

Adults with mental health, substance disorders more likely subject to Medicaid work rules

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A new research study has found that Medicaid enrollees with behavioral health and other chronic conditions are less likely to be working part or

full time than those without these conditions, making it less likely they will meet new or proposed work requirements for Medicaid that have been implemented or proposed in some states.

Several states are pursuing reforms to their Medicaid programs that would require Medicaid enrollees to work a specified number of hours, look for a job, receive job training, and/or participate in community service in order to maintain their Medicaid coverage.

In an article published in the April issue of *Health Affairs*, researchers from the University of Kentucky, Johns Hopkins University and Emory University used data from the National Survey on Drug Use and Health to examine if adults with [serious mental illness](#), substance use disorders, and/or other [health conditions](#) are more likely to be subject to Medicaid work requirements compared to adults without any identified conditions.

Among Medicaid enrollees age 18 to 64, those with serious mental illness were less than half as likely to have worked part or full time (at least 20 hours) in the past week as those without any health conditions—and would therefore be unlikely to meet work requirements. Medicaid enrollees with substance use disorders, and enrollees with comorbid serious mental illness and substance use disorders were also less likely to have worked part time in the past week than those without any identified health conditions. The authors excluded from the sample those who are typically not subject to work requirements including pregnant women, full-time students, and those receiving Supplemental Security Income.

Janet Cummings, Ph.D., associate professor of health policy and management at Emory University Rollins School of Public Health, is senior author of the study; Hefei Wen, Ph.D., assistant professor of health management and policy at the University of Kentucky is first

author; and Brendan Saloner of Johns Hopkins Bloomberg School of Public Health is a co-author.

Cummings, explains, "These data tell us that Medicaid enrollees with mental health disorders or substance use disorders are more likely to be affected by new Medicaid work requirements. If policymakers consider implementing Medicaid work requirements, it is crucial that they also take a hard look at how accessible mental health and substance use treatment are for Medicaid enrollees in their state. Many behavioral health providers do not accept Medicaid, and many enrollees face geographic barriers when trying to access services."

The authors describe other important considerations for Medicaid enrollees with mental health or substance use disorders that may be subject to work requirements. For example, policymakers may consider including language about exemptions from work requirements for some of those with behavioral health disorders. In addition, lawmakers may assess whether the Medicaid program in their state covers evidence-based treatments for [behavioral health](#) conditions. For example, a number of states do not cover some of the services recommended in the Society of Addiction Medicine's continuum of care.

Cummings states, "Policymakers need to consider how these policies may affect Medicaid enrollees with mental [health](#) and [substance use disorders](#). Do these individuals have access to the treatment they need? Can they get an exemption if they are unable to work? We need thoughtful consideration of these issues as proposals move forward in the legislative process."

Provided by Emory University

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