

## Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

### Expanding Medicaid Programs May Allow More People with Disabilities to Participate in the Workforce

Working-age Americans with disabilities often face more challenges getting health insurance than their peers without disabilities. They may have more complex healthcare needs, along with lower incomes that may prevent them from accessing private health insurance plans. Medicaid programs provide essential health insurance coverage for people who are low income, including many Americans with disabilities. Medicaid is funded by federal and state governments and administered by individual states. Prior to the Affordable Care Act (ACA)'s passage, an individual had to have minimal earnings and limited assets in order to receive Medicaid. As a result, many people with disabilities who need health care coverage through Medicaid could only qualify if they were unemployed and receiving disability benefits. A provision of the ACA allows states to expand their Medicaid coverage so that people with earnings up to 138% of the federal poverty level could still qualify for coverage. This change could allow some people to find a job and earn more money, without losing their health care coverage. However, this provision is optional and as of December 2014, only 26 states and the District of Columbia had chosen to expand their Medicaid programs.

In a recent NIDILRR-funded study, researchers compared employment rates among adults with disabilities between states that have adopted the Medicaid expansion and states that have not. They wanted to see if the Medicaid expansion had any effect on the numbers of adults with disabilities who are in the workforce.

Researchers at the [Collaborative on Health Reform and Independent Living \(CHRIL\)](#) analyzed data from the Health Reform Monitoring Survey (HRMS), a national Internet-based survey conducted by the Urban Institute. The researchers looked at data from 2,740 working-age adults aged 18-64 who reported having a disability or impairment that affected their daily activities or required assistive devices such as a wheelchair or communications device. The survey was administered ten times between the first quarter of 2013 and the third quarter of 2015. At each time point, the

participants were asked whether they were currently working, not working due to disability, or not working for other reasons. The researchers looked at the percentage of participants from each state who said they were working in 2013 before the Medicaid expansion was implemented, and in 2014 and 2015, after the Medicaid expansion was implemented.

When the researchers looked at employment rates after the expansion was implemented, they found that Individuals with disabilities are more likely to be employed if they lived in a state that has expanded Medicaid under the Affordable Care Act. Individuals with disabilities were also less likely to be unemployed because of disability compared with those in non-expansion states. As of September 2015, 38% of the participants in expansion states were employed, compared to 32% in the non-expansion states. In addition, 40% of the participants in expansion states, compared to 48% in non-expansion states, said they were not working due to disability. There were similar numbers of participants in expansion and non-expansion states who were not working for other reasons besides disability (22% in expansion states vs. 20% in non-expansion states). Further, when the researchers compared employment rates before and after the implementation of the Affordable Care Act, they found that employment increased for people with disabilities in states that expanded Medicaid and decreased in those states that did not expand Medicaid. These differences held up even after the researchers accounted for age, sex, race/ethnicity, health status, primary language, education, marital status, family income, urban/rural status, and local area employment rates.

The authors noted that expanding Medicaid eligibility may allow more people with disabilities to find and keep employment without losing their Medicaid health insurance coverage. Before the ACA, people with disabilities were more likely to have the insurance coverage they needed if they were unemployed than if they were employed. This occurred because, if they were employed, they often were earning too much for Medicaid, but not enough to be able to afford private insurance. The results from this study suggested that expanding Medicaid coverage could enable people with disabilities to be employed while continuing to be eligible for health coverage through Medicaid, resulting in reduced state and federal spending. Medicaid expansion may help people

with disabilities to stay employed, build assets, and move out of poverty, instead of relying on Supplemental Security Income (SSI) and other state and federal disability benefit programs. In the future, researchers may want to compare rates of enrollment in SSI for expansion and non-expansion states to learn more about this impact.

#### To Learn More

The [Collaborative on Health Reform and Independent Living](#) continues to study the impact of the Affordable Care Act, including an analysis of changes in insurance coverage, healthcare access, and health service utilization available at <http://www.chril.ilru.org/highlights-nhis-trend-analysis-1998-2015>

CHRIL is currently conducting interviews of people with disabilities and their experiences with health insurance and Medicaid. To participate in the study: <http://www.chril.ilru.org/news/chril-wants-know-about-your-experience>

To find out about health insurance options in your state or territory, visit <http://www.healthcare.gov>.

#### To Learn More About this Study

Hall, J.P., Shartzler, A., Kurth, N.K., & Thomas, K.C. (2016) [Effect of Medicaid expansion on workforce participation for people with disabilities](#). American Journal of Public Health, December 2016, e1-e3. This article is available from the NARIC Collection under Accession Number J74321.

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NARIC operates under a contract from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Administration for Community Living, Department of Health and Human Services, contract #GS-06F-0726Z.