

How Medicaid Work Requirements Will Harm Older Adults & Family Caregivers

The Centers for Medicare & Medicaid Services issued <u>guidance</u> allowing states to condition Medicaid eligibility on fulfilling work and "community engagement" requirements. Under this policy, states can require adults to work in order to receive Medicaid if they are under age 65 and not disabled under the Social Security Administration's strict definition. Although states are required to exempt some individuals who cannot work based on their health conditions, and encouraged to allow caregiving hours to count as work, all of these individuals will still be subject to onerous reporting requirements. This presents a significant barrier to health care access for many of the <u>nearly 9 million adults ages 50 to 64 who rely on Medicaid</u>, as well as <u>nearly 5 million people with disabilities</u> and chronic health conditions who do not receive Social Security Disability or Supplemental Security Income, and family caregivers.

Older Adults May Lose Health Insurance if They Can't Work

Older adults have **higher health care needs** and therefore may not be able to work, especially without access to health care.

- Over 80 percent of adults ages 55-64 have at least one pre-existing condition.
- Over a third of adults ages 50-64 have multiple chronic conditions.

Older adults often take care of children, elderly relatives, and spouses or friends who are ill. <u>More than one in three family caregivers</u> are between the ages of 50 and 64 and have limited time to do other work or may not be able to find a job that accommodates their caregiving duties.

Older adults have a harder time finding work if they lose their jobs. Many face <u>age discrimination</u> and <u>increasing difficulties</u> finding work the longer they are unemployed. And nearly <u>7 out of 10 retirees retired</u> <u>before age 65</u>, prior to becoming eligible for Medicare. If an early retiree's only income is from Social Security, they are likely to be eligible for Medicaid and unable to afford other health insurance.

People with Disabilities Who Rely on Medicaid Could Lose Coverage

Under this policy, states are not allowed to require people who are eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) to work. However, nearly <u>3 out of 5 adults with disabilities</u> do not receive SSI or SSDI and therefore are at risk of losing their Medicaid coverage.

- Older adults ages 50-64 are more than twice as likely to have a disability than younger adults.
- One out of every two adults ages 50-64 who rely on Medicaid has a disability, but more than half of these older adults do not receive SSI. These are individuals who experience serious difficulties with hearing, vision, cognitive functioning, mobility, or activities such as bathing, eating, or going to the doctor, but do not qualify for disability under the strict Social Security definition.

- For many people with disabilities and serious health conditions, Medicaid is essential to maintaining their health and function. <u>Interruptions in coverage</u> can lead to gaps in care and serious harms to an individual's health and actually inhibit their ability to work.
- Exemptions aimed at relieving people with disabilities or serious health conditions from work
 requirements are <u>likely to be too narrow</u> to cover everyone and put an additional burden on these
 individuals to prove they are unable to work.

Work Requirements Would Add to the Burden of Care

Lisa, age 54, spends at least 50 hours a week taking care of her husband who is in stage four kidney failure and has suffered multiple strokes. Both Lisa and her husband rely on Medicaid. Lisa used to work full-time as a florist while balancing other jobs to make ends meet, but keeping a job is impossible now that she is her husband's sole caregiver. Without Lisa, her husband likely would be forced to go into a nursing facility. Caregiving is difficult, round-the-clock work, and Lisa is exhausted from being up throughout the night. She can't imagine how she could document and report the hours she spends caring for her husband. Yet, if Medicaid required her to work, that's exactly what she would have to do or risk losing her coverage.

Family Caregivers Could Lose Their Own Medicaid Coverage

Medicaid is a lifesaver for individuals who have to leave the workforce to care for an older family member or friend. Family caregivers are more likely to be <u>low-income</u>, <u>older</u>, <u>women</u>, <u>and people of color</u> and less likely to have access to health insurance through a job or spouse. Medicaid is critical to helping caregivers take care of their own health while they care for a loved one. However, depending on how a state implementing work requirements defines "work," family caregivers could lose their health insurance or face additional hurdles to keep it.

- Over half of women caregivers with incomes of \$35,000 or less spend <u>more than 20 hours</u> per week providing care.
- Of women caregivers, a third <u>decrease their work hours</u>, more than 20% take leaves of absence, and almost 15% retire early.
- Over <u>half of women caregivers have a chronic condition</u> of their own and a quarter experience health problems as a result of their caregiving.

Complicated Eligibility Rules Mean Even "Working" or "Exempt" Individuals Will Lose Coverage

Work requirements are extremely burdensome for beneficiaries to navigate and for states to administer. Requiring people to verify that they are either working or exempt from the requirement will inevitably lead to Medicaid-eligible individuals falling through the cracks simply because the <u>process is too complicated</u>, onerous or doesn't work correctly.

Furthermore, many people who work low-wage jobs would fail to meet the required work hours in some months because they <u>work seasonally, are unemployed in some months</u>, or do not have stable hours. Therefore, despite being technically eligible, at least some older adults who are working, as well as family caregivers and people with chronic health conditions or disabilities, are going to lose their coverage.