

Are We Done Protecting Medicaid? Not by a Long Shot

Finally, a tangible victory! In recent days, Republican leaders of the Congressional committees responsible for Medicaid, joined by many of their (relatively) moderate colleagues have [backed off](#) their axe-throwing party designed to decimate this essential health safety net program. While we've not seen hard data to prove it, we are certain their retreat from a wholesale attack on Medicaid is due in large part to the grassroots opposition that rose up across the country and flooded their offices with calls, emails, and press releases screaming "No Cuts to Medicaid!" It's a big win; take a bow and breathe.

Now onto the next thing: protect Medicaid!

While the Republicans appear to be backing off proposals that would significantly alter how the program is funded—and that would lead to many millions losing coverage—they are rallying around plans that they think are more politically palatable. One thing they've latched onto is instituting a national work requirement for "able-bodied" Medicaid beneficiaries. They figure everyone who's getting free health insurance from the government should work and pay taxes if they're able. Many of our fellow Americans might (and do) say "yes, that makes sense."

On the surface, it may seem like a reasonable idea, but like everything to do with the massive, complex program that is Medicaid, it's a lot more complicated where the rubber hits the road. As this [succinct fact sheet](#) from KFF explains, instituting national work requirements for certain Medicaid populations may save the federal government some money over time, but it will 1) result in millions of current beneficiaries being dropped from the program, 2) increase the number of uninsured Americans, and 3) actually NOT increase the employment rate. Studies show that two-thirds of people on Medicaid already work full or part time, and most who don't work *can't* work due to disability, caregiving responsibilities, or being in school.

A national work requirement for Medicaid is a solution looking for a problem. However, limiting program access and benefits—especially for the poor, disabled, and other disenfranchised populations—is much easier than remediating any of the real causes of waste, fraud and abuse that may exist. This path also leads to millions losing access to life-sustaining health services. In addition, studies show that access to affordable health insurance and care actually increases a person's ability to find and maintain employment, not the other way around.

Immigrants, legal or otherwise, are another popular target under the current Administration. While legal immigrants in some states can access the Medicaid program after a five-year waiting period, as a general rule undocumented immigrants cannot. A

few states have offered Medicaid coverage to certain undocumented persons through solely state-funded expansions (no federal funding is used for this type of expansion). Care for undocumented immigrants who present in a hospital emergency room may be reimbursed through Emergency Medicaid, but this represents a miniscule portion of Medicaid spending. Still, some policymakers stoke the myth that immigrants are somehow part of a Medicaid spending problem (i.e., fraud), so we should expect to see our immigrant neighbors targeted over this issue. For more details on immigration and Medicaid, check out this [KFF fact sheet](#).

As the Republican-led Congress continues to craft its massive budget reconciliation bill, we're sure to see continued efforts to find savings in Medicaid—and Medicare and Social Security—by making it more difficult to obtain and maintain coverage, and by reducing essential benefits. Currently, Congress and the Administration have tied themselves in knots trying to fund promised tax cuts for the wealthy while also trying to avoid the public backlash to initial plans to cut massively popular entitlement programs. We've all done great work so far; let's keep it up. Make sure your elected representatives know that “no cuts” also means no to putting burdensome and ineffective work requirements on beneficiaries, and no to unfairly targeting our legal and undocumented immigrant populations.

For more information: In addition to KFF as a great source of reader-friendly [Medicaid policy information](#), check out the Center for Medicare Advocacy, which focuses primarily on Medicare but has a lot of current information on proposed Medicaid cuts (e.g., [this recent article](#)). Disability Rights NJ's [Protect Medicaid project](#) is also an excellent source for information and advocacy tools, especially on complex issues like how cuts to Medicaid negatively impact Medicare, and how forcing states to abandon coverage for Medicaid expansion populations will harm vulnerable populations like the working disabled and the elderly poor.