

Health

**MEDICAID WORK REQUIREMENTS DECEPTIVELY CITE
ACADEMIC RESEARCH**
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Under the direction of President Trump, the federal government’s Centers for Medicare and Medicaid Services (CMS) is encouraging states to take away Medicaid health coverage for otherwise-eligible people who cannot get work, or enough work. The Kasich Administration, at the bidding of the state legislature, asked CMS for permission to try a demonstration program that could cause many of the 700,000 Ohioans who gained health care through Medicaid expansion to lose coverage. Even though 73 percent of Ohio’s working-age Medicaid enrollees live in a household with at least one person who works, the proposal creates a number of new administrative barriers. Patients would have to prove they work 80 hours a month or provide evidence as to why they deserve an exemption.

An enormous amount of research has been conducted on work, health, employment and unemployment. None of it supports denying health coverage to otherwise eligible people who don’t work enough hours. Yet the Trump and Kasich Administrations are moving forward with a proposal to do just that. To justify their plan, Trump’s Medicaid officials misinterpret and deceptively cite research. Some studies they cite are dated and examine different times and economic contexts. Some are European and study people who have universal health coverage and don’t live under the threat of losing care. A number of the studies find that insecure jobs – the kind of jobs many Medicaid patients have – actually harm health. Below is a sample of some of the citations CMS used and why they don’t justify the work requirement proposal.

CMS deceptively cites academic research to justify Medicaid work requirements		
They cite:	They say:	The study shows:
<p>“Accumulated labour market disadvantage and limiting long-term illness: data from the 1971-1991 Office for National Statistics’ Longitudinal Study,” by Mel Bartley and Ian P. Lewis. <i>International Journal of Epidemiology</i>, (April 1, 2002)</p>	<p>“It is widely recognized that education, for example, can lead to improved health by increasing health knowledge and healthy behaviors.”</p>	<p>They 1971-1991 study doesn’t apply to 2018 U.S. Medicaid policy because it is based solely on men living in the U.K., which has universal health care. It does not focus on education, health knowledge nor healthy behavior as outcomes.</p>

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<p>“Is Work Good for Your Health and Well-Being?” by G. Waddell, and A.K. Burton. EurErg Centre for Health and Social Care Research, University of Huddersfield, UK. (2006)</p>	<p>The review of studies shows “strong evidence that unemployment is generally harmful to health, including higher mortality; poorer general health; poorer mental health; and higher medical consultation and hospital admission rates.”</p>	<p>Some studies were conducted during deindustrialization when the problem was a sudden loss of well-paid jobs. Today it’s the pervasiveness of low-wage, insecure jobs. The review included research from countries with universal health care. Authors note: “interventions which simply force claimants off benefits are more likely to harm their health and well-being.”</p>
<p>“The Association Between Income and Life Expectancy in the United States, 2001-2014,” by Raj Chetty, Michael Stepner and David Cutler, <i>Journal of the American Medical Association</i>. (April 26, 2016)</p>	<p>“...targeting certain health determinants, including productive work and community engagement, may improve health outcomes.”</p>	<p>Nothing in this study validates cutting health insurance for low-income Ohioans.</p>
<p>“Health effects of employment: a systemic review of prospective studies.” By M. Van der Noordt, H. Jzelenberg, M. Droomers, and K. Proper <i>BMJournals. Occupational and Environmental Medicine</i>. (2014)</p>	<p>“Another academic analysis found strong evidence for a protective effect of employment on depression and general mental health.”</p>	<p>The review notes that low-quality jobs can lead to reduced health while high-quality jobs can lead to improved health. The study does not claim that the low-quality jobs that work requirement participants may get will improve their health.</p>
<p>“In U.S., Depression Rates Higher for Long-Term Unemployed.” By S. Crabtree. Gallup. (2014).</p>	<p>“A 2013 Gallup poll found that unemployed Americans are more than twice as likely as those with full-time jobs to say they currently have or are being treated for depression.”</p>	<p>“The causal direction of the relationship, though, is not clear from Gallup’s data. One explanation could be that depression makes it harder to find and maintain a job.”</p>
<p>Doing good is good for you: Health and Volunteering Study. United Health Group (2013)</p> <p>“Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers,” by Jenkins, C. Dickens, A. Jones, K. Thompson-Coon, J. Taylor, R. and Rogers, M. <i>BMC Public Health</i> (2013)</p>	<p>“Other community engagement activities such as volunteering are also associated with improved health outcomes, and it can lead to paid employment.”</p>	<p>The survey does not adjust for income, health status or ability to volunteer. The study defines volunteering as an act of free will, but by definition, requiring people to volunteer in order to get health care is coercion. CMS doesn’t cite anything to support its claim that volunteering will lead to paid employment.</p>