Increasing self-sufficiency through policy: Improving health by encouraging work

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Overview

 About 9 million nondisabled adults on Medicaid do not work at all (CEA, 2018)

 Work requirements increase employment and decrease poverty

Work is good for health

Medicaid-eligibility verification matters



Require work, reward work

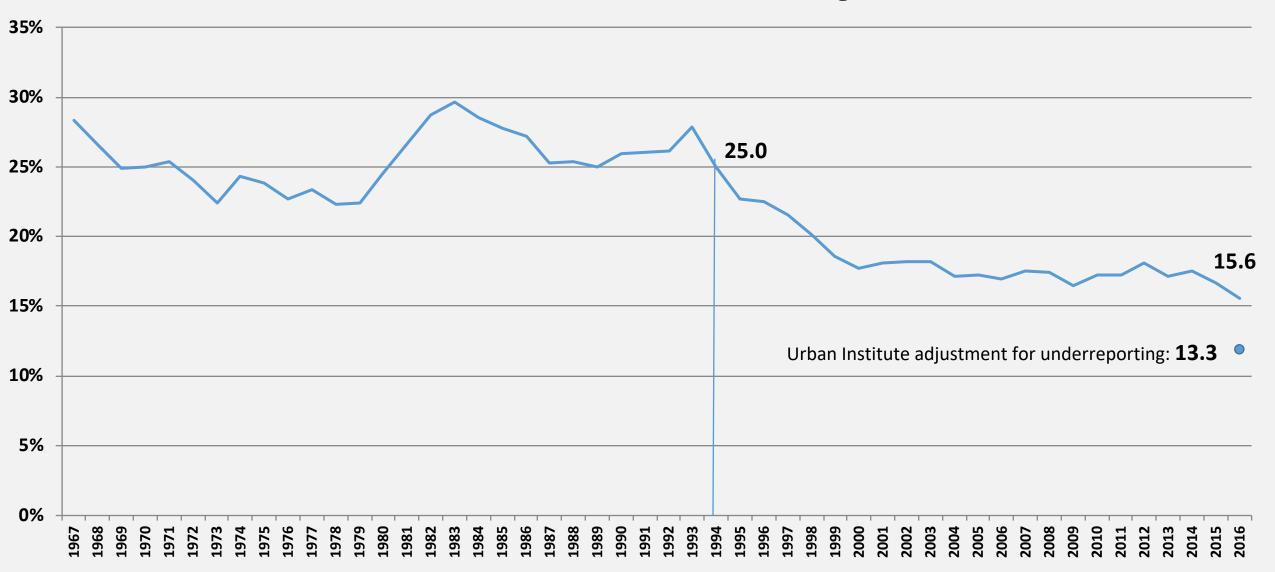
 State waivers and Welfare Reform in mid-1990s increased focus on work in AFDC/TANF

 I saw the difference work requirements made in New York

 Data from across the US shows decrease in child poverty

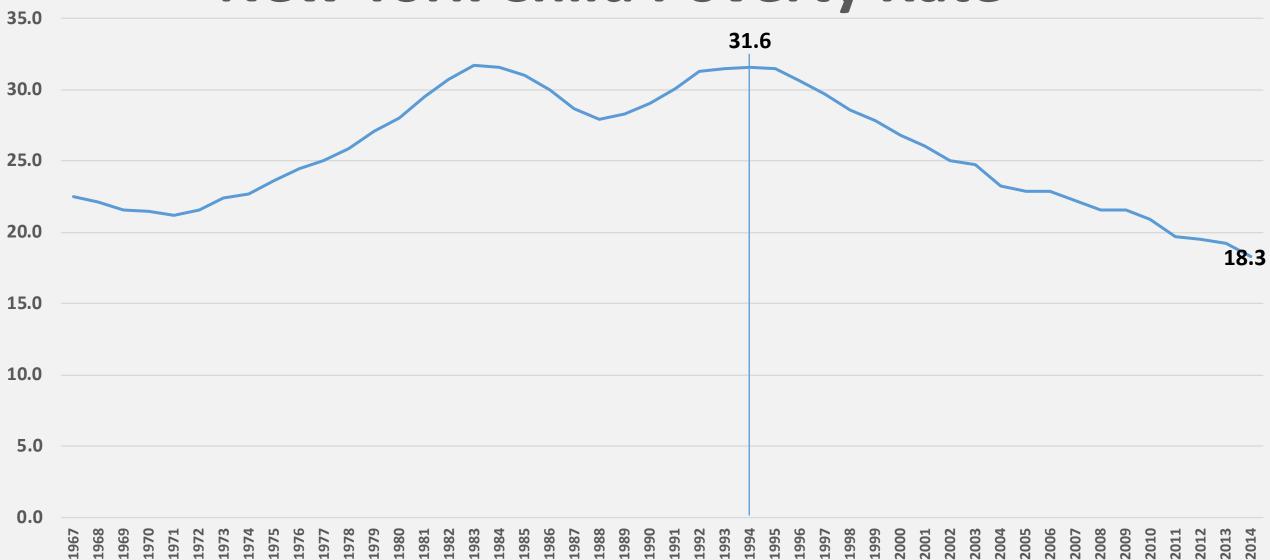


US Child Poverty



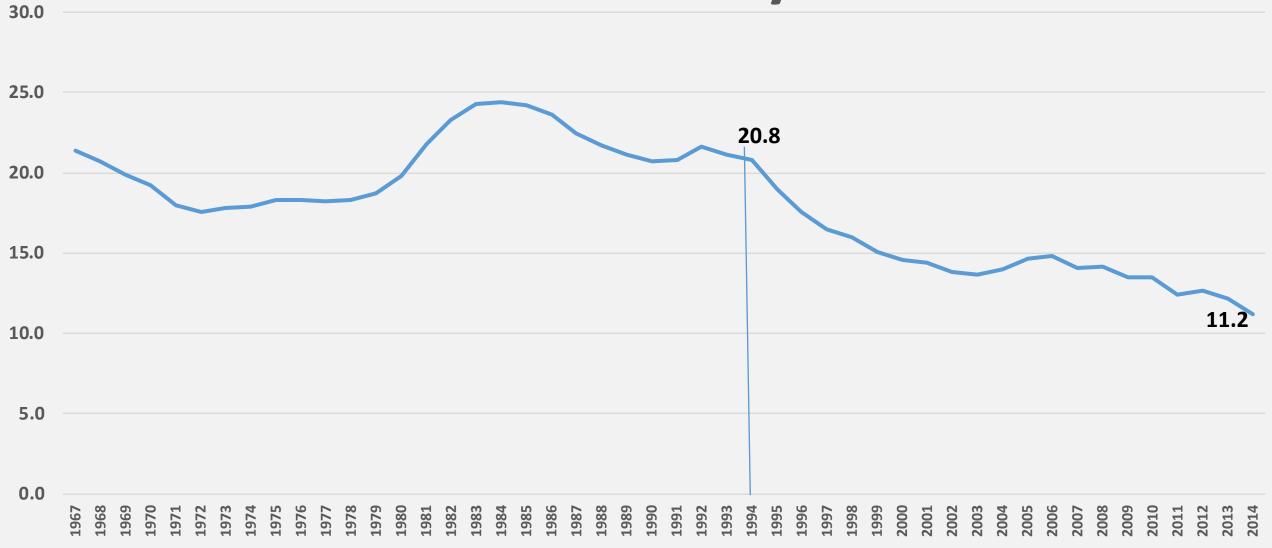


New York Child Poverty Rate





Ohio Child Poverty Rate





Work is good for health

 "Overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of longterm unemployment...There is a strong evidence base showing that work is generally good for physical and mental health and well-being." (Waddell and Burton, 2016).

• For those struggling with substance abuse: "Employment is associated with positive outcomes among substance users in treatment and unemployment is associated with relapse" (Wetzler, 2018).

Work requirements can work in a variety of ways

 Many activities can fulfill requirements, for any given number of hours per week

 Case management is key: Expectations and consequences must be clear and certain, and focused on getting recipients into employment

Questions about the Medicaid application/verification process

 What methods of verification are required of program administrators? How does the state run its means test for Medicaid?

 Currently no asset testing for Medicaid eligibility. Does asset testing have a role to play?

• Is self-attestation allowed?

