

The social safety net helps people work. Work requirements get this backwards.

Making work a prerequisite for benefits is costly, inefficient, and ineffective.

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When Kentucky added work requirements to its Medicaid program earlier this year, Governor Matt Bevin defended the move by saying that people have a “moral responsibility” to work. Work requirements for Medicaid—the federal health-care program for low-income and disabled people—have also gone into effect in Arkansas and Indiana, and other states are considering them. Ben Carson, secretary of the Department of Housing and Urban Development, has proposed adding work requirements for low-income people seeking housing vouchers.

The idea that people ought to work in order to receive government benefits is based on the assumption that only the “deserving poor” should be helped and that people prove they are deserving by their willingness to work for monetary remuneration. This is rhetoric frequently used by those looking for ways to reduce funding for federal programs for low-income people.

But in the case of Medicaid, the vast majority of recipients already work—or can’t work because of disability. Adding work requirements is not going to put people to work, but it will make it harder for some people to get access to medical care. Work requirements add onerous paperwork for recipients who will need to prove they are working the required number of hours. Documenting work via the Internet will be hard for recipients who don’t have Internet access. Many low-income people work irregular hours and may be employed seasonally, which means that in any given month their health care as well as their work status might be interrupted. What if a recipient is sick for a week and misses shifts? That might also mean an interruption in health care, and more missed work.

Administering the new rules will be costly. In Tennessee, where work requirements for Medicaid are being considered, the legislature is debating paying for the cost of setting up the new system by taking money from another benefit—the Temporary Assistance for Needy Families program.

There is little evidence that low-income people are not morally responsible enough to work. Many are working several jobs in order to get by. And there is lots of evidence that in order to find and keep a job people need access to medical care as well as affordable housing, transportation, and child care. The morally responsible society is one that gives struggling people the basic social supports they need to flourish.

Kentucky and other states have set themselves up as the arbiters of who deserves access to health care, and they’ve made working for money the criterion of worthiness. A wiser society would understand that health care comes before work for both practical and moral reasons. Every person is worthy of health care by the mere fact of being human.

A version of this article appears in the print edition under the title “How not to help the working poor.”