



Work Requirements Are Antithetical to Achieving Reproductive Justice

Public benefit programs are means-tested government programs that provide various services, such as food, health care, or housing, to low-income individuals in the United States. Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Housing Choice Voucher Program (HCV/Section 8) are four examples of these programs. Individuals and communities receiving services from these programs experience various positive physical and mental health impacts. Despite the proven positive impact of access to various public benefit programs, there are consistent calls to cut funding for and limit access to these programs at the federal and state levels. One proposed change to these programs is the addition or expansion of work requirements.

WHAT ARE WORK REQUIREMENTS?

Work requirements are policies that require individuals receiving public benefits to work and document a certain number of hours worked as a condition of receiving benefits. Individuals receiving

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SNAP and TANF are already subject to work requirements.¹ For example, SNAP's general work requirement requires beneficiaries aged 16-59 to work at least 30 hours per week or to participate in a work training program while searching for work.² If the individual is aged 18-54, able to work, and has no dependents, they are subject to the additional requirement of working or participating in a training program at least 80 hours a month.³ There are a variety of exemptions that can be challenging and burdensome for individuals to navigate. Additionally, caseworkers reviewing these requests have broad discretion on whether to grant or deny

an exemption.⁴ For example, a recent study about TANF work requirements found that caseworkers rarely screened women for intimate partner violence (IPV), even though that is a TANF work requirement exemption; even when women were screened for IPV, caseworkers often refused to issue exemptions.⁵

The Federal Medicaid program does not contain work requirements,⁶ but, acting under authority from demonstration waivers, Georgia's Medicaid program implemented work requirements. Arkansas also briefly implemented them before a court struck down their approach as unlawful.⁷ The vast majority of Medicaid recipients are already working or qualify for an exemption based on their disability or status as a caregiver. For example, in Arkansas, 95% of Medicaid recipients targeted for work requirements were already meeting the requirement or should have qualified for an exemption; yet, over 18,000

HOW DO WORK REQUIREMENTS RELATE TO REPRODUCTIVE JUSTICE?

Reproductive justice is the right to have children, the right to not have children, and the right to nurture children in safe and sustainable communities. Work requirements relate directly to a person's right to parent their child in a safe and sustainable community; this includes rights, such as accessing affordable health care, receiving financial support when needed, and more. **Work requirements disproportionately harm women and children because they are more likely to live in poverty.¹³ This is especially true for women of color due to overlapping systems of white supremacy and patriarchy.** Women also have higher SNAP and Medicaid participation rates compared to men.¹⁴ The growing gap in poverty between men and women is known globally as the "feminization of poverty."¹⁵ Women are overrepresented in low-wage jobs, such as housekeepers, restaurant servers, and cashiers, which have work schedules that can be unstable and inflexible — making work requirements an additional burden.¹⁶ Women are also more likely to have caregiving responsibilities that can make it harder to maintain work outside of the home or meet minimum hour requirements.¹⁷ The trends for LGBTQ+ people are similar, as studies show LGBTQ+ people are more likely to live in poverty and work low-wage jobs than non-LGBTQ+ people.¹⁸ This is especially true for LGBTQ+ people of color and transgender people.¹⁹ Put simply, work requirements that result in women, children, and LGBTQ+ people losing access to benefits harm the goals of reproductive justice.

WHAT ARE THE POSITIVE HEALTH OUTCOMES ASSOCIATED WITH RECEIVING PUBLIC BENEFITS?

When governments implement work requirements, people undoubtedly lose coverage of essential services that improve their health and livelihood. As noted above, when Arkansas implemented its work requirement for Medicaid, over 18,000 people lost health care coverage.²⁰ The Congressional Budget Office estimates that at least 1.5 million people nationwide could lose Medicaid coverage if work requirements are implemented in every state.²¹

95% OF ARKANSAS MEDICAID RECIPIENTS MET REQUIREMENTS
YET...18,000 LOST COVERAGE

people lost Medicaid coverage when the state implemented work requirements.⁸ Administrative costs to implement work requirements — including requesting documentation of work from beneficiaries, verifying the documentation submitted, and more — can come at a high price. Georgia's Medicaid work requirement program cost the state at least \$26 million to implement; 90% of those were administrative costs, unrelated to the provision of health care.⁹ Public housing authorities (PHAs) can also apply for "moving to work" programs that allow PHAs to impose work requirements temporarily.¹⁰ Overall, work requirements increase hardship for beneficiaries navigating administrative red tape without improving employment outcomes.¹¹ In practice, work requirements can actually increase poverty and debt, lead to negative health outcomes, decrease employment rates, lower educational attainment, and deepen racial disparities.¹²

Public benefit programs improve a wide variety of health outcomes, and any work requirements that result in coverage loss will harm those outcomes. Medicaid access is associated with increased access to affordable health care, diagnosis and treatment of chronic conditions, decreased maternal mortality, and more.²² Medicaid coverage also improves access to health care for children, as studies show that children with uninsured parents are less likely to receive health care themselves.²³

Positive Health Outcomes Associated with Receiving Various Public Benefit Programs

- Increased diagnosis and treatment of chronic conditions
- Decreased maternal mortality
- Improved access to preventative care
- Increased medication adherence
- Increased food and housing security
- Improved mental health

SNAP beneficiaries report increased access to nutritious foods, improved access to preventative health care, improved medication adherence, and reduced health care costs.²⁴ TANF is associated with positive health outcomes as well, including improved physical and mental health among parents and children, increased food security, and increased housing security.²⁵ Housing vouchers reduce homelessness and housing instability, which studies have shown to improve mental health and reduce rates of diabetes and extreme obesity.²⁶ This is only a small window into the many positive health outcomes associated with the various benefit programs that could be lost if work requirements are imposed.

WHAT CURRENT FEDERAL AND STATE PROPOSALS DISCUSS WORK REQUIREMENTS?

The U.S. House of Representatives recently passed a budget blueprint that, among other things, outlines \$880 billion in cuts to Medicaid and \$230 billion in SNAP.²⁷ These cuts could be achieved through a variety of methods, but work requirements are gaining favor among House Republicans.²⁸ Various elected officials have discussed implementing new work requirements in Medicaid and expanding current work requirements in SNAP and TANF. Some state-level elected officials are also calling for work requirements in their state programs. Elected officials from Arkansas, Iowa, Ohio, South Carolina, and South Dakota have voiced their support for Medicaid work requirements in their states, and some have already submitted waivers or proposed legislation to do so.²⁹ Additionally, in February, the Arkansas Legislature passed a bill requiring work requirements for public housing recipients.³⁰

WHAT'S NEXT

Reproductive justice encompasses more than access to reproductive health care services, such as abortion and contraception. A true reproductive justice framework recognizes that women, children, and LGBTQ+ people need and deserve access to preventative health care, nutritious foods, stable housing, and so much more to thrive in a safe, sustainable community. Policy stakeholders should rely on the data that demonstrates the harm of work requirements and positive health outcomes when people have access to public benefit programs.

ENDNOTES

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