	Perform 80 hours of work-related activities per month to maintain coverage. Additionally, enrollees with incomes above 50% FPL will have to pay monthly premiums of up to \$40. ^{787 788}	Enrollees who do not meet the work requirements will only be able to access health coverage for 3 months out of every three years, until they come into compliance with the requirements. ⁷⁹⁰	While the work requirements demonstration has yet to be implemented, advocacy group Maine Equal Justice Partners estimates that up to 50,000 people could be affected by the monthly premiums. ⁷⁹²
			Qualifying activities include: unsubsidized employment or state-sponsored workfare program, enrollment in school (at least part time), job searching; job training and education; community service; receiving unemployment benefits; and meeting SNAP or TANF work requirements. ⁷⁸⁹	Additionally, enrollees who fail to pay their monthly premiums would lose coverage after a 60-day grace period, until they make of their missed payments. ⁷⁹¹	The state also estimates that while enrollment numbers will decline, Medicaid costs will likely increase over time due to declines in enrollment among low-cost beneficiaries. ⁷⁹³

Michigan

MI expanded Medicaid coverage to reach more low-income adults under the ACA. However, in September 2018 the state submitted a request for the work requirements demonstration through the section 1115 waiver. On December 21, 2018, CMS approved MI's waiver to implement work requirements.⁷⁹⁴

"Non-elderly, non-disabled" adults ages 19-62.⁷⁹⁵

Seniors (age 63+); pregnant women; parents of children under age 6; people receiving disability benefits; full time students who are dependents or have a parent/guardian on Medicaid; caregivers of people with disabilities or incapacitated individuals; people deemed medically unable to work; people incarcerated in the last 6 months; former foster youth under age 21; and people meeting or exempt from TANF or SNAP work requirements.⁷⁹⁶

Perform 80 hours of work-related activities per month to maintain coverage.⁷⁹⁷ Non-exempt enrollees will be required to either meet or prove exemption from the requirements on a monthly basis.⁷⁹⁸

Enrollees who do not meet work requirements will only have health coverage for 3 months in year, after which they will lose coverage until they come into compliance.⁷⁹⁹

MI's work requirement policy could affect 540,000-700,000 people.^{800,801}

Work requirements could increase administration costs by \$20-30 million each year for the Michigan Dept. of Health.⁸⁰²

Up to 10% of Medicaid recipients could dis-enroll or lose coverage due to work requirements.⁸⁰³

Wisconsin

WI first applied for a waiver in 2017, and on October 30, 2018 HHS approved the state's waiver to implement work requirements. Although WI did not expand Medicaid under the ACA,⁸⁰⁴ the state did expand eligibility through a 2014 demonstration waiver to childless adults at or below 100% FPL.

"Non-elderly, non-disabled," childless adults ages 19-49.⁸⁰⁵

Elderly enrollees (age 50+), pregnant women, people receiving disability benefits; caregivers; adults deemed medically unable to work; people experiencing homelessness; students; people undergoing substance abuse treatment; and adults exempt from SNAP work requirements.⁸⁰⁶

Perform 80 hours a month of work-related activities to maintain coverage.⁸⁰⁷

Enrollees at or below 100% FPL will be required to pay monthly premiums of up to \$8.⁸⁰⁸ Enrollees will also pay premiums for emergency room visits deemed "non-emergency."⁸⁰⁹

Work-related activities include employment; community service; and participation in a state-approved employment and training program.⁸¹⁰

Perform 80 hours a month of work-related activities to maintain coverage.⁸¹⁹

Qualifying activities include subsidized or unsubsidized employment; job or life skills training; part-time schooling; health education;

Those who fail to meet the work requirements will lose Medicaid benefits after 48 months. Once dropped from Medicaid, enrollees will be locked out for 6 months before they can reapply.⁸¹¹

Enrollees who do not make premium payments will also be locked out of enrollment for 6 months, however they can re-enroll during the 6-month period if they pay their late payments.⁸¹²

The Wisconsin Dept. of Health Services estimates that 148,156 adults will be affected by the new policy.⁸¹³

According to state estimates, Medicaid enrollment could decrease by 5,000 due to the new policy and 4,262 people could be dis-enrolled after the 48-month limit.⁸¹⁴

Arizona

On January 18, 2019, CMS approved AZ's waiver to implement work requirements.⁸¹⁵

The work requirements policy targets Medicaid expansion enrollees who

"Non-elderly, non-disabled" adults ages 19-49.⁸¹⁷

Elderly enrollees (50+); people with disabilities or who are medically frail; people with acute physical and mental health conditions; people enrolled in substance abuse treatment; pregnant women and women who given birth in the last 90 days; full time students; former

Qualifying activities include subsidized or unsubsidized employment; job or life skills training; part-time schooling; health education;

Those who fail to meet the requirements will have their benefits suspended after a 3-month grace period.⁸²¹

Enrollees whose benefits are suspended will be locked out of coverage for 2 months, after which they

AZ is set to begin implementation of work requirements in January 2020.

According to state estimates, the new work requirements policy will

gained eligibility in 2014 under the ACA.⁸¹⁶

foster youth under age 26; domestic violence survivors; people experiencing homelessness; caregivers; caretakers with a child under 18; recipients of SNAP, Cash Assistance, or UI benefits; and AIAN tribe members.⁸¹⁸

job searching; and community service.⁸²⁰

can re-activate eligibility if they meet eligibility criteria.⁸²²

affect 120,000 people in AZ.⁸²³

Appendix B. SNAP

In 2018, the SNAP⁸²⁴ reached over 40 million people, or about 20 million households in the U.S.⁸²⁵ The majority of SNAP recipients (two-thirds) are children, elderly, or people with disabilities.⁸²⁶ Eligibility for the benefit, which averages \$125 per person each month,⁸²⁷ depends on a household's income and in some cases assets.

EXISTING SNAP WORK REQUIREMENTS

Under current SNAP policy, adults without disabilities⁸²⁸ between the ages of 18-59 are required to either work part-time or accept a job if offered one to maintain program participation.^{829, 830} Within the population of SNAP recipients subject to general work requirements, another group current policy (misleadingly) calls “Able-Bodied Adults without Dependents,” or “ABAWDs,” must meet a stricter set of requirements.

According to these requirements, participants aged 18-49 must perform 80 hours of work-related activities per month in order to keep SNAP benefits. If they cannot meet these requirements, access to SNAP is time-limited to just three months for every three years.⁸³¹ These participants can fulfill the work requirement if they are employed; enrolled in education or training programs; participated in the SNAP Employment and Training program (SNAP E&T); or participate in a workfare program⁸³² for the 80-hour monthly minimum.⁸³³ They must also refrain from quitting work or reducing their work hours by more than 30 hours a month to keep their benefits.⁸³⁴ If a person who falls under ABAWD criteria fails to meet these set of requirements, they would lose SNAP benefits for one month in the first instance, three months for the second instance, and six months for the third.⁸³⁵

Certain adult SNAP recipients are exempt from the time limits. These include people deemed unable to work due to mental or physical health conditions; pregnant women; adults caring for a child or an incapacitated person (though this exemption may be applied disparately, as there is a lack of clarity in U.S. Department of Agriculture (USDA) guidelines regarding who might qualify under this category);⁸³⁶ and people who are exempt from the general SNAP work requirements.⁸³⁷ Additionally, prior to the proposed 2018 House Farm Bill, a state could provide time limit exemptions for up to 15 percent of its SNAP caseload that would lose benefits because of the ABAWD time limit.⁸³⁸ The exemption would enable participants subject to time limits to use SNAP for one additional month past the time limit.⁸³⁹ States also can apply for yearlong waivers to exempt participants from the work requirement time limit if they are in areas with high unemployment (10 percent or above) or during an economic downturn.⁸⁴⁰ However, the general work requirements would still be in effect.⁸⁴¹ As of this writing, five states, the District of Columbia, and Guam all have statewide ABAWD time limit waivers in effect. Twenty-nine states have partial waivers that exempt participants from the time limits only in certain areas of the state, and 17 states do not have waivers for people subject to a time limit.⁸⁴²

The ABAWD time-limited population represents a small fraction of SNAP recipients; in 2016, 8.8 percent of all SNAP participants were deemed time-limited.⁸⁴³ Among the time-limited population, 26 percent were working largely in low-paying jobs,⁸⁴⁴ and on average, participants who were time-limited live in deep poverty, at 33 percent of the federal poverty level.⁸⁴⁵

2018 HOUSE REPUBLICAN FARM BILL SNAP WORK REQUIREMENT PROPOSAL

The proposed 2018 House Farm Bill included provisions that built upon and expanded existing work requirement policies in SNAP. More specifically, the legislation would have:

- Expanded the time-limited population from adults aged 18-49 to 18-59;
- Required participants who were time-limited to demonstrate at least 20 hours of employment per week or participation in a qualifying job training program (by 2021, the required hours of employment would increase to 25 hours per week);
- Exempted people with a qualifying disability, people over age 60, pregnant adults, and adults caring for children under the age of six or a person with substantial health limitations from work requirements;⁸⁴⁶
- Blocked individuals' SNAP benefits for 12 months if they fail to meet the requirement in a single month;
- Cut off SNAP benefits for three years if an individual fails to meet the requirement a second time;⁸⁴⁷ and
- Increased federal funding to states for SNAP Employment and Training (E&T) programs, from \$90 million to \$1 billion by 2021.⁸⁴⁸

The proposed 2018 House Farm Bill also included a number of amendments that would make it more difficult for states to utilize waivers on time limits and exemptions for time-limited participants facing barriers to meeting work requirements. Currently, time-limited participants are allowed SNAP benefits for only three months out of every three years if they do not meet work requirements.⁸⁴⁹ However, for certain time-limited populations in areas of high unemployment, states have the option to waive the three-month time limit on SNAP.⁸⁵⁰ Under the proposed 2018 House Farm Bill, states would face stricter criteria in applying for time limit waivers,⁸⁵¹ which could result in an estimated additional 600,000 people losing their SNAP benefits in 2021 when the bill would go into effect.⁸⁵² The bill also includes an amendment to narrow the time limit exemption, which gives states flexibility to exempt a share of their time-limited population from time limits for one month.⁸⁵³ The proposed amendment would restrict the time limit exemption from 15 percent of a state's caseload to 12 percent.⁸⁵⁴ Another amendment would require any E&T funds not spent within one year to be returned to the federal government,⁸⁵⁵ which could effectively reduce job training funds by \$350 million over ten years.⁸⁵⁶ Two additional amendments included in the bill consist of proposals to privatize the administration of SNAP programs,⁸⁵⁷ and a lifetime ban on receiving SNAP benefits for individuals convicted on certain violent crimes.⁸⁵⁸

The Farm Bill was initially voted down in the House on May 18, 2018⁸⁵⁹ but Republican leaders rounded up additional support for a second floor vote on June 21, 2018 and were able to pass the bill.⁸⁶⁰ However, the Senate passed its own version of the Farm Bill on June 28, 2018 which did not include changes or expansions to SNAP work requirements. Negotiations between the House and Senate bills were decided in the conference committee which convened in early September 2018.⁸⁶¹ After two months of negotiations, the conference committee reached a deal on the Farm Bill which did not include any major changes to SNAP work requirements, except the amendment to restrict the time limit exemption from 15 percent of a state's enrollment to 12 percent.^{862, 863, 864} The final version of the Farm Bill was voted on and passed both houses on December 12, 2018.⁸⁶⁵

THE TRUMP ADMINISTRATION'S PROPOSED RULE ON TIME LIMITS

On December 20, 2018, the Trump Administration released a proposed rule⁸⁶⁶ to limit the criteria under which states can apply for time limit waivers for SNAP participants who are unable to document sufficient hours of work each month.⁸⁶⁷ Currently, states are able to apply for waivers to the three-month time limit on SNAP for participants who face time limits in cases where the unemployment rate is

20 percent above the national unemployment rate.⁸⁶⁸ The new rule would restrict applications to states where the unemployment rate is above seven percent, almost two times as much as the current national rate.⁸⁶⁹ The proposed rule also would require states to re-apply for waivers every year, rather than every two years based on current rules.⁸⁷⁰ Additionally, the rule would prohibit states from carrying over unused exemptions into the following year from the 15 percent caseload exemptions allotted under current SNAP policy.⁸⁷¹ Under the Trump Administration's proposal, 755,000 people could be impacted by the restrictions on waivers.⁸⁷² The proposal was released shortly after Congress passed the 2018 Farm Bill which did not include any changes to SNAP work requirements.

Appendix C. Housing

Federal housing aid for low-income populations comprises a number of direct and indirect rental assistance programs. This report discusses proposed work requirements for two types of direct housing assistance: public housing and Housing Choice Vouchers (HCVs). In public housing, residents pay an income-based rent for an apartment in a building owned by a local housing agency. For those who receive voucher-based rental assistance, they pay income-based rent for an apartment in a privately-owned building with the federal government paying the difference to the landlord.

Federal housing assistance is capped, and reaches just a fraction (one-quarter) of those eligible.⁸⁷³ Waiting lists are long, and in some places applicants may remain on the list for years before receiving assistance.⁸⁷⁴ Demand is so high that a majority of housing agencies have closed their waiting lists.⁸⁷⁵ By one estimate, there are nearly 3 million families currently on a waiting list for HCVs, and approximately 1.6 million families waiting for public housing units in the U.S.⁸⁷⁶ The same estimate found that if all waiting lists were re-opened, the lists would swell to 9 million families and 2 million families waiting for vouchers and housing units, respectively.⁸⁷⁷

Under current law, unemployed adults in public housing units already have a requirement to participate for eight hours a month in community service or work-related activities.⁸⁷⁸ This can be satisfied in a variety of ways, such as community service, training, or simply volunteering. There are exemptions for those who are elderly, disabled, or already meeting the participation requirements of TANF. The Trump Administration has indicated an interest in intensifying and expanding work requirements to a broader swath of housing assistance program participants.

House Republicans too have indicated an interest in work-related mandates. The 2016 poverty policy plan issued by House Republicans proposed to “require housing to align with TANF benefits.”⁸⁷⁹ This was further detailed to make clear the intent:

“Those [who are] work-capable recipients should be expected to work or prepare for work by meeting with TANF case workers who collaborate with them to develop plans to obtain work and assist in making arrangements to prepare for work, such as child care, transportation, work clothes, and other necessities to transition to regular employment. Additionally, local jurisdictions that administer housing benefits should have the same program guidance that states mandate for TANF beneficiaries, such as the ability to institute work requirements, educational training, and time limits beyond which benefits are discontinued to encourage non-working work capable recipients to move toward jobs, careers, and economic independence.”⁸⁸⁰

TRUMP ADMINISTRATION FY2018 BUDGET PROPOSAL

In May 2017 the Trump administration released its budget for FY2018 that included dramatic cuts and changes to programs administered by HUD. The administration stated in the budget that it plans to implement work requirements and other program changes in 2019 to achieve its aim of creating “a path for work-able families to move toward self-sufficiency.”⁸⁸¹ The budget also included a 13.2 percent cut to overall HUD funding, and elimination of a number of programs it claimed have been ineffective at address community development and revitalization challenges.⁸⁸² These programs include the Community Development Block Grant, Choice Neighborhoods Initiative, HOME Investment Partnerships Program, the Self-Help Homeownership Program and the Indian Community Development Block Grant.⁸⁸³ In addition to the funding cuts, the budget also enabled HUD to raise the share of rent housing assistance recipients pay from 30 percent of adjusted family income to 35 percent.⁸⁸⁴ For the lowest-

income families, the new budget would allow HUD to require what would be a prohibitive minimum monthly rent payment.⁸⁸⁵ Additionally, the budget also eliminated reimbursements for utility payments and deductions such as child care and medical expenses, used to calculate the share of rent tenants pay.⁸⁸⁶ In a rejection of the Trump administration's budget proposal, Congress increased funding for HUD programs through the 2018 Omnibus spending bill.⁸⁸⁷ The Omnibus bill expanded overall funding for HUD programs by 10 percent and represented a 30 percent increase from the president's budget proposal.^{888, 889}

TRUMP ADMINISTRATION FY2019 BUDGET PROPOSAL

In February 2018, the Trump Administration released its FY2019 budget proposal for HUD. The proposal would cut overall funding for HUD by \$8.8 billion and eliminate programs such as the Public Housing Capital Fund, and the Community Development Block Grant.⁸⁹⁰ Additionally, the proposal detailed plans to restructure housing assistance programs under HUD, namely the Public Housing, Section 8 Housing Choice Voucher, and Project-based housing assistance programs, which would include work requirements.⁸⁹¹ Under the proposal, local Public Housing Authorities and project-based housing owners would be able to impose work requirements on non-elderly, non-disabled tenants who receive rental assistance.⁸⁹² The details of the work requirement policies would be determined by the HUD secretary, and agencies would need HUD approval to implement work requirements.⁸⁹³ In addition to work requirements, the proposal also detailed plans to increase mandatory and/or minimum rents paid by tenants, and to limit income verifications for rental assistance to once every three years.⁸⁹⁴

MAKING AFFORDABLE HOUSING WORK ACT OF 2018

Early in 2018, the Trump Administration released its FY2019 budget proposal for HUD that included cuts to the department's funding, increased rents for housing assistance recipients, and work requirements.⁸⁹⁵ Following the administration's proposal, HUD released a legislative proposal in April 2018 known as the Making Affordable Housing Work Act (MAHWA), with an aim to have the proposal introduced as a bill in Congress.⁸⁹⁶ The MAHWA proposal broadly aligns with the FY2019 budget proposal on work requirements and rent increases. Similar to the FY2019 budget proposal, under MAHWA, PHAs and project-based housing owners would be able to impose work requirements on non-elderly and non-disabled tenants.⁸⁹⁷ The HUD secretary would determine the number of work hours needed to meet the work requirements, and agencies who did implement work requirements would be exempt from imposing the community service and self-sufficiency requirements under the 1937 Housing Act.⁸⁹⁸ In addition to work requirements, non-elderly, non-disabled families would see their rents increase from 30 percent to 35 percent of their adjusted income.⁸⁹⁹ For families with elderly or disabled members, their rents would increase to either 30 percent of adjusted income or the minimum rent of \$50, depending on which amount is higher.⁹⁰⁰ The proposal also cuts income deductions such as medical or child care expenses, which could be factored in calculating how much rental assistance a household receives.⁹⁰¹ A hardship exemption from rent increases and work requirements could be granted to households, "unable to pay the family rent due to a financial hardship," such as threat of eviction, job loss, a death in the family, and other circumstances at the discretion of the HUD secretary.⁹⁰² The MAHWA proposal has yet to be taken up by a member in Congress,⁹⁰³ but, if implemented, would impact an estimated 175,000 families.⁹⁰⁴

FOSTERING STABLE HOUSING OPPORTUNITIES ACT OF 2018

A recent House bill, the Fostering Stable Housing Opportunities Act, would impose work requirements on youth aging out of the foster care system in order to keep their housing assistance benefits.⁹⁰⁵ Under

the bill, youth who have aged out of foster care and are receiving housing assistance would be required to either have a high school degree, have a job, or be participating in a career pathway within 30 months of first receiving housing assistance.⁹⁰⁶

While the bill appears well-intentioned in supporting former foster care youth, it could have adverse effects in the population, due to several challenges and risk-factors associated with foster youth. These challenges often stem from negative and/or traumatic experiences due to the disruptive life events and instability many foster youth face.⁹⁰⁷ Consequently, many foster youth struggle to successfully transition into adulthood after aging out of foster care.⁹⁰⁸ The bill has not yet advanced.⁹⁰⁹

HUD MOVING-TO-WORK DEMONSTRATIONS

First authorized under the 1996 Omnibus Consolidated Rescissions and Appropriations Act, the Moving to Work (MTW) demonstration program provides PHAs the flexibility to test and implement strategies for housing assistance reform. Under MTW, qualifying PHAs could change regulations and utilize funding for public housing and Section 8 housing choice vouchers to implement programs with the aim to promote economic security among assisted families; achieve programmatic efficiency and reduce costs; and increase housing choice for low-income households.⁹¹⁰ The 1996 Act authorized MTW demonstrations for 39 PHAs nationally but in 2015 Congress authorized expansion of MTW to 100 PHAs.⁹¹¹ To date, nine PHAs have used the MTW demonstration to impose work requirements on housing assistance recipients.⁹¹² The implementation of MTW programs has varied significantly across various PHAs and little research exists on the effects of the program on housing assistance. Although designed as a demonstration, a report by the GAO concluded that, MTW oversight was limited, which has undermined efforts to effectively evaluate the program's outcomes and impact.⁹¹³ Unsurprisingly, little is known about the effects of work requirements implemented by the nine PHAs under MTW. Only one rigorous evaluation on the Charlotte Housing Authority has been conducted,⁹¹⁴ which concluded that work requirements generated, "modest effects on employment and little impact on income."⁹¹⁵

HUD PUBLIC HOUSING COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT

Under this program, non-elderly and non-disabled families and individuals in public housing are required to perform eight hours of community service or work-related activities each month.⁹¹⁶ The acceptable activities include: subsidized and unsubsidized employment; job training, job search and readiness programs, community service, and educational attainment among other things.⁹¹⁷ There is currently no federal work requirement for Section 8 Housing Voucher recipients, although some recipients may still be subject to work requirements through some MTW demonstration sites.⁹¹⁸ Unlike work requirements programs under SNAP and TANF, there are no time limits placed on public housing recipients subject to work requirements.⁹¹⁹ However, some PHAs have instituted time limits under the MTW demonstration. Public housing beneficiaries can be exempt from these work requirements if they are elderly (age 62 and above), have a disability as defined through SSI or SSDI, are a caretaker of someone with a disability, are a single parent of a child below one year, or a child under six years if they are unable to obtain child care.⁹²⁰

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