HIGHLIGHTS: “Unfit” to Work? How Medicaid Work Requirements Hurt People with Disabilities

The evidence from Medicaid and other programs all point to the same conclusion: work requirements do not work for people with disabilities. Hand-waving toward exemption processes cannot wish away those negative impacts, nor mask the ableist assumptions embedded in these policies. Work requirements purport to solve a nonexistent problem. If the goal is to increase employment, providing better health coverage and more employment supports are the proven policy options.

Many factors create barriers for low-income people to work, and people with disabilities face even more challenges

- These include systemic instabilities and exploitation in the low-wage workplace; inadequate supports for childcare, transportation and access to health care; and outright discrimination.
- The vast majority of Medicaid-enrolled adults are in the workforce or serve as caregivers, enrolled as students, or have mental or physical impairments that create barriers to work.
- People with disabilities often face discrimination in hiring and may have difficulties obtaining legally required accommodations and other supports they need – supports Medicaid often funds.
- The barriers may be compounded for Black and Native American populations, who experience higher proportional rates of disabilities and would be disproportionately harmed by work requirements.

Medicaid helps people with disabilities work, but work requirements undermine access to employment for people with disabilities

- Medicaid-funded services can provide transportation, health care, and other services that help people with disabilities obtain and maintain competitive employment.
- Expanding access to adult Medicaid coverage increased employment rates for people with disabilities – without a work requirement!
- The Ticket to Work program and the Medicaid Buy-in for Workers with Disabilities allow participants to pay sliding scale premiums for Medicaid coverage as their incomes rise.

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• Many states have added employment supports, including habilitative and rehabilitative services, that help people with disabilities prepare for and find job opportunities.
• Work requirements would create unnecessary risks to coverage that would discourage people with disabilities from participating in those employment support programs.

Exemptions for people with disabilities do not work.
• An exemption for people with disabilities deemed “unfit for employment” reinforces an outdated, paternalistic view of people with disabilities as helpless and passive.
• Exemptions put people with disabilities in a bind – they must either assert that they are “unfit” to work or reject the exemption and face the possibility of losing Medicaid if they cannot overcome the employment barriers in our existing labor market.
• Exemptions require filling out a form, completing a screen, seeing a clinician, or other requirements that add red tape and make it harder to stay enrolled.
• Evidence from other programs with work requirements shows that even with exemptions, many people with disabilities still get disenrolled.

Examples of problems with work requirements
• Arkansas’ Medicaid work requirement involved a 10-step on-line exemption process for those not automatically exempted. Although 30% of the target population reported one or more serious health limitations, only 11% obtained a long-term exemption.
• In SNAP, nearly 20% of those subject to work requirements (700,000 enrollees) report having a disability, though they are classified as the so-called “Able-bodied Adults without Dependents.”
• In Franklin County, Ohio, about 1/3 of individuals required to participate in a SNAP employment and training program reported a physical or mental limitation.
• When Georgia reinstated the SNAP work requirements, 62% of nearly 12,000 individuals subject to the requirement were disenrolled after only 3 months. State officials acknowledged that hundreds of enrollees had been wrongly classified as “able-bodied” when they were actually unable to work.
• Studies of TANF work requirements have documented disproportionate sanctioning of participants with physical and mental health conditions. Others show how bureaucratic processes have narrowed interpretations of exceptions and established high burdens of proof on participants seeking relief from work requirements.
• Studies have shown that Black participants are more likely to be sanctioned related to TANF work requirements, suggesting that racial and ethnic bias may compound the negative impact of work requirements for people of color with disabilities.

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