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PERSPECTIVE

Medicaid And SNAP Advance Equity But Sometimes Have Hidden Racial And Ethnic Barriers

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ABSTRACT Medicaid and the Supplemental Nutrition Assistance Program were developed during the Civil Rights era to help poor people and reduce racial and ethnic differences in health care access and food security. Although the two programs have succeeded in narrowing health and nutrition disparities, certain policies hinder goals of racial and ethnic equity, even though they do not explicitly mention race or ethnicity. These policies, including administrative policies (such as work requirements) and more basic decisions about whether to cover immigrants or expand Medicaid, can create barriers that promote racial and ethnic disparities, contrary to the programs' underlying goals.

In a landmark 1886 Civil Rights case, *Yick Wo v. Hopkins*,[1] the United States Supreme Court held that a government policy that appeared to be racially neutral could nonetheless violate the equal protection clause of the Constitution because it had discriminatory intent and implementation. The case concerned a San Francisco, California, law requiring permits for laundries located in wooden buildings, which did not mention race but was in fact designed and administered to keep Chinese people from owning laundries and to favor White-owned businesses.

In the contemporary US context, race and ethnicity still enter into public perceptions of the treatment and acceptance of people from racial and ethnic minority populations. Although non-Hispanic White people are the most numerous participants in Medicaid and the Supplemental Nutrition Assistance Program (SNAP),[2,3] many Americans believe that these programs mostly serve members of racial and ethnic minority groups.[4] Research by Simon Haeder and Donald Moynihan demonstrates how racial resentments affect public attitudes toward administrative policies in Medicaid and SNAP, such as those related to enrollment, work requirements, and reduced eligibility determinations under continuous coverage.[5] Those who have more resentment toward Black or Latino people tend to favor harsher administrative policies that can result in restricting benefits. Although such policies do not mention race or ethnicity, they can fall with particular severity on minority populations and thus, as a practical matter, increase racial disparities.

Work Requirements

One example of an administrative policy that potentially restricts benefits is work requirements. Such policies terminate benefits for participants who do not work a certain number of hours per month. After a temporary suspension of long-standing SNAP work requirements during the COVID-19 public health emergency, the requirements are now being reinstated nationwide,[6] and recent legislation expanded them to cover older adults.[7] Hundreds of thousands of participants are expected to lose nutrition assistance in the coming months because of work requirements.[7] Medicaid work requirement policies (also called "community engagement") were promoted by the Trump administration but were mostly prohibited by federal court decisions. Nevertheless, Medicaid work requirements are being implemented in Georgia, are

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being sought by other states, and have been proposed in Congress.[8,9]

Although work requirement policies do not explicitly mention race, the impacts are inequitable. In a study that examined nationwide implementation of SNAP work requirements in pre-COVID-19 years, Erin Brantley and colleagues found that work requirements were three times as likely to cause Black participants to lose SNAP benefits as White participants, in large measure because Black adults have more limited employment opportunities.[10] And although SNAP work requirements were supposed to affect only "able-bodied adults without dependents," disabled adults also lost nutrition assistance.[10] Analyses also have shown that the consequences of Medicaid work requirements proposed in many states would have fallen most heavily on Black participants.[11]

Immigrant Restrictions

Also worrisome are policies related to immigration status,[12] which limit eligibility, and thus enrollment, for Medicaid and SNAP, even among many who are lawfully present in the country, or that impose burdensome and sometimes threatening documentation requirements. One salient example is the "public charge" policies crafted by the Trump administration, which jeopardized legal immigration status for people who used Medicaid or SNAP benefits. The Biden administration withdrew these rules, although their repercussions are still being felt.[13–15] These anti-immigrant policies do not explicitly mention race or ethnicity, but they have both discriminatory intent and impacts, as the low-income immigrants affected are predominantly Latino, Asian, or Black.[16]

Success In Narrowing Racial Gaps

Even though there are some continuing racial and ethnic disparities in Medicaid and SNAP, including some caused by policies like those discussed above, it is important to remember that the Food Stamp Program (later renamed SNAP) and Medicaid were enacted in 1964 and 1965, respectively, as part of a national Civil Rights agenda to improve the status of poor Americans and narrow race-related hardships.[17] Research demonstrates that the overall impacts of both Medicaid and SNAP have been to reduce racial and ethnic inequities by helping those with low incomes, who are disproportionately Black and Latino. For example, Medicaid expansions under the Affordable Care Act have helped narrow racial and ethnic differences in insurance coverage and access to medical care.[18–20]

Further progress in racial equity will depend on thoughtful assessments and reforms of eligibility and benefit policies in Medicaid and SNAP.

Moreover, adults covered by Medicaid appear to have access to care that is comparable to that experienced by people covered through commercial insurance, regardless of race or ethnicity: The average ambulatory medical visit in both Medicaid and commercial insurance has the same length and a roughly similar number of diagnosis and treatment procedures, health education topics, and medications prescribed.[21,22]

Differences exist in the frequency of ambulatory care visits by Black and White Medicaid enrollees, but they are similar to gaps found among those with private insurance. This suggests that the gaps are due to broader social and medical factors and do not occur in Medicaid alone. And regardless of whether the person is White or Black, access is better for those with public or private insurance compared with the experience of people who lack insurance coverage. My analyses of pooled 2019 and 2020 Medical Expenditure Panel Survey data show that low-income Black adults on Medicaid had 2.34 fewer ambulatory office visits per year than White adults on Medicaid, which was not statistically different from the gap of 1.45 fewer visits for low-income adult Black adults who had private insurance compared with White adults who had private insurance (see online appendix exhibit 1).[23] (Black-White differences for both public and private insurance were significant [$p < 0.05$].) In these analyses, Latino-White differences in the number of visits appear to have been relatively smaller than Black-White gaps.

Research demonstrates that SNAP participation reduces race-related disparities in food insecurity. Food insecurity levels are higher among Black households than White households when they are not enrolled in SNAP but lower than among White households for those receiving SNAP benefits.[24] As a program that is almost entirely federally funded, SNAP is more consis-

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tent than Medicaid in that it uses nationwide eligibility and benefit standards, although some differences in administrative aspects such as enrollment practices or work requirements are permitted across states.

Medicaid is subject to greater state variations. The most important policies creating racial and ethnic disparities in Medicaid are not administrative enrollment policies but fundamental eligibility decisions, such as whether to expand Medicaid coverage for adults under the Affordable Care Act or to cover immigrants. For example, the ten states that as of July 2023 had not yet expanded Medicaid eligibility for adults[25] have a larger share of Black and Latino residents (39 percent of their combined populations) than the 27 percent of the population in the forty states plus Washington, D.C., that have expanded Medicaid eligibility (not including North Carolina, whose expansion is pending) (author's calculation, based on Census Bureau data). The Urban Institute found that expanding Medicaid in the remaining nonexpansion states would more effectively lower the percentage of Blacks and Latinos who are uninsured, reducing coverage gaps.[26]

Further Progress Is Needed

Medicaid and SNAP were born during the Civil Rights era of the 1960s with the vision of helping the poor and narrowing racial and ethnic gaps in health care access and food security. More than sixty years later, these programs have been largely successful in meeting those goals. But further progress in racial equity will depend on thoughtful assessments and reforms of eligibility and benefit policies in Medicaid and SNAP, as well as reconsideration of administrative policies that hinder enrollment or benefits. ■

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NOTES

1 *Yick Wo v. Hopkins*, 118 U.S. 356 (1886).
2 KFF. Distribution of the nonelderly with Medicaid by race/ethnicity [Internet]. San Francisco (CA): KFF; 2021 [cited 2023 Aug 7]. Available from: https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-by-raceethnicity/
3 Department of Agriculture. Characteristics of Supplemental Nutrition Assistance Program households: fiscal year 2020 [Internet]. Washington (DC): USDA; 2022 Jun [cited 2023 Aug 7]. (Report No. SNAP-21-CHAR). Available from: https://fns-prod.azureedge.us/sites/default/files/resource-files/Characteristics2020.pdf
4 Akesson J, Hahn R, Metcalfe R, Rasooly I. Race and redistribution in the United States: an experimental analysis [Internet]. Cambridge (MA): National Bureau of Economic Research; 2022 Sep [cited 2023 Aug 7]. (NBER Working Paper No. 30426). Available from: https://www.nber.org/papers/w30426
5 Haeder SF, Moynihan D. Race and racial perceptions shape burden tolerance for Medicaid and the Supplemental Nutrition Assistance Program. Health Aff (Millwood). 2023;42(10):1334–43.
6 Ku L, Brantley E, Pryor S. SNAP will also unwind. Health Affairs Forefront [blog on the Internet]. 2022 Jul 14 [cited 2023 Aug 7]. Available from: https://www.healthaffairs.org/do/10.1377/forefront.20220712.461768
7 Bolen E. About 500,000 adults will soon lose SNAP due to return of work-reporting requirements; another 750,000 older adults newly at risk [Internet]. Washington (DC): Center on Budget and Policy Priorities; 2023 Jul 12 [cited 2023 Aug 7]. Available from: https://www.cbpp.org/blog/about-500000-adults-will-soon-lose-snap-due-to-return-of-work-reporting-requirements-another
8 Rosenbaum S. The far-reaching implications of the Georgia Medicaid work experiment. To The Point [blog on the Internet]. 2023 Feb 2 [cited 2023 Aug 7]. Available from: https://www.commonwealthfund.org/blog/2023/far-reaching-implications-georgia-medicaid-work-experiment
9 Guth M. Medicaid work requirements are back on the agenda [Internet]. San Francisco (CA): KFF; 2023 Apr 3 [cited 2023 Aug 7]. Available from: https://www.kff.org/policy-watch/medicaid-work-requirements-are-back-on-agenda/
10 Brantley E, Pillai D, Ku L. Associations of work requirements and Supplemental Nutrition Assistance Program participation by race/ethnicity and disability status, 2013–2017. JAMA Netw Open. 2020;3(6):e205824.
11 Georgetown University, McCourt School of Public Policy, Center for Children and Families. Racial health inequities and Medicaid work requirements [Internet]. Washington (DC): Georgetown University; 2020 Jun 20 [cited 2023 Aug 7]. Available from: https://ccf.georgetown.edu/2020/06/02/racial-health-inequities-and-work-requirements/
12 Broder T, Lessard G. Overview of immigrant eligibility for federal programs [Internet]. Los Angeles (CA): National Immigration Law Center; [updated 2023 Mar; cited 2023 Aug 7]. Available from: https://www.nilc.org/issues/economic-support/overview-immeligfed programs/
13 KFF. Health coverage and care of immigrants [Internet]. San Francisco (CA): KFF; 2022 Dec 20 [cited 2023 Aug 7]. Available from: https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/
14 Alonso-Yoder C. Publicly charged: a critical examination of immigrant public benefit restrictions. Denver Law Rev. 2020;97(1):1–34.
15 Lacarte V, Hinkle L, Broberg BL. SNAP access and participation in U.S.-born and immigrant households: a data profile [Internet]. Washington (DC): Migration Policy

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Institute; 2023 Mar [cited 2023 Aug 7]. Available from: https://www.migrationpolicy.org/sites/default/files/publications/mpi_snap-brief-2023-final.pdf

16 Kamasaki C. US immigration policy: a classic, unappreciated example of structural racism [Internet]. Washington (DC): Brookings; 2021 Mar 28 [cited 2023 Aug 7]. Available from: https://www.brookings.edu/articles/us-immigration-policy-a-classic-unappreciated-example-of-structural-racism/

17 Tulmulty K. The Great Society at 50. Washington Post [serial on the Internet]. 2014 May 17 [cited 2023 Aug 7]. Available from: https://www.washingtonpost.com/sf/national/2014/05/17/the-great-society-at-50/

18 Cross-Call J. Medicaid expansion has helped narrow racial disparities in health coverage and access to care [Internet]. Washington (DC): Center on Budget and Policy Priorities; 2020 Oct 21 [cited 2023 Aug 7]. Available from: https://www.cbpp.org/research/health/medicaid-expansion-has-helped-narrow-racial-disparities-in-health-coverage-and

19 Moriya AS, Chakravarty S. Racial and ethnic disparities in preventable hospitalizations and ED visits five years after ACA Medicaid expansions. Health Aff (Millwood). 2023;42(1):26–34.

20 Guth M, Haldar S, Rudowitz R, Artiga S. Medicaid and racial health equity [Internet]. San Francisco (CA): KFF; 2023 Jun 2 [cited 2023 Aug 7]. Available from: https://www.kff.org/medicaid/issue-brief/medicaid-and-racial-health-equity/

21 Bruen BK, Ku L, Lu X, Shin P. No evidence that primary care physicians offer less care to Medicaid, community health center, or uninsured patients. Health Aff (Millwood). 2013;32(9):1624–30.

22 Ku L. Still no differences in the length or scope of primary and ambulatory care for Medicaid and commercial patients. Health Aff Schol. 2023;1(2):qxad027. DOI: 10.1093/haschl/qxad027.

23 To access the appendix, click on the Details tab of the article online.

24 Samuel LJ, Crews DC, Swenor BK, Zhu J, Stuart EA, Szanton SL, et al. Supplemental Nutrition Assistance Program access and racial disparities in food insecurity. JAMA Netw Open. 2023;6(6):e2320196.

25 KFF. Status of state Medicaid decisions: interactive map [Internet]. San Francisco (CA): KFF; 2023 Jul 27 [cited 2023 Aug 23]. Available from: https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

26 Holahan J, Simpson M. Next steps in expanding health coverage and affordability [Internet]. New York (NY): Commonwealth Fund; 2022 Sep [cited 2023 Aug 7]. Available from: https://www.commonwealthfund.org/publications/issue-briefs/2022/sep/next-steps-expanding-health-coverage-affordability

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