

**2019 House of Delegates
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| 401 | Oppose Medicaid Work Requirements |

RESOLUTION 400

Subject: Oppose Medicaid Work Requirements

Introduced by: Medical Student Section

WHEREAS, 20% of Louisianians and 44% of Louisiana children rely on Medicaid for health insurance coverage¹; and

WHEREAS, Medicaid work requirement exemptions have already been approved by the federal government for Kentucky, Arkansas, Indiana, Wisconsin, and New Hampshire^{2,3,4}; and

WHEREAS, there is currently no evidence to suggest that Medicaid work requirements will lead to increased employment amongst Medicaid recipients, but there is significant evidence to support the idea that Medicaid work requirements lead to loss of coverage^{5,6,7,8}, and

WHEREAS, a 2018 article in the *Journal of the American Medical Association* estimated that just 0.9% to 3.8% of Medicaid-eligible individuals in Louisiana were subject to but did not meet proposed work requirements⁹; and

WHEREAS, Medicaid work requirements would increase bureaucratic red tape, resulting in unnecessary administrative expenditures for both providers and the Medicaid program as well as loss of health coverage^{6, 7,10,11,12}; and

WHEREAS, the implementation of work requirements in nearby Arkansas cost the state \$7.6 million to enact and resulted in approximately 25% of the relevant Medicaid recipients having their health insurance coverage jeopardized^{10, 12, 13}, and

WHEREAS, if Medicaid work requirements were implemented nationwide, 2.1 million people would lose Medicaid coverage with only a 0.7% decrease in Medicaid spending¹⁴; and

WHEREAS, the American Medical Association opposes work requirements as a criterion for Medicaid eligibility (H-290.961, Opposition to Medicaid Work Requirements); therefore, be it

RESOLVED, That our Louisiana State Medical Society oppose work requirements as a criterion for Medicaid eligibility.

References:

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 4. Luhby, T. “Kentucky Can Make Medicaid Enrollees Work.” *CNN*, 21 November 2018.
 5. “Medicaid Work Requirement Would Limit Health Care Access Without Significantly Boosting Employment.” *Center on Budget and Policy Priorities*, 11 October 2017.
 6. Wikle, S. “Work Requirements in Medicaid Would Add More Red-Tape and Barriers to Health Coverage.” *Center For Children and Families*, Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, 17 January 2018.
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 8. “Harm to People Experiencing Homelessness From Taking Away Medicaid for Not Meeting Work Requirements.” *Center on Budget and Policy Priorities*, 9 May 2018.
 9. Silvestri D.M., Holland M.L., Ross J.S. “State-Level Population Estimates of Individuals Subject to and Not Meeting Proposed Medicaid Work Requirements.” *JAMA Internal Medicine*. 2018;178(11):1552–1555.
 10. “A First Glance At Medicaid Work Requirements in Arkansas: More than One-Quarter Did Not Meet Requirement,” *Health Affairs Blog*, 13 August 2018.
 11. Andrews, M. “Red Tape Leaves Some Low-Income Toddlers Without Health Insurance.” *National Public Radio*. 12 July 2016.
 12. Rudowitz, R., Musumeci, M., Hall, C. “A Look at October State Data for Medicaid Work Requirements in Arkansas.” *Kaiser Family Foundation*, 19 November 2018.
 13. Gunn, D. “Here’s What Happened When Arkansas Implemented Work Requirements for Medicaid Recipients.” *Pacific Standard*. 16 October 2018.
 14. Goldman A.L., Woolhandler S., Himmelstein D.U., Bor D.H., McCormick D. “Analysis of Work Requirement Exemptions and Medicaid Spending.” *JAMA Internal Medicine*. 2018;178(11):1549–1552.