Medicaid Work Requirements Don’t Work for Florida

Most adult Florida Medicaid enrollees (aged 19-64) are already working.¹ Those who don’t work are primarily people with illnesses or disabilities, students, or caretakers for a family member. *Work requirements would hurt Florida families, cost the state more money and add more red tape and paperwork for everyone.*

**Work requirements would lead to massive coverage losses.**

Experience from Arkansas and New Hampshire shows that thousands of Floridians, both workers and those intended to be protected from work requirements, would likely lose coverage. These coverage losses have triggered policymakers in Arizona, Maine, Michigan, New Hampshire, Virginia, and Kentucky to reconsider implementation of work requirements.²

**Work requirements are not helping people find jobs.**

Harvard researchers found no significant rise in employment or hours worked for Arkansas beneficiaries, but did find sharp increases in uninsured rates.³ Florida's uninsured rate is already well above the national average.⁴

**Workers who are paid low wages, and their families, risk losing critical supports under work requirements.**

Many workers need Medicaid when their wages aren’t enough to afford health coverage, their low-paying job does not offer health coverage, and during periods of joblessness.⁵ Additionally, losing coverage hurts workers with chronic health conditions who need access to care that supports their participation in the workforce.

**People intended to be protected from work requirements are likely to lose coverage.**

This includes, for example, people with disabilities and caregivers.⁶ They too will face burdensome paperwork and bureaucratic hurdles to prove they are unable to work.

**When parents lose coverage, their children’s health is at risk, too.**

When parents are uninsured, children are less likely to be covered or go to the doctor. Also, the entire family is more likely to be burdened by medical debt and bankruptcy.
Medicaid work reporting requirements are costly for taxpayers.

Research shows that Medicaid work reporting requirements will result in people losing coverage simply because of the new layers of red tape and bureaucratic errors. State government is already stretched thin. Adding new bureaucracy is misguided and will only lead to more costs. Further, coverage losses will mean more uncompensated care costs shifted to everyone.

State government is already stretched thin. Agencies administering Florida's Medicaid program work hard to keep up with new technologies and systems that are constantly changing. Adding new bureaucracy is misguided and will only lead to more problems.

Florida's own experience with cash and food assistance programs is a preview of multiple barriers and coverage losses that beneficiaries would likely face with Medicaid work requirements.

In 2018, the Florida Legislature’s Office of Program Policy Analysis and Government Accountability (OPPAGA) published a report reviewing mandatory work requirements in the Temporary Assistance for Needy Families (TANF) and Supplemental Nutritional Assistance Program (SNAP) programs.

In fiscal year 2017, a staggering 84-95 percent of SNAP beneficiaries subject to these requirements were sanctioned and lost benefits primarily because they did not successfully navigate the first bureaucratic hurdle requiring registration with Department of Economic Opportunity (DEO). This involved having to pursue online paperwork requirements or attend an in-person meeting.

Multiple barriers for beneficiaries trying to comply with registration and other work requirements were identified across both SNAP and TANF, including transportation (particularly in rural areas), low education levels, lack of skills and work experience, homelessness, language barriers, lack of computer literacy, and mental health/substance abuse problems.

The report also noted a lack of state or federal funding to help beneficiaries address these barriers.

Other states' experiences confirm the harmful effects of Medicaid work requirements.

Arkansas' and New Hampshire’s Medicaid waivers provide direct evidence of what happens when states take away Medicaid coverage for not meeting work requirements.

- In Arkansas, more than 18,000 people — nearly 1 in 4 of those subject to work requirements — lost coverage over the course of just seven months. In New Hampshire, almost 17,000 people, or about 40 percent of those who would have been subject to work requirements, would have lost coverage had state policymakers not put the policy on hold.

- In both states, evidence suggests that people who were working and people with serious health needs who should have been eligible for exemptions lost coverage due to red tape. Large numbers of
beneficiaries in both states reported that they didn’t know about the work requirement or whether it applied to them.

- Arkansas’ work requirement increased uninsured rates without increasing employment, a study by Harvard researchers found. Consistent with that study, data show that only a small minority of those who lost coverage in Arkansas found jobs, and most of them would likely have found jobs with or without the work requirement policy.