

# Administrative Burden: Learning, Psychological, and Compliance Costs in Citizen–State Interactions

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## ABSTRACT

This article offers two theoretical contributions. First, we develop the concept of administrative burden as an important variable in understanding how citizens experience the state. Administrative burden is conceptualized as a function of learning, psychological, and compliance costs that citizens experience in their interactions with government. Second, we argue that administrative burden is a venue of politics, that is, the level of administrative burden placed on an individual, as well as the distribution of burden between the state and the individual, will often be a function of deliberate political choice rather than simply a product of historical accident or neglect. The opaque nature of administrative burdens may facilitate their use as forms of “hidden politics,” where significant policy changes occur without broad political consideration. We illustrate this argument via an analysis of the evolution of Medicaid policies in the state of Wisconsin. Across three Governorships, the level of burden evolved in ways consistent with the differing political philosophies of each Governor, with federal actors playing a secondary but important role in shaping burden in this intergovernmental program. We conclude by sketching a research agenda centered on administrative burden.

## INTRODUCTION

Our experience of government is shaped through the burdens we encounter in our interactions with the state. These burdens are an important yet understudied part of governance, since they affect whether citizens succeed in accessing services (did I get what I want?), whether public policies succeed (did a program reach the targeted group?), and the perceptions of government (was I treated fairly and with respect?).

Aspects of administrative burden are explored in different streams of research, such as studies of red tape, political sociology, street-level bureaucracy, policy feedback, and program take-up. But across prior work there is not a broad or common conceptualization of administrative burden. In the first section of this article, we articulate administrative burden as composed of learning costs, psychological costs, and compliance costs that citizens face in their interactions with government. Accounting

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for administrative burden alters the unit of analysis in citizen-state interactions, emphasizing those factors that make the experience of the citizen more or less onerous. For some interactions burdens may be low, and for some they may be high, and in many cases burdens are in place to serve legitimate public values. Understanding why such burdens occur, and how they shape the experience of the state should be central questions in the study of public administration.

In addition to conceptualizing administrative burden, a second goal of the article is to examine the relationship between burden and politics. We argue that the creation and reduction of burden, as well as the distribution of burden between the state and the individual, is a venue where politics plays out. The preferences of political actors about a policy will in turn shape what they perceive as the appropriate level of burden in that policy area—for example, proponents of welfare programs are more apt to seek to reduce burdens and increase access, whereas opponents will favor heavier burdens. We support this claim using a case study of the evolution of burden in one policy area (Medicaid) in the state of Wisconsin. The case also illustrates a second claim, which is that administrative burdens form an important part of the “hidden politics” that characterize contemporary battles about the role of the state (Hacker 2004; Thompson 2012). Policymakers will alter burdens as an alternative or complement to more overt forms of political activity. The attractiveness of administrative burdens as a form a “policymaking by other means” (Lineberry 1977) is tied to their opacity. The details of administration that give rise to burden may be largely invisible to the public and even most policymakers, their impact poorly understood. Changes to burdens may be presented as technical fixes without any specific policy intent, or to serve values widely supported or perceived as apolitical (Edelman 1985).

We conclude the article by considering the research questions raised by the presence of administrative burden in citizen-state interactions. Such interactions communicate lessons to citizens, signaling their standing and expectations about their political engagement (Soss 1999). Such lessons, in turn, impact the political participation of citizens (Bruch, Marx-Freere, and Soss 2010). Administrative burdens therefore mediate how citizens experience the state as a positive or negative force, frame how they understand their relationship with it, and influence how citizens engage in civic actions. Burdens are consequential in other ways. They matter to whether citizens access services to which they are entitled and desire. If policies fail to reach their intended targets because of burdens, this undermines their potential to achieve their goals. Burdens also matter to normative and empirical discussions of how the state mediates equity, since some groups of citizens may be more or less targeted by burdens, or more or less able to manage burdens. These divisions are especially important in the context of race, class, and gender differences.

### **CONCEPTUALIZING ADMINISTRATIVE BURDEN**

The term “administrative burden” may evoke images of business regulation, or basic bureaucratic encounters such as renewing ones driving license. But any context in which the state regulates private behavior or structures how individuals seek public services is a venue to study the burdens imposed in that process. For example, in the area of immigration, US citizenship applications require complex paperwork,

demanding documentation, application fees, English proficiency, and knowledge of US history. Approximately half of individuals eligible for US naturalization do not apply (Fix, Passel, and Sucher, 2003), and surveys suggest that administrative burdens are partly responsible (Gonzalez-Barrera et al. 2013).

Education is another policy area where burdens matter. Take the example of college attendance. High-achieving low-income students face learning costs that their better-advised high-income peers do not. Lacking knowledge on likely financial aid benefits, or their eligibility for application-fee waivers, low-income students are less likely to apply to selective institutions that would actually cost them less (Hoxby and Avery 2012). Experiments show that overcoming these learning costs has a large effect on whether students apply for and eventually attend college. The provision of help in completing applications among those applying for federal financial aid for postsecondary schooling resulted in dramatic increases in applications and actual college enrollment (Bettinger et al. 2012). Another experiment provided students information packets that included a summary of appropriate schools given their academic achievement, the net costs of different colleges for students at different income levels, and a voucher for free college applications. Low-income students receiving this treatment were 46% more likely to attend a selective institution than a control group (Hoxby and Turner 2012).

The ability of citizens to exercise democratic rights by voting is another area where burdens matter. Historically, burdens such as literacy tests, applied on racial lines, have been used to deliberately limit access to ballots (Keyssar 2001). Although the contemporary version of this debate focuses on voter identification requirements (Hale and McNeal 2010), the less-contentious burdens imposed by voter registration processes also matter. Relative to states where voters must register weeks before the election, states that allow voters to register on election day have higher turnout rates of between 3% and 7% (Burden et al. 2014).

Common to these examples are individuals seeking access to basic public services central to their identity and capacities as citizens, and encountering different types of costs that are not just a nuisance, but have a material effect on citizens and policy goals. To systematically identify and understand the effect of such burdens in different areas of policy implementation, we need to be able to define them, a task we turn to next.

### **Defining Administrative Burden**

Administrative burden has been previously defined as an individual's experience of policy implementation as onerous (Burden et al. 2012). This simple definition signals that burdens are distinct from rules, pointing instead to the costs that individuals experience in their interactions with the state. Here, building on prior work (e.g., Currie 2006; Hernanz, Malherbet and Pellizzari 2004; Orbach 2006; Remler, Rachlin, and Glied 2001), we briefly identify broad categories of costs that constitute administrative burden (see table 1), offering more detailed examples of these costs in the context of social programs below.

*Learning costs* arise from engaging in search processes to collect information about public services, and assessing how they are relevant to the individual. *Psychological costs* include the stigma of applying for or participating in a program with negative perceptions, a sense of loss of power or autonomy in interactions with the state, or the

**Table 1**  
The Components of Administrative Burden

| Type of Cost        | Application to Social Policy  |
|---------------------|---|
| Learning costs      | Citizens must learn about the program, whether they are eligible, the nature of benefits, and how to access services.                                 |
| Psychological costs | Citizens face stigma of participating in an unpopular program, as well as the loss of autonomy and increase in stress arising from program processes. |
| Compliance costs    | Citizens must complete applications and reenrollments, provide documentation of their standing, and avoid or respond to discretionary demands.        |

stresses of dealing with administrative processes. *Compliance costs* are the burdens of following administrative rules and requirements. For example, for those applying to a program for services, these are the costs of completing forms, or providing documentation of status. For individuals or businesses being regulated by government, these are the costs of complying with regulation.

### Cognitive and Social Psychological Aspects of Burden

Our framing of administrative burden as costs may infer a rational approach where citizens weigh costs against expected benefits. But research from behavioral economics warns us that individuals often do not make decisions in this fashion (for an overview see [Baicker, Congdon, and Mullainathan 2012](#); [Shafir 2013](#)). The impact of burdens depends upon on how individuals construe the world, not on objective measures of costs and benefits. This construal is shaped by contextual factors that frame burdens and interact with individual psychological processes, including cognitive biases that may generate disproportionate response to burden. This basic insight explains why burdens that seem minor and defensible when designed by the administrator may exert dramatic effects when experienced by citizens.

Behavioral economics also helps to identify particular cognitive biases that make burdens more consequential ([Shafir 2013](#)). Individuals have biases in perceiving risk and probability, which in turn alter their willingness to overcome administrative burdens. For example, someone who thinks they will not become sick will be less likely to make the effort to overcome the burdens involved in enrolling in health insurance. Individuals also tend to overvalue the status quo of their situation, even if a different state is objectively superior. This implies that how institutions structure the default choice individuals face will have significant effects. For example, changing the default on private savings plan from nonparticipation to participation has a large effect on take-up rates ([Choi et al. 2004](#)). Individuals have biases in temporal planning, favoring the present and discounting the future. Avoiding burdens in the present may therefore be preferred even at the expense of significant long-term net benefits. Another bias arises from choice overload or decisional conflict, which occurs when individuals feel overwhelmed by a multiplicity of choice, resulting in indecision, the selection of defaults, or poor decisions. This suggests the virtue of presenting citizens with simple and limited choices.

Work from social psychology points to other micro-foundational aspects of behavior relevant to understanding burden. Individuals have a basic need for autonomy over their self and actions (Deci and Ryan 1985). In processes where the state imposes burdens, it acts as a source of extrinsic direction. The more forceful that direction and the more at odds with the individual's intrinsic preferences, the greater the sense of loss of autonomy, which in turn will lower willingness to participate in and satisfaction with the process. Social psychology also points to the importance of procedural justice (Lind and Tyler 1988). Individuals care as much or more about the process of their interactions with the state as they do about the outcome. This implies that procedures perceived as consistent, fair, and equitable are fundamentally important to citizens.

If behavioral economics elucidates why small burdens can be a big deal, social psychology suggests that violating basic psychological needs of autonomy and respectful treatment exacerbates burdens. These insights align well with observational research in policy feedback studies, which shows how citizens value processes seen as respectful and empowering, but respond negatively to processes that are seen as unfair and demeaning (Bruch, Marx-Freere, and Soss 2010; Soss 1999). Cross-national comparisons of citizen trust in government find that fair and equitable processes matter more than assessments of government performance (Van Ryzin 2011).

## **ADMINISTRATIVE BURDEN IN SOCIAL POLICIES**

The study of administrative burden is relatively rare in the field of public administration, even in literatures centered on citizens-state interactions (e.g., citizen participation, coproduction, or customer-service). In red tape research, an obvious corollary, the primary focus has been on how rules affect the experience of administrative employees (Bozeman and Feeney 2011; Moynihan and Herd 2010).<sup>1</sup> Attention to the ways in which rules or administrative discretion reduces access to programs is most prominent at the intersection of public administration and social policy (e.g., Brodtkin and Majmundar 2010; Fossett and Thompson 2006), reflecting a broader concern with issues of “bureaucratic disempowerment” (Lipsky 1984) and how this relates to matter of equity (Piven and Cloward 1971). This section reviews social policy research in the United States that provides examples of burdens and efforts to reduce them.

<sup>1</sup> Although much of what we discuss as administrative burden might be understood colloquially as red tape, it is important to respect the careful and valuable conceptual development in red tape research that has taken place in the last 20 years, and we seek here to distinguish these related concepts. As noted above, the first main distinction is the population studied, with red tape traditionally focusing on employees, not citizens. A second and more important conceptual distinction is that dominant definition of red tape excludes rules that exert a compliance burden but still have a legitimate purpose (Bozeman 2000, 12). In considering the definition of red tape, Bozeman and Feeney (2011, 48) note that: “Red tape is bad. It is not an aid to accountability or legitimacy or a means of ensuring participation. Rules that appropriately hold organizations accountable may not be popular with the people constrained by them, but they are not red tape.” By contrast, we assume that administrative burdens will often serve legitimate purposes and are not inherently bad. A third important distinction with red tape research is that while it focuses on the compliance burden generated by rules, we argue that this is just one component of a broader experience of burden, falling into the category of compliance costs.

Compared to the near 100% take-up for universal programs like Social Security and Medicare, estimates of take-up rates by eligible beneficiaries of means-tested programs are much lower: 40%–60% for Supplemental Social Insurance (Elder and Powers 2006); two-thirds for the Supplemental Nutrition Assistance Program (SNAP, frequently referred to as food stamps) (Food and Nutrition Service 2007); 30%–60% of unemployment insurance benefits (Kroft 2008); 50%–70% for Medicaid (Sommers et al. 2012); and 75% for the Earned Income Tax Credit (EITC) (Plueger 2009). Although Aid to Families with Dependent Children (AFDC) had an estimated take-up rate of between 77%–86%, participation rates declined dramatically after 1990s welfare reform, so that its successor, Temporary Assistance for Needy Families (TANF) had a much lower take-up rate of between 42 to 52% (ASPE 2007, II-19). The central difference between universal and means-tested programs is that the latter programs must do more to distinguish between the eligible and ineligible, and in creating administrative processes to do so, they impose higher levels of burdens.

### **Learning Costs**

The effects of learning costs on take-up in social policy have been inferred in various ways. One approach is to document lack of knowledge about a program by its target population. Individuals are frequently unaware of a program, whether they qualify, what is required to do so, and the size of the benefits at stake. Individual knowledge varies across programs, but even for relatively prominent and valuable programs such as the EITC, surveys have found that 43% of those eligible were unaware of the program, 33% believed incorrectly they were ineligible, and that respondents significantly underestimated benefits (Bhargava and Manoli 2011). About half of eligible nonparticipants for job training programs (Heckman and Smith 2003) and SNAP (Bartlett, Burstein, and Hamilton 2004) believe they are not eligible. Surveys of nonparticipants indicate that they would apply for programs if they knew for certain they were eligible (Bartlett, Burstein, and Hamilton 2004).

Learning costs have also been evoked to explain the negative effects of other variables on take-up, such as living further from administrative centers (Warlick 1982), having lower education, or language barriers (Heckman and Smith 2003). Learning costs also help to explain why those already in one program become more likely to access other services (Currie and Gruber 1996), since applying to one program can generate knowledge about others. Association with groups such as unions, or aid from private actors such as tax-preparers, has been shown to increase take-up (Budd and McCall 1997; Kopczuk and Pop-Eleches 2007), as these third parties reduce learning costs by directly providing relevant information.

Some research has directly measured the effect of providing additional information. The Internal Revenue Service sends reminders about the EITC to those who appear to be eligible, which has been shown to generate a 41% jump in take-up among initial nonclaimants (Bhargava and Manoli 2011). One field experiment found that additional reminders increased eligible claims even further. The same

experiment also showed that simpler reminders and providing basic benefit information generated a greater return than more complex reminders, or reminders that lacked benefit information (Bhargava and Manoli 2011). Another field experiment found that informing individuals about their eligibility for SNAP raised participation rates (Daponte, Sanders, and Taylor 1999).

### **Psychological Costs**

Different streams of research point to the way in which psychological costs can emerge in the provision of social benefits. Economists have pointed to the stigma of participating in unpopular programs (Moffitt 1983). Research from political science and political sociology provides a logic for why programs serving the poor are unpopular, with recipients characterized as ‘undeserving’ (Horan and Austin 1974; Katz 1986; Piven and Cloward 1971). This is in stark contrast to programs of a more universal nature, such as Social Security, where the broader based of beneficiaries are perceived of as ‘deserving’ (Mettler 2011).

Individuals may opt out of participating in unpopular programs to avoid damaging their self-identity, or the negative treatments they believe are associated with participation (Stuber and Schlesinger 2006). For example, the stigma of using foodstamps (as opposed to discount coupons) at a grocery store is a consequence of political perceptions of the program. In a survey of likely eligible individuals not receiving food stamp benefits 27% said they would not apply (Bartlett, Burstein, and Hamilton 2004). Why not? Many preferred to not be dependent upon what were seen as government handouts. Many also reported a desire for others not to observe them shopping with food stamps, know they had financial needs, or a desire to avoid going to the welfare office.

If an individual chooses to participate in a program, administrative practices can reinforce the effect of stigma. In particular, interactions with the state may be experiences of power, or more precisely, the loss of personal autonomy. As the interaction is experienced as degrading, intrusive, and directive, it erodes the basic need for autonomy. Processes to receive benefits may require evidence of oneself or one’s behavior before the state that is normally reserved for citizens under suspicion of lawbreaking, and may communicate that the claimant is being judged in moral terms. Historically, benefits to single mothers have often been conditioned on case workers judgment that claimants were providing suitable homes, which could be examined via unannounced “midnight raids” (Piven and Cloward 1971). Echoes of such extreme examples remain in parts of the contemporary welfare system. For example, fingerprinting applicants lowers food stamp application completion (Bartlett, Burstein, and Hamilton 2004), and some US states have attempted to require urine testing for drugs as a requirement for the receipt of benefits. The questions claimants face may force them to provide what they see as private and unnecessary information, such as sexual behavior or the income of cohabitants (Brodkin 1992; Soss 1999). A sense of subservience and loss of autonomy is furthered when claimants feel they must artificially alter their identify to be successful, contorting themselves into what they perceive as the caseworker’s image of the appropriate client (Lipsky 1980; Soss 1999), or participate in requirements whose purpose they disagree with. For example,

participants may view job-training programs as offering few skills enabling them to move out of poverty, but feel little choice but to participate (Dias and Maynard-Moody 2007).

Other aspects of citizen-state interactions may more subtly reinforce messages of power and standing. For example, Goodsell (1977) notes that government waiting spaces tend to be systematically designed to communicate symbols to those who use them. Even, the simple act of waiting communicates that the state believes that individuals' time is of little value (Lipsky 1980). Such spaces may also be characterized by few amenities, the use of security, and partitions between claimants and case workers, further communicating the limited standing of the claimant (Soss 1999).

Studies of welfare programs illustrate how the state may communicate that the individual lacks the capacity to determine how to live their lives, and must conform to externally imposed processes and directives. Qualitative accounts find welfare claimants acutely aware of the disempowering effects of such processes, and their relative lack of autonomy in the interaction, resulting in a sense frustration, powerlessness, and degradation (Dias and Maynard-Moody 2007; Lipsky 1980; Soss 1999). One largely unexamined aspect of psychological costs is the stresses they impose on claimants. In situations where the individual depends upon the state for vital resources—for example, the provision of health services, income, immigration status—uncertainty about the receipt of those benefits, as well as frustrations in the process of seeking may elevate stresses among individuals. Although there is extensive evidence that caregiving of the old, sick, and disabled is associated with higher stress and consequent poor health (Pinquart and Sörensen 2003), there has been little effort to examine to what degree that stress is a consequence of negative interactions with the state while attempting to obtain benefits.

Understanding the imposition of psychological costs by the state on its citizens is inherently important, and policy feedback research suggests that these costs might lower civic participation (Bruch, Marx-Freere, and Soss 2010). However, the evidence of how psychological costs matter to program take-up is less strong than for other types of burdens. The expanded use of electronic benefit cards to replace actual food stamps should reduce stigma costs, but there is mixed evidence on whether such cards have increased take-up (Ratcliffe, McKernan, and Finegold 2007; Schanzenbach 2009). A field experiment to reduce stigma with the EITC (by sending mailings to eligible respondents that emphasize higher peer use, or framing benefits as a reward for hard work) did not increase take-up (Bhargava and Manoli 2011), and there is not strong evidence that advertising campaigns that frame programs in positive terms matter to take-up (Kincheloe, Frates, and Brown 2007; Ratcliffe, McKernan, and Finegold 2007). These results may indicate that opinions about programs are difficult to change. It is also worth noting that we largely lack experimental evidence on negative treatments likely to induce psychological costs, for example, drug testing claimants. Additionally, although psychological and compliance burdens are conceptually distinct, it is often difficult to practically separate them in the type of empirical studies described here. Some of the benefits associated with reductions in compliance burdens discussed next may be attributable to reductions in psychological costs.



## Compliance Costs

Of the three different aspects of burden identified in [table 1](#), there is the strongest empirical evidence on the effects of compliance costs.<sup>2</sup> Surveys of nonparticipants in SNAP ([Bartlett, Burstein, and Hamilton 2004](#)) found that 40% emphasized the paperwork involved in applying, whereas another 37% pointed to the difficulty in taking the time to apply given work or familial responsibilities. Among those who actually applied but then dropped out, one quarter indicated that this was because of the burdens in the application process.

Natural experiments have shown that new income documentation requirements reduce program participation among eligible participants ([Brien and Swann 1999](#)). Requiring applicants to undertake face-to-face interviews with case workers also decreases participation ([Wolfe and Scrivner 2005](#)).

Participation in TANF sharply declined relative to its predecessor AFDC, which may partly have been the result of the more stringent conditions of participation. [Brodkin and Majmundar \(2010\)](#) find that procedural barriers explain a significant amount of the decline in welfare caseloads. [Ewalt and Jennings \(2004\)](#) find that an index that captures the restrictiveness of state policies (including barriers such as documenting workforce participation requirements) and a measure of the organizational culture of case workers are also associated with greater caseload reductions. The latter finding reflects the potential for bureaucratic discretion to be used to burden applicants ([Brodkin 2011](#)). An example of the use of such discretion comes from [Soss, Fording, and Schram's \(2011, 210–11\)](#) study of contractor-run job-training programs. One company determined that it was not reaching its job placement targets because some participants were not sufficiently motivated, and instituted a requirement that participants would have to attend 40 h of training classes (with no absences) before benefits could be received.

There is also evidence that efforts to reduce compliance costs increase take-up. States that simplified reporting procedures and required less frequent recertification in SNAP saw an increase in successful claimants ([Hanratty 2006](#); [Kabbani and Wilde 2003](#); [Ratcliffe, McKernan, and Finegold 2007](#)). The use of a single form for multiple programs is associated with increased take-up in Medicaid ([Leininger et al. 2011](#)). Similarly, having easy access to application material increases take-up. The availability of electronic applications increased EITC and SNAP take-up ([Kopczuk and Pop-Eleches 2007](#); [Schwabish 2012](#)). The provision of help in completing applications also matters. Access to community-based application assistants increased of certain groups in Medicaid enrollment ([Aizer 2003](#)), and providing application help has been shown to lead to an almost 80% increase in SNAP applications relative to those who were informed they were eligible but given no special assistance ([Schanzenbach 2009](#)). The

<sup>2</sup> The existing empirical evidence on administrative burden may underestimate its effects in one key way. In some cases, the estimated effects of changes in take-up due to eligibility changes may partly reflect reductions in administrative burden that occur under the new system ([Hanratty 2006](#)). A prime example is removing the requirement that applicants cannot have substantial assets to receive benefits. This in turn removes the need for an asset test, and the need for the claimant to provide documentation on assets. Any resulting increase in take-up will be credited to the change in eligibility, but some portion of it likely that to do with reduced compliance costs.

most dramatic way by which the state can reduce application compliance burden is to autoenroll eligible individuals into a program based on administrative data, which has also increased take-up of health insurance programs (Dorn, Hill, and Hogan 2009; Herd et al. 2013).

### **BURDEN AS A POLICY INSTRUMENT**

Some research at the intersection of politics, inequality and social policy has previously argued that burdens are imposed deliberately to limit claims on the public purse, and targeted at groups with little political power (e.g., Brodtkin 2011; Brodtkin and Lipsky 1983; Piven and Cloward 1971; Soss, Fording, and Schram 2011). Even so, the link between politics and administratively imposed burdens has not been widely explored in public administration. For example, when the origins of red tape are considered, benign neglect and historical accident are more prominent explanations than deliberate political choice (Moynihan and Herd 2010).

Here, we offer two propositions about the relationship between politics and administrative burdens. The first and most basic claim is that administrative burden is a venue where politics plays out. The policy preferences of political actors—most prominently elected officials, but also stakeholders, political appointees, managers, and street-level bureaucrats—will affect their attitudes about the nature of burden in that policy area: whether it should be created or reduced, and the relative balance of burden between the individual and the state. This claim aligns with theoretical traditions that emphasize the willingness of political actors to design administrative structures to serve political ends, even if the outcomes are operationally dysfunctional (Moe 1989).

Second, we propose that certain qualities of administrative burden make it attractive to pursue as a form of “policymaking by other means” (Lineberry 1977)—an alternative or complement to more overt forms of policymaking. Hacker (2004) has argued that retrenchment of the welfare state has occurred via “hidden politics,” not just via large-scale formal changes. Although Hacker is most concerned about the failure of the welfare state to evolve to reflect the contemporary shift of risks to the individual, administrative burden fits into the category of “subterranean political processes that shape ground-level policy effects” (Hacker 2004, 243) that he argues are fundamental to understanding changes in governance even as they are largely neglected in scholarship. Policy instruments are more attractive to policymakers when they are low profile, minimizing the need for political processes of consultation and deliberation (Lascoumes and Le Gales 2007). Administrative burdens are typically opaque. The occurrence of burden in a policy area, or the impact of that occurrence may be only poorly understood by the public, or even most policy actors. For example, social policy changes are most likely to be debated in terms of program generosity or eligibility levels, whereas details such as the length of an application forms or the questions asked on that form are seen as dull, complex, and inconsequential. Such details are likely to be assumed to fall into the domain of administrative execution, and delegated to the executive branch. Another quality of administrative burdens is they can be couched in the language of neutrality or unobjectionable values—changes in burdens may seem like technical fixes without any specific policy intent, or to serve expressive values with broad support (Edelman 1985). For example, increasing burdens might

be justified as a means to prevent fraud, even if their intended instrumental effect is to support other partisan goals (such as reducing the size of the welfare state, or limiting voter turnout in the case of elections). Because of these qualities, burdens are especially attractive policy instruments under conditions of policy gridlock, or when political actors are reluctant to explicitly acknowledge their true goals.

### **Illustrative Application: Medicaid in Wisconsin**

The case study portion of this article seeks to illustrate the claims made above by narrating the evolution of administrative burdens in Medicaid (intergovernmental public health insurance for individuals with disabilities and/or low incomes) provided by the Wisconsin Department of Health Services (DHS)<sup>3</sup> across three gubernatorial administrations.<sup>4</sup> Medicaid is an enormous program, covering about 20% of Americans at any point in time, and a key mechanism by which the Patient Protection and Affordable Care Act of 2010 seeks to expand health insurance coverage. The case is a relatively rich one, including periods where the DHS significantly reduced administrative burden and expanded access under Governors Tommy Thompson and Jim Doyle, before reconsidering this approach under Governor Scott Walker. To make the case that administrative burden is a policy instrument, we detail the political frames utilized by each Governor in altering Medicaid, and assume that these frames are generally reflective of their political preferences (an assumption consistent with interviews of officials who served in these administrations). We focus on the Governor because the legislature largely delegated the details on program changes to the executive branch in the time period studied. We show that gubernatorial preferences aligned with attempts to alter administrative burdens, inferring this as evidence that administrative burden reflects deliberate choice. We also account for the preferences and important role that occupant of the White House plays (drawing strongly on [Thompson 2012](#)). Federal actors adjudicated waiver requests necessary for significant program reform, sometimes pushing Governors to further reduce burdens (President Clinton with Governor Thompson) or blocking efforts to increase burdens (President Obama with Governor Walker). Presidents and Congress also offered financial incentives that encouraged states to impose (President Bush) or reduce (Clinton and Obama) burdens.

[Table 2](#) summarizes the key changes occurring during each governorship that relate to the three aspects of administrative burden. This summary helps to illustrate the benefits of our conceptualization of administrative burden. In contrast to a study that

<sup>3</sup> The DHS was formerly part of the Department of Health and Family Services, which was split into two agencies during the Doyle administration. For the sake of simplicity, we use only the acronym DHS, though in some cases we are referring to the former Department.

<sup>4</sup> Data for the case study were collected from 24 interviews of state and local elected officials, their staff, administrators, and stakeholders involved in changes in the programs. Program documentation was also analyzed to establish a timeline of changes and the nature of those changes. These included all state operations memos from 1999 to 2012 that referred to Medicaid, BadgerCare, and BadgerCare Plus eligibility procedures, all available application forms from 1999 to 2011; state eligibility handbooks; DHS internal documents archived at the Wisconsin Historical Society; state audits and external of the program ([Gavin et al. 2003](#); [Sirica 2001](#); [Swart, Troia, and Ellegard 2004](#)); and waiver requests submitted to the federal Centers for Medicare and Medicaid Services by the state and federal responses to these waiver requests. More detailed information on data sources can be found in [Herd et al. \(2013\)](#).

**Table 2**  
Changes in Administrative Burden in Wisconsin Medicaid Programs

|  |   | Learning  | Psychological | Compliance |
|--|---|---|---------------|------------|
| Thompson   | Creation of a hotline to help applicants  | X   |               |            |
|  | BadgerCare marketing  | X   | X             |            |
|  | Created short application form <sup>a</sup>   |   |               | X          |
|  | Extended redeterminations from six to 12 months, allowing for a single annual redetermination for Medicaid, BadgerCare, and SNAP  |   |               | X          |
|  | Allow phone and mail-in application forms <sup>a</sup>  | X   |               | X          |
|  | Scan state databases for family members of Medicaid recipients likely eligible; screen those who lost Medicaid eligibility for BadgerCare   | X   |               | X          |
|  | Expanded placement of eligibility workers at various local governments;   | X   |               | X          |
|  | Placed outstationing sites at local community centers, health clinics, and schools.   | X   | X             | X          |
|  | Use private data company to verify access to employer-provided insurance  |   |               | X          |
|  | Eliminated asset test <sup>a</sup>  |   |               | X          |
|  | Presumed eligibility while waiting for confirmation of lack of employer-sponsored health insurance  |   |               | X          |
|  | Instructed employees to seek verification data rather than deny assistance if client could not provide it, prohibited employees from asking for nonrequired data and encouraged the acceptance of many types of documentation |   |               | X          |
|  | Instructed employees to make assumptions to complete forms  |   |               | X          |
|  | Doyle   | Used ACCESS to provide program information, individual benefit information, and preliminary assessment of eligibility | X             |            |
| Made online applications available   |   | X   |               | X          |
| Simplified application form and notices  |   | X   |               | X          |
| BadgerCare Plus marketing and outreach   |   | X   | X             |            |
| Trained third-party actors to express-enroll applicants at outstation sites  |   |   |               | X          |
| Required employees to provide documentation of lack of access to employer-provided health insurance, <sup>b</sup> later replaced with private database |   | X   | X             | X          |

**Table 2 (continued)**  
**Changes in Administrative Burden in Wisconsin Medicaid Programs**

|        | Learning | Psychological | Compliance |
|--------|----------|---------------|------------|
|        |          |               | X          |
|        | X        |               | X          |
|        | X        |               | X          |
|        |          |               | X          |
|        | X        |               | X          |
|        |          |               | X          |
| Walker | X        |               | X          |
|        |          |               | X          |
|        |          |               | X          |

<sup>a</sup>Per federal requirement.

<sup>b</sup>Change expected to increase burdens.

might have focused on legislated policy changes, policy implementation from the perspective of administrators, or street-level worker discretion, the unit of analysis here is centered on administrative factors that will alter the experience of the individual applicant. The development of the concept of administrative burden into specific types of costs also improves our theoretical understanding of how these administrative changes relate to burden. [Table 2](#) also vividly illustrates our claims about the “subterranean” nature of administrative burdens that we extend in the case narrative below. Both Governor Thompson and Governor Doyle dramatically reduced learning and compliance costs for the individual via mechanisms such as autoenrollment, simplified applications, online application systems, and application assistance. These changes were significant, and meaningfully increased enrollment (see [Herd et al. 2013](#); [Leininger et al. 2011](#)), but largely occurred via unobtrusive changes in administrative processes with little broad political discussion. In short, they were forms of hidden politics.

### **Governor Thompson: Making Work Pay**

Governor Thompson (1987–2001) was a leader in the movement to tie welfare benefits to work, having passed a version of welfare reform prior to national reform.

Welfare reform was a defining political issue for Thompson, a Republican, and his motivation for changes in public health insurance was inextricably tied to a policy goal of “making work pay.” Thompson saw health insurance as a means of encouraging individuals to move from welfare, and a basic matter of fairness, arguing that those on public assistance should not enjoy better health insurance than the working poor.

When welfare reform was originally passed in Wisconsin, Thompson had tried and failed to attach a health insurance plan to it. When Congress passed the States Children Health Insurance Program (CHIP) in 1997, the Thompson administration viewed it as another means to link health insurance to work, in the form of a new program called BadgerCare. Although CHIP was targeted at children, Wisconsin officials sought to use CHIP funding to extend coverage to parents. This program structure would make BadgerCare both more attractive and less complex because all family members could be enrolled in one plan.

The Thompson administration had to win a waiver from the US Department of Health and Human Services to create BadgerCare, a nonentitlement program (with an enrollment threshold to be enacted if enrollment exceeded budgeted levels) using dollars from an entitlement program, Medicaid. This gave the Clinton administration an opportunity to influence the design of the program. President Clinton was dismayed at the sharp decline in Medicaid coverage for eligible children after the 1996 federal welfare reform (Kronenbusch 2001). This decline occurred when Medicaid eligibility was delinked from receipt of TANF/AFDC, thus requiring a separate application process and more administrative burden. Consequently, Clinton encouraged his administration to find ways to increase take-up. The federal government offered guidance to state health and welfare agencies on ways to reduce burdens, such as eliminating asset tests, more accessible eligibility workers, and shorter joint forms for Medicaid and CHIP (Thompson 2012). These preferences were reflected in the conditions that the Clinton administration placed on the Wisconsin waiver request, including the elimination of its asset test (a change Thompson had previously vetoed when proposed by the state legislature), a simplified application form, and a mail-in application process for Medicaid and BadgerCare.

BadgerCare was implemented in July 1999, covering parents and children below 185% of the federal poverty line (FPL). Enrollment was restricted to those ineligible for Medicaid funds, but BadgerCare was designed to be integrated with Medicaid for applicants and participants. From the perspective of participants, there was only one program. BadgerCare participants with higher incomes had to pay premiums, but all received the same benefits as other participants in Wisconsin’s relatively comprehensive Medicaid program.

The “making work pay” frame shaped how the Thompson administration wanted health insurance to work. Even if the program was technically welfare, those in the Governor’s administration saw it differently. One said, “a simple message needs to be marketed—Medicaid and BadgerCare are health insurance for working families” (Sirica 2001, 5). Advertising campaigns by the state specifically targeted low-income populations with a message meant to reduce the stigma traditionally associated with public health insurance. A television commercial starring Thompson advertised the new program. A “back-to-school” initiative promoted BadgerCare and Medicaid

among schoolchildren, and public health officials educated parents whose children were participating in an immunization program.

Outreach efforts further sought to reduce learning and psychological costs. The DHS sent a direct mailing with information about BadgerCare to 18,000 families who had lost AFDC benefits but who might still be eligible for BadgerCare. In Milwaukee, Free and Reduced-Price School Lunch Program applications also contained an additional form for those interested in applying for Medicaid or BadgerCare, resulting in the enrollment of several hundred new families. DHS operations memos to staff instructed that all direct marketing materials were to be “written in prose that is easily understandable” and at no higher than a sixth grade reading level. DHS also targeted outreach to non-English speakers. Health care providers, public health departments, community organizations, and school systems received 850,000 brochures in English, Spanish, and Hmong, and the state offered translators who could provide program information. A toll-free hotline was set up to aid potential applicants.

To begin an application, clients had to sign and date the form in the presence of an eligibility worker. To reduce this compliance burden, workers were located at county, tribal, social, and human services departments; state agencies; local community centers, health clinics, and schools; and various outstation sites such as federally qualified health centers. Outstationed eligibility workers had laptop computers with dial-up capacity to link them to state databases. Allowing participants to sign up at outstationing sites rather than welfare offices was also meant to decrease psychological costs by making BadgerCare look more like private insurance and less like welfare.

A change in state law in 2000 reinforced the notion that the role of eligibility workers was to help the client to complete the form. If applicants were not able to obtain the required verification on their own, the law stated that “the agency may not deny assistance but shall proceed immediately to verify the data elements.” In an operations memo, eligibility workers were instructed to “only verify those items required to determine eligibility and benefits,” not to oververify by “requiring excessive pieces of evidence for any one item,” or “exclusively require a particular type of verification when various types are possible.”

Linking CHIP and Medicaid via BadgerCare reflected a belief in the Thompson administration that expanding an existing program would reduce learning costs relative to creating a separate program for CHIP. Indeed, other states with standalone CHIP programs struggled with take-up in a way that BadgerCare avoided (Gavin et al. 2003). BadgerCare became widely known in Wisconsin very quickly. By 2002, a survey of families eligible for BadgerCare, but not participating in the program, found that even among those who had never had any member of their family enrolled in the program, 80% had heard of the BadgerCare program (Gavin et al. 2003). By putting multiple state medical assistance programs and funding sources under the umbrella of a single program with one name, the state was able to streamline the marketing message and make it easier for individuals to understand if they were eligible. The efforts to increase access appear to have been successful. Between its implementation in 1999 and 2008, prior to the implementation of BadgerCare Plus (discussed next), enrollment in the program more than doubled from approximately 215,000 to 510,000.

### Governor Doyle: All Kids

In the early years of Governor Jim Doyle's (2003–2010) administration, BadgerCare was not perceived as a top priority. Indeed, Doyle, a Democrat, supported the introduction of additional constraints in response to legislative worries that the provision of public health insurance would discourage low-income workers from using available employer-based insurance. To avoid this "crowd-out" problem, the state required workers to take forms to their employers to verify that affordable insurance was not available. The state estimated that the new verification requirement would reduce enrollment by two to three percent. But the DHS saw enrollment drop by 20% for children and 17.6% for parents within a year. Officials in the Doyle administration pointed to this experience as an important lesson about how seemingly marginal changes in burden generate dramatic changes in take-up. Employees at DHS concluded that because so few low-income applicants actually had access to affordable employer-sponsored health insurance, the verification form was not an important tool in preventing ineligible families from enrolling in BadgerCare. However, it did create a significant barrier for eligible families, who either did not realize the new requirement was in place, or were embarrassed to bring the forms to employers who had little incentive to complete them. The state subsequently returned to a system where it took responsibility for verifying an applicant's status.

Doyle heard about innovations in Medicaid in other states when visiting a National Governor's Association meeting, and turned his attention to using Medicaid to broaden health care access in the state. He set a goal of 98% of citizens having access to health coverage. This goal was pursued by expanding BadgerCare and consolidating it with Medicaid and Healthy Start effective February 2008, creating BadgerCare Plus. Although BadgerCare had been designed to be an expansion of Medicaid, the programs formally retained separate names, and families were still informed when their eligibility changed from one to the other. With BadgerCare Plus, Healthy Start, Family Medicaid, and BadgerCare officially became one program from the applicants' point of view. BadgerCare Plus dramatically expanded eligibility to all children and pregnant women up to 300% of the FPL, and all other covered groups up to 200% of FPL.

The policy goals of Doyle were reflected by the framing of BadgerCare Plus as coverage for "all kids," which became part of the marketing for the new program. Unlike Thompson, Doyle did not view health insurance as a benefit tied to work, but as a basic right for all. According to one advocate for low-income families the Doyle administration "was genuinely committed to coverage for kids and he gave them [state employees] the green light. And then they felt they had a license to remove all the barriers they could." This included administrative barriers. Even with the reductions in administrative burden under Thompson, a survey prior to the implementation of BadgerCare Plus found that burdens did discourage participation: 34% said they found it too hard to get paperwork; 19% said that the application process was too hard, whereas 24% pointed to difficulties in applying in person (Gavin et al. 2003).

Doyle expanded the pattern of outreach pursued under Thompson. DHS administrators believed that the all-kids frame allowed for broad-based marketing that made it less likely that eligible parents would be confused about their status: "the 'All Kids'



message is very helpful for marketing even for people who are otherwise eligible for the program. I think that was one of the things that we hoped and talked about is that we wanted to end the stigma” (Hynes and Oliver 2010). In addition to bilingual and culturally specific marketing materials, the state engaged in partnerships with community organizations, providing mini grants to train them to provide program information and application assistance (Herd et al. 2013).

The Doyle administration also undertook new initiatives to reduce burdens. For example, it pursued a one-time autoenrollment of individuals that state data suggested were eligible. Autoenrollment is the most dramatic way to reduce burden for applicants. Applicants do not have to overcome psychological costs to opt-in, do not have to learn about the program, and face no compliance burden. Some of these costs arise if the individual chooses to stay in the program, but the barriers to entering the program were significantly reduced. A study using state administrative data shows that autoenrollment captured a very large number of previously nonenrolled eligible individuals (Herd et al. 2013).

The DHS also sought to ease learning and application compliance costs through online tools, primarily via a new Web site named ACCESS. The Web site included information about SNAP, Medicaid, and BadgerCare in English and Spanish. An innovative aspect of ACCESS is that it allowed potential applicants to do a preliminary check of their eligibility. Internal DHS staff guidance noted this was needed because: “Many potentially eligible people have misperceptions about the eligibility requirements. . . They may choose not to apply because of incorrect assumptions about their potential level of benefits. . . Many people believe the application process would involve too much time and effort unless they feel reasonably confident that they will be eligible for benefits.” Later versions of ACCESS allowed individuals to check their benefits and program requirements. This supplemented, but did not replace, notices and other communication with case workers. Eventually ACCESS allowed individuals to fill out applications online, and by 2010 was the most popular method of applying for benefits (Leininger et al. 2011).

The Doyle administration was largely able to buffer directives from the federal government that would have increased burdens. In 2005, as part of the Deficit Reduction Act, Congress required that applicants for Medicaid had to provide documentation of citizenship. Prior to this point, self-declaration of citizenship status was deemed sufficient unless the claim was questionable, in which case eligibility workers could require documentation. The response of the Doyle administration reflected the evolution in its understanding of burden since its early experience with employer insurance verification requirements. The DHS developed a series of policy guidelines that gave applicants flexibility in providing information, encouraged program workers to provide help, and minimized the possibility that eligible recipients would lose coverage. If it was possible to collect the information from other sources, state workers were told to do so.

The DHS needed a federal waiver to expand BadgerCare to BadgerCare Plus by combining funds from Medicaid and CHIP. Winning this waiver required negotiating with a Bush administration that had become increasingly concerned about the growing size of CHIP and Medicaid, and resistant to waiver requests that would expand these programs. The federal government pressured state governments to reduce take-up error rates in Medicaid—and consequently increase administrative burden

(Thompson 2012). In an August 17, 2007, letter, the administration also told states that they had to demonstrate a 95% take-up rate for eligible CHIP beneficiaries before they could expand it to citizens above 250% of FPL. This target was so unrealistic that its effect was to discourage efforts to expand CHIP. Wisconsin sidestepped this requirement by agreeing to use state money to cover those above 250% of FPL. Ultimately, the Obama administration withdrew the August 17 letter, amidst threats of litigation from states over the failure of the Bush administration to follow the rule-making process for this relatively dramatic reinterpretation of law.

In other areas the federal government was more overtly supportive of efforts by the Doyle administration. In July 2003, Wisconsin received a \$1.7 million grant from the Food and Nutrition Service to develop ACCESS. With the arrival of the Obama administration, and Democratic majorities in the House and Senate, the federal environment became even friendlier to the goals of the Doyle administration. The new Congress quickly passed the CHIP Reauthorization Act in 2009, which put in place a series of financial incentives to increase access that aligned well with strategies Wisconsin was already pursuing.<sup>5</sup> To qualify for bonuses, states had to increase enrollment via active outreach programs, and implement features explicitly designed to reduce learning and compliance costs: extending the eligibility of children to 12 months before a renewal process; liberalizing asset requirements; combining Medicaid and CHIP application forms; eliminating in-person interviews; providing presumptive eligibility for children; and utilizing auto or administrative enrollment. Other incentives sought to further reduce burdens to encourage take-up. As before, unused CHIP funds would be returned to the federal government, but now states would see permanent decreases in their funding for failure to spend their allotted amount. One hundred million dollars was allocated to outreach, with the vast majority given to state and local governments and community organizations. Although citizenship verification requirements remained, the Reauthorization Act allowed states to create a data exchange with Social Security, which in turn reduced the need for states to seek verification from applicants. Error-reporting requirements passed under Bush were restructured to avoid discouraging efforts to increase take-up (Thompson 2012).

### **Governor Walker: Fraud and Abuse**

Under Republican Governor Scott Walker's administration (2011–present) the basic assumptions underlying BadgerCare and especially BadgerCare Plus were challenged. The administration saw the program as becoming too large, covering individuals who were not truly poor. Indeed, by covering children up to 300% of the poverty line, around half of state households had become income-eligible for the program under Doyle. The Walker administration also argued that innovations that had reduced administrative burden made the program vulnerable to widespread fraud, and should be reversed.

During the Thompson and Doyle era most criticisms of Medicaid focused on the affordability of the program for the state and the risks of crowding out of private

<sup>5</sup> Wisconsin did make some changes to improve its chance to win federal funds, such as the preprinted renewal forms for mail-in renewals, but largely on the basis of existing practices, the state won bonus funds of \$23,432,822 in 2010 and \$24,541,778 in 2011.

insurance, but policymakers “at that time weren’t making the fraud argument,” said a DHS employee. Walker charged that the program was rife with “all kinds of fraud and abuse.” This political framing of welfare programs has historically been associated with the imposition of compliance burdens (Brodkin and Lipsky 1983) and this proved the case in Wisconsin. Consistent with this frame, the DHS sought to reduce the size of the program, partly by using procedures to limit access in the name of curbing fraud and abuse.

As one of his first acts as Governor, Walker created a Commission on Waste, Fraud and Abuse. The commission criticized “an explosion in public assistance spending and program expansions over the last decade with no corresponding investment in program integrity,” identifying the efforts of the prior administrations to reduce burden (such as annual rather than six-month redetermination processes) as part of the problem. The Commission argued that ex-post sanctions for fraud were ineffective and called for moving the weight of proof back on the citizen in the front-end of the application process, increasing the frequency of program eligibility recertifications, and requiring face-to-face interviews for eligibility verification when possible. Walker also created an Office of Inspector General within DHS, whose primary responsibility is to pursue fraud and abuse, and in the 2011–2013 budget set aside \$2 million to pay for 19 new positions to support fraud prevention.

The actual evidence of applicant fraud was largely anecdotal, and in none of these discussions was there consideration of the impact that administrative burden would have on eligible beneficiaries. The commission claimed its recommendations would save \$455 million annually, or \$3.1 billion over 10 years. The implication was that all of these savings could come from preventing fraud, rather than from a loss of eligible claimants. This willingness to ignore the burdensome effects of proposed requirements may be enabled by the belief that the program itself has grown unnecessarily large. This belief was reflected prominently on the retooled DHS Web site: “Medicaid is no longer exclusively for individuals living below the poverty level. . . . Medicaid provides a richer benefit package for children than what is typically offered in the private sector.”<sup>6</sup>

When the Walker administration requested a waiver from federal maintenance of effort regulations, DHS officials explained their goal was “re-establishing Medicaid as a safety-net for those low-income families who do not have access to private health insurance offered through employers and the individual market.” The state proposed a series of changes that would have increased administrative burden. For example, the state sought to remove presumptive eligibility for children. It also proposed redefining household income so as to require the provision of evidence of income from all residing in the house for more than 60 days (excluding grandparents) including boyfriends, girlfriends, siblings, friends, and other relatives with no legal obligation to support the mother or child actually claiming benefits. Finally, the state sought to require verification of state residency before providing aid. Currently, eligibility workers can seek to verify residency if they regard the applicant’s status as questionable, but this provision would have required verification of all applicants, having an effect similar to an identification requirement.

6 <http://www.dhs.wisconsin.gov/mareform/>, accessed December 18, 2012

Consistent with its support for Medicaid and CHIP, the Obama White House resisted Walker's proposed changes. By and large, the state was stymied in its efforts to alter administrative procedures as the federal government largely rejected the waiver application, consistent with prohibitions on states in the 2010 Patient Protection and Affordable Care Act from making state Medical Assistance "eligibility standards, methodologies, or procedures" more restrictive. The federal government did allow some proposed waiver changes for adult applicants. Premiums were increased, and eligibility changed. Some changes did alter administrative burden. Those who failed to pay a premium were required to wait an additional six months to reenroll. New income reporting requirements were added, with failure to verify income changes resulting in a loss of eligibility. Clients also faced a new \$60 processing fee to pay for their renewal in the program.

The need to rely on administrative burdens to manage Medicaid costs was made less pressing with Supreme Court decision on the National Federation of Independent Businesses vs. Sibelius, which gave states a good deal more discretion in deciding eligibility levels than allowed for in the Affordable Care Act. Governor Walker rejected new federal funding from the Affordable Care Act, dramatically reducing Medicaid access to citizens above the federal poverty level.

The concern with fraud had an ironic effect in reducing administrative burden for some groups. Effective May 2011, DHS allowed administrative renewal for select low-risk BadgerCare Plus, SNAP, and Medicaid cases. According to a DHS operations memo "the primary purpose of the administrative renewal project is to increase program integrity by focusing eligibility workers on higher-risk renewals." For administrative renewals, department staff now identify cases that are highly unlikely to lose eligibility and allow them to renew based on state data. An administrative renewal case will not get an eligibility renewal notice from the agency, and the household is not required to provide any additional information in order to continue their eligibility.

## **CONCLUSION: A RESEARCH AGENDA FOR ADMINISTRATIVE BURDEN**

If we are to take the concept of administrative burden seriously, what does it imply for scholarship? In this section, we draw from both the Wisconsin case and our review of prior work to sketch a research agenda. Some of these questions are being addressed, but not resolved, and almost entirely within the field of social policy. Others are relatively neglected: the political origins of burdens, bureaucratic relationships with burdens, the role of third parties, and normative questions about the role of the state in monitoring and managing levels of burdens.

*How are burdens used as policy instruments?* We argue that administrative burden offers another venue in which to study the ongoing interplay between politics and administration. In the Wisconsin case, actors at the state and federal level sought to alter the level of burden and the balance of burden between the individual and the state to pursue broader policy goals. Although delinking of Medicaid from other welfare programs allowed Republicans like Governor Thompson to embrace it (Thompson 2012, 73), partisan attitudes hardened over time, with Democrats favoring access and Republicans identifying program size and fraud as issues. A cross-state analysis reflects this trend, with compliance burdens in Medicaid application

forms higher under unified Republican control of state government (Moynihan, Herd, and Rigby 2013). The relationship between politics and burdens becomes even more apparent when these burdens are directly legislated. For example, in the area of election administration, there has been a clear partisan divide in the willingness of legislators to impose new voter identification requirements (Hale and McNeal 2010).

We also propose a secondary question, which is whether these instruments are attractive precisely because they can be implemented via less visible administrative processes, requiring lower political consultation and less need to acknowledge their purpose. A related question is under what conditions do “hidden politics” become visible, subject to explicit political debate. The voter identification issue is one such example, as is the growing willingness of Congress to specify in legislation how states design Medicaid and CHIP procedures (e.g., requirements of evidence of citizenship, or incentives to expand access in the CHIP Reauthorization Act). The answer likely has to do with growing awareness in a policy area that such burdens are consequential, and the role of stakeholders in arguing for or against them.

*What are the effects of burdens on citizens?* There is little doubt that, within the area of social policy at least, administrative burdens have material impacts on whether individuals receive public services. Policy feedback research further suggests that the experience of burdensome processes undermines political efficacy and civic participation. There is therefore a strong theoretical and empirical basis to understand how the experience of policy implementation matters to citizens in these and other ways, and in a wider variety of policy areas than has been studied thus far.

*How do administrative burdens affect inequality?* Another relevant question is whether the targeting of administrative burdens, and the ability to overcome those burdens, vary across different subgroups of the population. Burdens may be more likely to be imposed on politically powerless or unpopular groups, and may have the most dramatic effects on those with lower financial resources and human capital assets. Indeed, there is evidence that burden differentially impacts by class, race, and gender in social programs (Aizer 2003; Brodtkin and Mamjundar 2010; Heckman and Smith 2003), education (Hoxby and Avery 2012), voting registration rules (Rigby and Springer 2011), and immigration (Fix, Passel, and Sucher 2003).

The stresses of poverty may also exacerbate the cognitive biases that amplify the effects of burdens. Mullainthan and Shafrir (2013, 282) point to evidence from behavioral economics that suggests that individuals “are less likely to weigh long-term consequences and exhibit forward-looking behaviors when we are threatened, challenged, and depleted.” This implies that those who may need services the most—individuals with lower income, education, and language skills—are most negatively affected by burdens. In sum, burden can exacerbate inequality.

*What is the relationship between administrators and burden?* Administrators play an active role in creating and enforcing burdens, and street-level bureaucrats may use their discretion to enforce, expand upon, or ameliorate the effects of burdens (Brodtkin and Lipsky 1983; Lipsky 1984). In the Wisconsin case the specialized knowledge of administrative processes gave bureaucrats a central role in designing initiatives to alter burdens, but generally suggests that this knowledge was used in ways consistent with changing political preferences.

Just as administrators shape burdens, so too may burdens matter to how administrators define their organizational role. For example, if administrators who are motivated to help others believe their work causes them to impose unfair burdens, their organizational commitment and effort may decline.

*What is the role of third parties in administrative burdens?* As services are increasingly provided in a state of agents (Heinrich, Lynn, and Milward 2010), what role do those third parties play in facilitating or easing burdens? Less constrained by rules than bureaucratic counterparts, these agents may pursue their beliefs and incentives in ways that matter to burden. For example, advocacy and community groups in the Wisconsin case pursued outreach partly because extending benefits to the poor or their members fit with their mission, whereas hospitals became adept at using reductions in burden to enroll patients because it helped to reduce the financial costs of providing charitable care. Agents may also use burdens to engage in the ‘cream-skimming’ of more profitable clients, by placing more barriers in the path of less attractive clients (Soss, Fording, and Schram 2011).

An even clearer example of the role of incentives for third parties comes from the tax-preparation industry. Private tax-preparers have been instrumental in facilitating access to the EITC. They have marketed the program to clients, built new offices in low-income neighborhoods, and partnered in outreach campaigns to educate individuals about their eligibility (Kopczuk and Pop-Eleches 2007). But the same industry has actively opposed proposals for automated tax returns that would eliminate the need for most citizens to prepare taxes. The motivation of the industry is not based on any overriding conviction about the burdens citizens should face in the tax system, but instead reflects simple profit incentives. Reducing burdens to the EITC expanded the pool of customers and the possibility of selling these customers prerefund loans. On the other hand, automated tax returns threaten the basic business model of the tax-preparation industry. This example also illustrates another role that agents may play, which is as a political stakeholder, willing to lobby for or against changes in administrative burden made by policymakers.

*What responsibility does government hold in monitoring and regulating administrative burdens?* With the evolution of governance towards a state of agents, the state has struggled to articulate its purpose. The concept of administrative burden offers a logical role for the state to occupy that fits with the current emphasis on third-party governance, while drawing on a mixture of older values such due process, equity, procedural fairness, and customer service. The state should monitor and regulate how citizens experience burden in their interactions with public services, even if private actors provide those services. Service providers should face explicit expectations about how they impose burdens in the same way they are accountable to fiscal and performance expectations. This would balance the current emphasis on performance measures, limiting discretionary activities that perversely improve measured performance by imposing burdens on citizens (e.g., Soss, Fording, and Schram 2011). Empirical studies could compare differences between policy areas or government entities where burden is more or less regulated.

*How can burdens be reduced?* Both behavioral economics and social psychology imply that individual experiences of burden will inevitably be somewhat subjective. The state may also have a limited influence on many factors that influence how an

individual responds to burden, for example, human capital, or popular beliefs about programs. But there are also systematic aspects of burden that can be addressed. This raises the practical question of how to reduce burden, and when such efforts are appropriate. Scholarship can help inform these choices. The literature reviewed in this article, and the Wisconsin case, provides evidence on practices to reduce burden.

Policymakers can reduce learning and compliance costs, and structure interactions in ways that minimize psychological costs and positively interact with cognitive biases. Research may also help guide where expenditures on reducing burdens may be most effective. For example, [Kincheloe, Frates, and Brown \(2007\)](#) find that outreach spending on media campaigns for Medicaid are less beneficial than on outreach spending on enrollment assistants and community groups. If public administration scholarship adopts administrative burden as a topic of study, perhaps the greatest contribution it may offer is in uncovering mechanisms to minimize burdens, or to shift them to the state.

In some cases, burdens may add little in terms of legitimate purposes, and there is little reason not to remove them. But burdens may also be imposed to reflect legitimate political values, and their reduction raises questions about the relative balance between minimizing burdens and the purpose of those burdens. In the area of social policy, the debate has historically focused on the danger of waste, fraud and abuse, with less consideration of the effect of burdens on take-up ([Brodkin and Lipsky 1983](#)). Empirical research can help to inform these types of tradeoffs with analyses of the degree to which reductions in burdens actually undermine other values, or the degree to which new burdens undercut access to programs.

A particularly promising avenue of research is to investigate practices and program designs that reduce burden without undercutting other values. For example, Social Security is a program with strict administrative rules and documentation requirements, but almost all administrative burden falls on the state rather than the citizen. This is because the state takes responsibility for collecting earnings data, meaning that applicants do not need to provide the lifetime of detailed income documentation that helps the program achieve a near zero error rate. Information technology and governmental data systems make it more feasible for states to shift burdens from the citizen to the state ([Herd et al. 2013](#)). Online systems can reduce learning costs and allow for online applications. By investing in data systems that can integrate data across programs, the state can reduce the need for applicants to provide the same data multiple times, while improving accuracy. For example, information based on state tax returns is more likely to be accurate than self-reported income data in verifying eligibility. A step further would be autoenrollment, which effectively uses state data to alter the default choice for individuals on whether they participate in a program or not ([Dorn, Hall, and Hogan 2009](#)). The analysis of such options provides a clear way for public administration scholars to make theoretically based, empirically grounded contributions to the practice of governance.

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