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Fewer Burdens but Greater Inequality? Reevaluating the Safety Net through the Lens of Administrative Burden

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We examine changes in administrative burden in U.S. social safety net programs, or the negative encounters with the state that people experience when trying to access and use the benefits for which they are eligible. Existing theories equate targeted safety net policies, which sharply limit eligibility, as compared to universal policies, which have more expansive eligibility, with increased administrative burden. The past 30 years, however, tell a more complicated story. While overall burdens have declined in most targeted programs, there is evidence of increasing inequality regarding who faces these burdens. We trace the cause to three factors: (1) expansions in targeted programs, like Medicaid, gave states more administrative control, which increased both geographic and racial disparities in administrative burden; (2) delivering benefits through the tax system created more burdens for low-income populations compared to high-income populations; and (3) a growing reliance on private providers to deliver benefits and services created higher burdens for low-income populations to navigate.

Keywords: administrative burden; poverty; social policy; inequality

The past 30 years have been characterized by a radically shifting landscape in social welfare supports for families and children,

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including both retrenchment and expansion of key income and health supports (see Jackson and Fanelli, this volume). While a robust literature examines these broader policy design changes, especially those centered on welfare reform, less attention has been paid to radical administrative changes in the social welfare safety net and the consequent implications for administrative burdens. Administrative burdens are the onerous and costly experiences that people encounter when navigating government programs (Herd and Moynihan 2018). These burdens undermine, sometimes significantly, the redistributive nature of social welfare benefits. Mapping the post–welfare reform terrain of administrative burdens therefore provides a fuller picture of how the welfare state shapes inequality.

Looking at these burdens provides a different lens on the changes to the social welfare safety net over the past 30 years. Existing theories often center on distinctions between targeted programs, or those with quite restrictive eligibility, versus universal benefit programs, which have expansive eligibility. The basic theory is that the more targeted the program, the more burdens tend to be present. For example, programs tightly targeted at individuals with low incomes tend to have higher burdens than programs that also include middle- and higher-income people.

But the past 30 years tell a much more complicated story. Burdens have been declining on average in most, though not all, means-tested programs—especially in those with expanded eligibility and coverage—and more resources have been going to less burdensome programs. These declines are reflected in the increase over time in take-up among those eligible for Medicaid and the Supplemental Nutrition Assistance Program (SNAP) broadly and suggest how specific burden reductions are associated with increased take-up (Herd and Moynihan 2018).

At the same time, there has been increased variance in peoples' experiences, with inequalities in the experience of burden among beneficiaries growing. The source of these inequalities can be traced to three key factors. First, federalism in the U.S. has established a system in which the benefits of reduced burdens vary substantially based on which state you live in, thus exacerbating racial disparities and anti-immigrant practices that vary by location (Michener 2018; Michener, this volume). Second, although the shift towards delivering benefits through the tax system has decreased burdens on average, it has also exacerbated inequalities in the experience of burdens. Aided by professional tax help, individuals with high incomes generally access their supports via the tax system. By contrast, those with lower incomes have to navigate far more complicated welfare programs, are often disconnected from the benefits of the tax system, and are at higher risk of burdens via tax audit processes. Finally, the shift towards privatizing the delivery of social welfare benefits, what Morgan and Campbell (2011) call "delegated governance," necessitates reliance on private actors to access public benefits—a system that tends to feature higher burdens that are more difficult for low-income populations to navigate.

In this article, we first describe the concept of administrative burdens. The next section details how administrative burdens in our largest income support policies, including the SNAP, have changed since the 1996 welfare reform. We

then detail changes to administrative burdens in health policy, with most of the focus on the period following the 2010 adoption of the Affordable Care Act (ACA). Throughout, we highlight how these changes to the social welfare safety net illustrate the complexity of the relationship between targeting and burden and emphasize the significant inequality in experience caused by federalism, the tax system, and privatization.

Administrative Burden

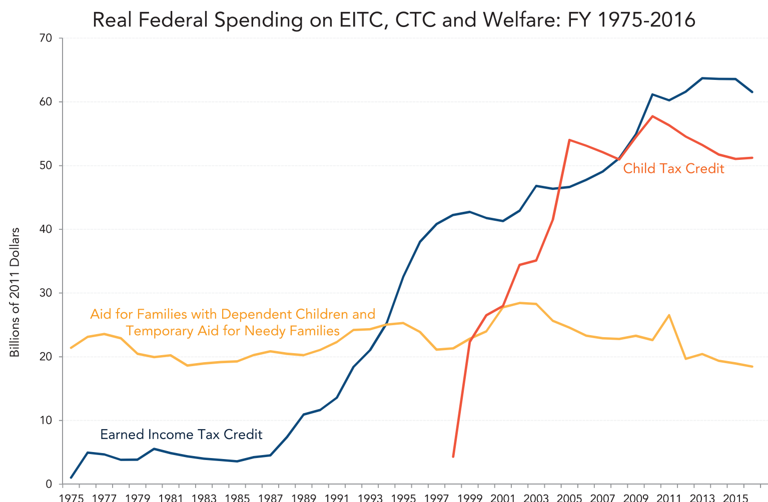
Administrative burdens are the onerous experience we have when interacting with public services (Heinrich 2018; Herd and Moynihan 2018; Herd et al. 2013). Although we intuitively understand such hassles to be irritating, we can easily miss their scale, their invasiveness, and the extent to which they are targeted at marginalized groups (Ray, Herd, and Moynihan 2023). Burdens include three types of costs: learning costs, which include finding out whether one is eligible for a program, what forms need to be completed, or how to apply for and stay on public programs; compliance costs, which include tasks like completing and submitting forms, providing documentation for eligibility criteria, or spending time or money on the process; and psychological costs, which include stress, frustrations, anxiety, loss of autonomy, or a sense of stigma (Herd and Moynihan 2020).

Rather than summarizing the growing literature on this issue, we identify three key points that have emerged regarding the impacts of these burdens. First, seemingly small burdens can have large effects that substantially restrict access to basic rights, benefits, and services (Currie 2004). Second, these effects may not be distributed evenly but rather fall with greater weight on groups with less power and resources, including women, low-income groups, disabled people, and racial minority groups (Barnes and Henly 2018; Christensen et al. 2020; Heinrich 2018; Herd and Moynihan 2020). Third, the construction of burdens and their distributive effects may arise for a variety of reasons, including a deliberate desire to make programs less accessible—a form of policymaking by other means. Burdens are often complex and opaque, their creation rarely debated via standard legislative processes, and their outcomes difficult to discern. Such qualities make them ideal for policymaking in contexts where policy actors are constrained by law or norms from explicitly stating their goals (Herd and Moynihan 2018).

Expanding Social Welfare Benefits and Declining Burdens

The idea that means-tested programs are more burdensome than universal programs is almost axiomatic. Means testing requires satisfying often paternalistic rules and requirements that can impede access to benefits. But changes to the U.S. social welfare safety net over the past 30 years complicates this narrative. On the one hand, means-tested programs, like the Earned Income Tax Credit

FIGURE 1
Federal Spending over Time on Safety Net Programs



Sources: AFDC/TANF: Budget of the United States Government; EITC and CTC: Internal Revenue Service Statistics of Income, various years; CPI deflator: Bureau of Labor Statistics. For CTC and EITC, we convert tax year data to fiscal year data by applying a 20-80 split.

SOURCE: Figure from the Tax Policy Center. https://www.taxpolicycenter.org/statistics/spending-eitc-child-tax-credit-and-afdctanf-1975-2016

(EITC), SNAP, and Medicaid, remain more burdensome than universal policies, like Social Security and Medicare. On the other hand, key means-tested programs have seen significant declines in burden, which are reflected in rising take-up rates, even as, or likely because, eligibility for these programs has broadened. In this section, we detail the average declines in burdens in these programs. The subsequent section, however, considers how federalism, the tax system, and privatization have exacerbated inequalities in burden, even in the context of broader declines.

EITC

Arguably the most meaningful change to the social welfare safety net over the past 30 years has been the growth of the EITC and the Child Tax Credit (CTC) (see Figure 1), including the temporary expansion of the CTC in 2021 during the pandemic. The result has been to substantially improve the economic well-being of low-income families. Since both benefits are provided via the tax system, this expansion has come with relatively low administrative burden, especially when compared to traditional cash assistance programs like the former Aid to Families with Dependent Children (AFDC) program or the Temporary Aid to Needy Families (TANF) program, which replaced AFDC during the 1996 welfare reform.

In terms of size, the EITC stands second only to Social Security as an income support policy and has become the largest income support policy for working-age

Americans. Between 1989 and 2017, EITC spending rose from around $11 billion to $62 billion (Tax Policy Center 2021). At its peak, between the 1970s and the mid-1990s, federal and state spending on AFDC—also targeted at working-age Americans—averaged only around $30 billion per year.

The EITC has reduced income insecurity for many of the poorest Americans and improved the income security of 11.9 million children in 2018 (Center on Budget and Policy Priorities [CBPP] 2019). Hoynes and Patel (2015) estimate that for every $1,000 increase in the EITC benefit there is a 9.4-percentage-point reduction in poverty among families below 100 percent of the poverty line. There is also growing evidence that the EITC also has positive effects on child health, cognitive abilities, and educational performance (Baughman 2012; Pilkauskas and Michelmore, this volume; Strully, Rehkopf, and Xuan 2010). That said, as noted by Pilkauskas and Michelmore (this volume), the increases in economic security that benefit children may be offset by increases in time spent in childcare, some of which is not high-quality.

What is not subject to doubt is that the EITC is more accessible than many other targeted programs. Estimates regarding the fraction of individuals receiving benefits among those eligible for the EITC vary but are generally higher than for most means-tested social welfare policies. Most studies estimate a 75 to 80 percent EITC take-up, compared to about 40 percent for TANF (Holtzblatt and McCubbin 2003; Internal Revenue Service [IRS] 2022).

The basic design of the program reduces burdens in a variety of ways. One only needs to fill out the relevant part of their annual tax form. There is no extra bureaucracy, welfare office, or administrative process to deal with. People can complete the process with free tax preparation software and benefit from either free or paid tax assistance. The main burden is a learning cost: because many of those eligible for the EITC are not required to file taxes because their earnings are so low, they may be unaware of the benefit. Further, eligibility can be confusing given complicated rules around which adult caregivers should receive the benefit, sometimes resulting in ineligible individuals receiving benefits.

That the EITC is a tax credit linked to employment reduces the stigma of participation in the program. Indeed, from its inception, the primary sponsor of the EITC in Congress, Senator Richard Russell, framed it as a "work bonus" for the "deserving poor" (Herd and Moynihan 2018). Field experiments that use informational nudges to reduce the stigma found little effect, but this may be largely because the program has relatively little stigma to begin with (Bhargava and Manoli 2015; see also Linos et al. 2022). The process of claiming the EITC further removes the potential for psychological costs. There is no welfare office to visit, no concerns that bureaucrats will treat you unfairly, or no incentive to play a role perceived to engender more sympathetic treatment. Claimants either fill out their own tax returns or work with tax preparer who they can expect to treat them with the courtesy due a client rather than with the suspicion of an unwanted claimant.

SNAP

SNAP, while strictly an in-kind benefit, is the largest income support program for poor families in the U.S. In 2021, the U.S. spent $114 billion on the

program—a 40 percent increase from 2020 due to pandemic-era expansions (U.S. Department of Agriculture [USDA] Food and Nutrition Services 2022).

Burdens in the SNAP program immediately following welfare reform in 1996 were high, but a series of changes by both Republican and Democratic administrations substantially decreased those burdens. Indeed, SNAP, unlike the EITC, grew in large part because more eligible people accessed the program rather than because eligibility itself expanded. That said, burdens remain high in some states and for some groups, especially immigrants. Moreover, the pattern of higher burdens does not predictably map onto the political leanings of states.

Just after the passage of the Personal Responsibility and Work Act (PRWORA) of 1996, which eliminated the AFDC and replaced it with the TANF, there was a large decline in SNAP participation. This decline was largely because beneficiaries faced a sudden increase in burdens. Prior to PRWORA, food stamp eligibility was automatically linked to AFDC. Beneficiaries of TANF, however, were not automatically enrolled. Moreover, TANF featured more restrictive eligibility requirements, including time limits on the receipt of benefits. Participation in the food stamp program declined from a high of 75 percent in 1995 to a low of 54 percent by 2001. Although federal welfare reform did not occur until 1996, by this point, more than half of the states had waivers that allowed for the decoupling of SNAP from AFDC. Declines in cash assistance take-up in the 1990s mirrors SNAP receipt: as individuals became ineligible or could not negotiate the barriers for cash assistance, they became less likely to access SNAP (Ganong and Liebman 2018). Indeed, exits of former TANF recipients from SNAP were higher than non-TANF recipients, suggesting that delinking SNAP from TANF explained much of this benefit loss (Zedlewski and Brauner 1999; Zedlewski and Gruber 2001).

After welfare reform, individuals now needed to know about SNAP as a separate program and application process—a new learning cost. Many did not realize they *were* still eligible for SNAP benefits, and welfare offices often failed to accurately explain the new policies (U.S. Government Accountability Office [USGAO] 1999). A George W. Bush USDA official, Eric Bost, pointed out the increased compliance costs:

> Concerns have grown that the program's administrative burden and complexity are hampering its performance in the post-welfare reform environment. There is growing recognition that the complexity of program requirements—often the result of desires to target benefits more precisely—may cause error and deter participation among people eligible for benefits. (Ganong and Liebman 2018, 6)

To improve access, Bost then led a series of changes that focused on reducing compliance costs in particular and that led to a substantive increase in the take-up rate to 69 percent in 2007 (Ganong and Liebman 2018).

In part, the Bush administration continued policies that had started under the Clinton administration. For example, previously, the federal government had provided funding based on a formula that penalized overpayments rather than failure to enroll eligible participants. This policy was relaxed toward the end of

the Clinton administration, when state governments were allowed to adopt streamlined eligibility determinations. Because SNAP brings federal support directly into a state economy (there are no state matches), state governments have a budgetary and economic incentive to expand access, although ideological preferences sometimes temper their decision to do so.

The 2002 Farm Bill gave states further flexibility to reduce administrative burdens by allowing extended recertification processes that minimized churn on and off the program (Kabbani and Wilde 2003; Ribar, Edelhoch, and Liu 2008). By 2007, all 50 states had lengthened the recertification window from between from six to 12 months. Part of what had made recertification onerous—especially for those who were employed and had variable income throughout the year—was the need to report changes in income. (Earnings tend to be quite volatile and unpredictable for low-income populations.) By 2007, most states required updates in reported income only if the change rendered individuals ineligible for benefits.

Another substantial obstacle was the requirement for in-person interviews for both entry into the program and for recertification. Having less flexibility to reschedule required SNAP interviews reduces the probability of being enrolled by 20 percent, with an expected benefit loss of $600 (Homonoff and Somerville 2021). Spurred by the USDA, by 2009, 34 states no longer required an in-person interview for recertification, and 21 states did not require an in-person interview to determine initial eligibility (USDA Food and Nutrition Services 2010). At the same time, changes in how vehicle assets were counted also appeared to have increased participation, although perhaps largely because the new rule reduced the compliance costs of applying rather than expanding eligibility (Hanratty 2006). Other initiatives included the establishment of call centers and online applications. As of 2022, 49 states provided online applications, and 47 states provided online eligibility screening tools (CBPP 2022a). Among the states that added electronic applications, states that rolled them out earlier had larger increases in SNAP take-up (Schwabish 2012).

The federal government also encouraged states to engage in more outreach efforts, including the use of nonprofits to recruit eligible beneficiaries. The move to near-universal use of Electronic Benefit Transfer (EBT) cards to replace actual food stamps appears to have had some influence on take-up (Danielson and Klerman 2006; Kabbani and Wilde 2003). This effect appears to be a function of the degree to which it reduced stigma costs (Ratcliffe, McKernan, and Finegold 2008; Schanzenbach 2009). In a survey of likely-eligible individuals not receiving food stamp benefits, many reported a desire for others not to observe them shopping with food stamps (Bartlett, Burstein, and Hamilton 2004). To reduce both stigma and learning costs, the Obama administration adopted a program to encourage retailers to advertise that they welcomed SNAP beneficiaries.

The general trend toward reducing burdens means that take-up rates for SNAP are now around 82 percent nationally (USDA Food and Nutrition Services 2022). But significant burdens remain, as detailed in subsequent sections. In short, the implementation of policies that reduce burdens varies substantially by state, with take-up rates as low as 70 percent in California and as high as

95 percent in states like New York and Pennsylvania (USDA Food and Nutrition Services 2022). Moreover, SNAP benefits can be difficult to use in practice. As Barnes (2021) notes, people may encounter redemption costs, which are the onerous experiences of actually using benefits; for example, beneficiaries may struggle to find food that actually meets SNAP's strict food and nutrition requirements.

Public health insurance

While the expansions of the EITC and SNAP have been noteworthy, expansions to public health insurance have been even more significant. The past 30 years have seen unprecedented growth in public funding for health insurance. Since 1990, the fraction of Americans with Medicaid as their primary insurance doubled from 9 to 18 percent, with the fraction of children covered by Medicaid rising from 13 percent in 1987, to 21 percent in 1996, and to 38 percent by 2019 (Banthin and Cohen 1999; Kaiser Family Foundation [KFF] 2019). In 2022, more than 14 million Americans received a direct subsidy to buy private health insurance (Assistant Secretary of Planning and Evaluation [ASPE] 2022). We focus here not on the eligibility expansions but rather on the administrative practices that shape how difficult or easy it is to access these supports in practice. As these income-tested programs have expanded, burdens have declined, leading to significant increases in participation among those eligible for Medicaid. However, as we will detail, these declines in burden have not been distributed equally.

The passage of the ACA, frequently referred to as Obamacare, led to the largest reduction in the uninsured since the implementation of Medicare in 1965. Between 2013 and 2016, the fraction of the uninsured under the age of 65 dropped from 16.6 percent to 10.4 percent (ASPE 2021). Most of the attention to how the ACA reduced the rate of uninsured has focused on the policy expansions, including changes to Medicaid (e.g., increasing income eligibility thresholds, removing asset tests) and the addition of subsidies that allow low-income individuals who do not qualify for Medicaid to purchase private health insurance coverage.

One aspect of the ACA that has been given less attention but may be no less important in reducing the rate of uninsured is the targeting of administrative burdens faced by citizens as they attempt to access health insurance coverage. The ACA is seen, with some justification, as a very complex policy design. But included in that design were administrative practices to ease access to health insurance. The ACA included clear policy requirements, as well as flexibilities, that focused on reducing obstacles in private plans and in Medicaid. And there is evidence, in the increased take-up rates for Medicaid, that these requirements worked. For example, the fraction of uninsured children eligible for Medicaid declined by almost 40 percent between 2013 and 2016 (Haley et al. 2020). Medicaid expansion reduced uninsurance among previously eligible parents by 12.6 percentage points (the equivalent to a 40 percent decline from the 2012–2013 uninsurance rate), increasing to a 55 percent decline in the two to three years following expansion (McMorrow and Kenney 2021). There was a similar

welcome mat effect for children. Among children whose parents gained coverage under the Medicaid expansion, public coverage increased by 5.7 percentage points compared to 2.7 percentage points among children whose parents remained ineligible for Medicaid following the expansion (Hudson and Moriya 2017). In addition, churning among low-income adults on Medicaid dropped, with the fraction of individuals losing coverage over the course of a year (often due to administrative burden) declining significantly (Goldman and Sommers 2020).

Certain design features were critical to the ultimate success of the federal health insurance exchange created by the ACA (Herd and Moynihan 2018). For example, healthcare.gov links to tax records to verify income eligibility for the subsidies rather than requiring individuals to provide documentation. This verification is done nearly instantaneously on the site or in state health care exchange systems. Also, individuals are automatically reenrolled in their existing plan if they have not reenrolled into a different plan. Moreover, when a health insurer discontinues a plan, individuals are automatically enrolled into one that most closely matches the discontinued plan. Such design features reduce reenrollment frictions.

The ACA also pushed states to reduce Medicaid burdens (Weiss and Sheedy 2015). States were required to expand the ways by which individuals enroll in Medicaid; phone or online options were added to in-person and mail choices. By 2016, nearly all states had implemented these changes (Brooks et al. 2016). There is variation in the ease of the online systems, however. Nearly all states allow individuals to start and stop the application process without losing information already entered, 33 states allow individuals to upload required documentation, and 35 allow for the renewal of coverage online. Importantly, 24 states allow advocates or third-party assisters to complete online applications (Brooks et al. 2016).

The federal government encouraged, and sometimes required, states to draw on administrative data to verify eligibility criteria. States are not required to demand documentation for some eligibility criteria, including birth dates, state residency, and household composition (Weiss and Sheedy 2015). For other criteria, including income and citizenship, verification is required, but states can rely on administrative data sources to verify those statuses. A federal database was created where states could access these data, including data from the Social Security Administration, the IRS, and the Department of Homeland Security. States can draw on their own sources. Nearly all use their wage data collection and unemployment compensation records, and about half use vital data services. A smaller fraction draw on records from their department of motor vehicles (Brooks et al. 2016).

In addition to using administrative data to reduce compliance costs, a key improvement associated with the ACA involved real-time determination for eligibility (Weiss and Sheedy 2015). By 2016, 37 states were completing real-time eligibility determination, although not for all applications. Some states completed fewer than 50 percent of their applications in real time, while others are completing as many as 75 percent (Brooks et al. 2016).

The ACA also expanded the use of presumptive eligibility that allowed qualified entities, such as health care providers, hospitals, and schools, to screen eligibility based on gross income and immediately enroll individuals. Prior to the ACA, presumptive eligibility was allowed for pregnant women and children; now it covers everyone. Again, there is significant variation in how states use this flexibility. For example, while 29 states employ presumptive eligibility for pregnant women and 18 do for children in traditional Medicaid, only seven do so for parents and just five for adults (Brooks et al. 2016).

Three other options—express-lane eligibility, fast-track enrollment using SNAP data, and fast-track enrollment for eligible parents of children already enrolled—have further eased enrollment experiences in some states (KFF 2013). In states that have expanded Medicaid eligibility, eligibility guidelines for SNAP and Medicaid are nearly identical. States can contact individuals based on their SNAP eligibility, ask them if they would like to enroll in Medicaid, and then follow up with a few questions. If eligible, those individuals are immediately enrolled without additional paperwork or procedures. A similar process is in effect for eligible parents of already-enrolled children. Fast-track enrollment both increases participation among those eligible and reduces administrative financial costs (Brooks et al. 2016).

Reenrollment in the Medicaid program is another avenue through which administrative burdens can hinder access to the program. To reduce this burden, the ACA requires states to use existing data to reenroll individuals without imposing more paperwork or eligibility verification. By 2016, 34 states used automatic reenrollment, although it is unclear for what fraction of applications. If participants are not automatically reenrolled, states are required to send them forms with prepopulated information. By 2016, 41 states reported that they had implemented that procedure (Brooks et al. 2016). The same number of states also allow renewal over the phone.

Another key reduction in administrative burden is frequency of renewals. The ACA limited renewals to every 12 months, rather than the six-month requirement that was used in some states. Moreover, states were given the option to provide continuous enrollment for up to 12 months so that, if any income changes happened in the 12-month period, individuals could retain coverage. Nearly half of states now follow this practice for children enrolled in Medicaid. Finally, seven states use SNAP data to process reenrollments (Brooks et al. 2016). The ACA also eliminated assets as an eligibility criterion, in turn reducing the compliance costs.

The Average Burden Declines While Inequality Increases

The previous section detailed how large safety net programs—such as the EITC, SNAP, and Medicaid—have substantially reduced burdens and grown in ways that dwarf other, more burdensome, safety net programs like TANF. As a result, on average, individuals seeking safety net support have been less exposed to

burdens. However, just as increases in the average gross domestic product (GDP) do not reflect inequities across the population, the average reduction in burdens can mask substantial inequality, such as by race, in the levels of burden that differing groups face.

Federalism

The effect of federalism on the experience of burden is well-documented (e.g., Michener 2018). Federalism contributed to variation in how the general trend of burden reduction was experienced across the population—a phenomenon especially evident in the 1996 welfare reform, the expansion of Medicaid, and variation in SNAP burdens across states.

TANF

Welfare reform left those in most dire need dependent on TANF, a program even more riddled in administration burden than was AFDC, its predecessor program. Indeed, the most recent data indicate that in five states nearly 90 percent of applicants for TANF are rejected—even as states have accrued nearly $5 billion in unspent block grant funds (Dreyfus 2021).

The block grant nature of TANF allows states extraordinary discretion. According to advocates, this feature would allow states to design and run programs that best suited their populations. But it also gave them significant incentives and resources to introduce burdens to limit cash welfare payments. As all states have funneled TANF funds into a wide array of different programs, such as job training, childcare support, and tax credits, they have created a confusing web of services and supports—often run by private contractors, including for-profits—that make the benefits and services opaque to those trying to access them. Indeed, only 22 percent of TANF dollars are spent on cash assistance (CBPP 2023).

The key burdens in receiving assistance to TANF are linked to the work requirements. Work requirements more broadly tend to be burdensome and often fail to achieve their stated goals (Gray et al. 2021). Indeed, there is little evidence that TANF's work requirements have increased employment (Pavetti 2018). Twelve categories of work count towards the employment requirement, but with varying rules as to how they apply. For example, education and training are not considered full-time work and must be combined with paid employment. Understanding the rules (learning costs), and documenting one's activities (compliance costs), are neither straightforward nor easy.

Sanctioning for the failure to meet these requirements happens relatively frequently and disproportionately to Black mothers and those with disabilities. In Wisconsin, more than 50 percent of those who had been on the program for a year had been sanctioned, with rates rising to 64 percent by the fifth year (Wu et al. 2006). There is evidence both that states with higher concentrations of Black working-age adults tend to have tougher sanctioning policies and that case

workers tend to use discretion in ways that are more likely to penalize Black beneficiaries (Schram et al. 2013; Soss, Fording, and Schram 2011). Individuals with learning disabilities and lower education levels are also more likely to be sanctioned (Kalil, Seefeldt, and Wang 2022).

Although childcare assistance is one of TANF's potential key benefits (Snyder, Bernstein, and Koralek 2006), states have adopted such a wide array of programs, administrative practices, eligibility rules, and financing that it is difficult to overcome learning costs to access this benefit (Adams and Matthews 2013; Hahn et al. 2016). In addition, high compliance costs (Barnes 2021) make using benefits onerous, especially for clients with limited control over their work hours (Adams and Heller 2015). Doromal et al. (this volume) clearly show how difficult these barriers are to navigate for low-income families. The sum consequences of these burdens are that eligible populations can become so frustrated with their encounters that they often just give up. As a caseworker in Maine who helps poor families navigate these systems noted, "There are so many unknowns and confusing parts about the program. . . . Families don't want to go through the indignity of applying to this program again, even if more funds and programs are now being offered. I have many clients who choose poverty over having to go back and beg for cash assistance to be able to feed their families and keep a roof over their heads" (Dreyfus 2021).

SNAP

In stark contrast to TANF, SNAP remained a federal program with significant control and oversight by the USDA, which administers the program. And as we detailed in the prior section, the federal government, under both Republican and Democratic administrations, made significant efforts to reduce SNAP burdens.

But SNAP was not immune to burdens, which fell more heavily on people in some states than those in others. State variation in participation rates is significant, and the relationship between a state's political ideology and take-up is not straightforward. Take-up is high in states like Oregon (98 percent), Washington (99 percent), Wisconsin (92 percent), and Florida (86 percent). States with some of the lowest participation rates include California (70 percent), Minnesota (77 percent), and Mississippi (71 percent). The explanation for this variance seems to be structural. Devolution generally increases burdens, and both California and Minnesota administer benefits at the county level and consequently see reductions in take-up and increases in administrative costs (Geller et al. 2019).

Another group facing high burdens, more obviously due to political causes, consists of immigrants and Latino and Hispanic populations. Welfare reform limited food stamps access to noncitizen adults but also saw a significant decline in take-up of their eligible-citizen children—a response that reflected fear, stigma, and confusion about eligibility (Van Hook and Balistreri 2006). Even after the Bush administration liberalized SNAP access to noncitizen legal residents, their take-up rate of 56 percent remained much lower than that of citizens (USDA Food and Nutrition Services 2014).

In recent years, larger anti-immigrant political forces, particularly fear around the "public charge rule," put new burdens on these groups (Touw et al. 2021). Invoking the public charge rule, which requires that immigrants be able to support themselves financially, the Trump administration signaled that use of welfare benefits could count against visa applications, including for permanent residency and citizenship status. This interpretation of the policy fell disproportionately on poorer and Hispanic families (Ashbrook 2021; Moynihan, Herd, and Gerinza 2022; Touw et al. 2021). Even before the public charge rule was implemented, the fear it created saw a decline in use of child safety net programs (Barofsky et al. 2020). By one estimate, up to 1.3 million eligible essential workers during the pandemic forwent their rights to these benefits (Touw et al. 2021).

Public health insurance expansions

While the growth in public health insurance spending is extraordinary and, as detailed in the prior section, the general trend has been towards reducing burdens, we have also detailed the state variation in how individuals bear these burdens. In large part, this variation reflects political ideology related to Republican opposition to the ACA.

The ACA envisioned that individuals would access supports through a single exchange, whether they received Medicaid or were eligible for a subsidy to buy private insurance (Herd and Moynihan 2018). Many Republican governors, however, refused to run their own state exchanges, which would have made it easier for applicants to establish eligibility and enroll for benefits. For those states that did create their own exchanges, more resources were devoted to conducting outreach. A recent analysis found that funding for application assistance was substantially lower in states that did not create their own exchange (Hill, Wilkinson, and Courtot 2014). On average, those states spent $11.49 per person eligible for a Medicaid/federal subsidy, compared to an average of $30 in states that chose to run their own exchanges. A similar disparity appears when it comes to funding for outreach, education, and advertising surrounding the ACA (Hill, Wilkinson, and Courtot 2014). Given the evidence of an ongoing lack of knowledge about both the Medicaid expansions and the federal subsidies to buy health insurance on the exchanges, this failure to fund outreach likely reduced take-up.

The failure to expand Medicaid, particularly to nearly all adults below 138 percent of the poverty line, also added burdens. In states that expanded Medicaid, the increase in the take-up rate for Medicaid was 3 percentage points, compared to 1.9 percentage points in states that did not (Kenney et al. 2016). This additional coverage in adults benefited previously uncovered children as well. For example, the Oregon health experiment demonstrated that for every nine adults gaining coverage, one eligible, but previously unenrolled, child received coverage (Sacarny, Baiker, and Finkelstein 2020).

The election of Donald Trump proved an extraordinary test of the political and administrative strength of the ACA. On the one hand, it proved resilient; despite a near miss in 2017, Trump never delivered on his promise to end Obamacare.

On the other hand, his administration employed a series of strategies, mostly involving administrative burdens, to reduce access to Medicaid and weaken the ACA.

The Trump administration encouraged states to institute a new burden: work requirements for Medicaid eligibility (Guth and Musumeci 2022). The pattern of adoption of such requirements again had a partisan aspect and was often adopted by Republican governors who had expanded ACA but were looking to shore up their conservative credentials (Fording and Patton 2020).

Arkansas moved further than any other state with the new Medicaid work requirements. In just four months, nearly 17,000 people lost coverage (Sommers et al. 2019). One survey found that 95 percent of those who had lost coverage worked enough to meet requirements or should have been exempted; much of the coverage loss was a result of high learning and compliance costs (Sommers et al. 2019). One-third of the target population had never heard of the policy change, and 44 percent were unsure whether it applied to them. The reporting method was online only, but many beneficiaries lacked internet access. Although a series of lawsuits, and the election of President Joe Biden, ended these waivers, a future Republican administration might employ the same strategy.

More broadly, the fact that some states continue to add burdens and impede access to Medicaid underlines the point that burdens are a venue of political disagreement. For example, some states have made changes to their recertification processes—changes that make it difficult for people to stay on the program. As noted above, recertification is a period where large fractions of still-eligible individuals lose coverage due to administrative burdens, such as missing paperwork or simply not knowing they need to recertify (Herd and Moynihan 2020). For example, in 2018 alone, Tennessee dropped approximately 10 percent of Medicaid-enrolled children from the program via a mail recertification process that relied on full completion of a 47-page form (Kelman and Reicher 2019). Of 319,000 forms mailed out, more than 200,000 were never returned, and about 20,000 more were incomplete or late.

Shifting benefits to the tax system

The turn to the tax system as a major distributor of welfare benefits, reflected in the growth of the EITC and CTC, has had profound effects on the nature of the welfare state (see Collyer et al., this volume). We have already considered some of these effects, including how the “submerging” of the state can disguise how higher-income groups especially benefit from tax code (Mettler 2011). Less well-detailed are the implications of this shift for administrative burden. Although this shift generally reduced burdens on those dependent on welfare—the EITC has far fewer burdens than AFDC or TANF—it, too, has created inequities, as we detail below.

In the U.S., access to health insurance and related health care form a critical part of the safety net. Americans receive that support in a few ways. Nearly all older adults receive health insurance through Medicare, with everyone receiving support via the same program and facing similar administrative barriers, albeit

with differential consequences (Herd 2021; Herd and Moynihan 2018). Among those under age 65, the 40 percent of individuals with employer-based health insurance likewise receive a tax-subsidized benefit of about $273 billion a year, one whose delivery is so frictionless that most do not even think of it as a public benefit (Joint Committee on Taxation 2020; Mettler 2011). By contrast, those receiving Medicaid and subsidies to buy private health insurance experience a much higher level of administrative burden, one that varies substantially across states and to some extent across groups by gender and race (Michener 2018).

Tax benefits like the EITC and CTC are clearly less burdensome than alternatives like the AFDC but still come with burdens, particularly for those not filing tax returns. Individuals who earn below a certain level (currently $12,500) are not obliged to return taxes. Roughly two-thirds of those eligible for, but not receiving, EITC benefits, fall into this category, with the remaining one-third filing but not claiming the benefit (IRS 2018; Treasury Inspector General for Tax Administration [TIGTA] 2018). For this group, then, submitting taxes carries additional compliance and learning costs. By contrast, because middle-income individuals are required to file taxes, they are much more likely to receive the benefits to which they are entitled.

Private tax preparers have been instrumental in facilitating access to tax-based benefits. 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). The motivation of the industry is not based on any overriding conviction about the burdens citizens should face but instead reflects simple profit incentives. The same motivation has seen the tax industry both opposing proposals for return-free filing that would eliminate the need for most citizens to prepare taxes and sabotaging a public-private partnership to provide free electronic filing that would redirect potential clients from fee-based services (Moynihan 2022). The tax industry has also lobbied to keep the EITC complex enough that their services are necessary and proposed to increase the length of the form—despite the fact that the additional questions suggested are redundant (Herd and Moynihan 2018).

While high-income individuals face many of the same costs in terms of leveraging tax preparers to manage their IRS burden, their relative costs versus benefits are lower. The cost of even expensive tax preparers is easily offset by the benefits they identify through their expertise in leveraging the tax code. While EITC beneficiaries can use free tax preparation services, many do not know they are available, and those who do may find the services difficult to find (IRS Taxpayer Advocate 2022/2020).

The highest burdens for EITC recipients fall on those who are audited, and the risks of such audits are disproportionately directed to them. Because of congressional interest in welfare fraud, this population is twice as likely to be audited as those making between $200,000 and $500,000 a year—even as IRS resources are declining (Kiel and Eisinger 2018). In 2019, 53 percent of audits were conducted on those with incomes below $50,000, and 82 percent of those individuals had claimed the EITC (IRS Taxpayer Advocate 2022/2020). Unlike high-income taxpayers, EITC recipients are less likely to be represented by tax professionals

and face more challenges in reaching the IRS for assistance (IRS Taxpayer Advocate 2022/2020). Such audits are generally carried out via mail and use complex language that leaves many recipients unsure of what is being asked of them or how to appeal. If the IRS does not receive a response, the default judgment goes against the individual. When EITC recipients are audited, they are less likely to file for it again, even if they are eligible (Guyton et al. 2018).

Families face similar challenges navigating the CTC. The pandemic-era temporary expansion of the CTC was important, in part, because it covered the very poorest families for the first time and made a large impact on poverty reduction (see Collyer et al., this volume). The implementation, however, highlights how, even within the same program, the poorest face different administrative burdens than their fellow citizens do. While 86 percent of individuals received the CTC as an automatic deposit in their bank account, the remainder had to go through a more complicated process to access the benefit. That remainder was composed of individuals who had not filed taxes in the previous year—among the poorest Americans. An additional 4 to 6 percent of individuals received the CTC by December of 2021 by going through an alternative application process, but fewer than 8 percent of estimated eligible beneficiaries were still unaccounted for and appear to not have received it at all (CBPP 2022b). It is clear those not receiving the benefit were disproportionately poor children.

Privatizing social welfare benefits

The growing privatization of social welfare benefits, particularly after the 1990s, has had significant implications for burden. In short, when private actors manage and distribute benefits, burdens tend to increase, as do inequalities in their distribution. This phenomenon became evident both with the administration of TANF and with the ACA subsidies for low- and middle-income individuals to buy private health insurance.

The reliance on private actors to deliver TANF benefits is driven by two factors. First was simply the choice to deliver the program as a block grant—a feature that empowered states with a preference to privatize government. Second was that TANF focused more heavily on the delivery of services—job training and childcare provision—rather than the delivery of cash aid; nearly 80 percent of TANF spending is on services (CBPP 2022b). As a consequence, states turned to a range of nonprofit and for-profit agencies to deliver these services (Soss, Fording, and Schram 2011).

Broadly, the private delivery of services makes it difficult for beneficiaries both to understand what benefits they are eligible for and then to actually receive them. The use of private actors to deliver services submerges the state in much the same way that the use of the tax system submerges benefits. Individuals must work harder to discern the state's presence in the system and harder to find points of entry; thus, a new learning cost is created. And the reliance on private actors fragments service delivery; because individuals must engage with multiple organizations, they run the risk of falling through the cracks between state, local, and multiple private and nonprofit actors. This fragmentation also affects service providers, who may fail to engage with one another. Moreover, the incentives for

private actors may not be aligned with the interests of their clients. For example, to maximize their profit, for-profit providers may "cream skim" beneficiaries—that is, work with the easiest clients (Soss, Fording, and Schram 2011). In doing so, they are more likely to penalize and discriminate against beneficiaries even when they are meeting programmatic rules.

Privatization added burdens to the ACA as well. Private subsidies were deemed necessary to gain the support of private health insurers, a constituency that had effectively opposed health insurance expansions for decades (Quadagno 2006). As a result, individuals face a confusing array of choices. Are they eligible for Medicaid? If not, are they eligible for a private subsidy? And, if so, how much? And then, faced with potentially hundreds of different health insurance plans, which should they select?

The ensuing complexity spawned the system of Health Care Navigators—a case where the burdens of the privatized system begat the funding of more private actors to help. Not only did people need assistance figuring out whether they qualified for Medicaid or private health insurance subsidies, they also needed help in using those subsidies to choose private health insurance from a range of often-overwhelming choices. Further exacerbating the problem, the resources allocated for the Navigators did not keep up with demand for their services (Blumberg and Holahan 2015).

Also limiting the effectiveness of this system was the fact that even the Navigators were unable to overcome all of the administrative burdens built into the program. Nearly 90 percent of Navigators indicated that questions enrollees had regarding health insurance plans could not be answered because specific plan information was unavailable in the exchange marketplace (KFF 2015). In 2016, they indicated that among clients who had considered or purchased private health insurance, the majority had problems getting their questions answered (Brooks et al. 2016).

Finally, since the passage of the ACA, the use of Medicaid Managed Care has grown rapidly. And although understanding of its impacts is still relatively limited, it has the potential to increase burdens on beneficiaries. A similar expansion of private health insurance companies in Medicare increased burdens substantially, both because of the confusing array of choices that people must navigate and because of the potential difficulty in ensuring that private plans provide the expected coverage (Herd 2023). A recent study found evidence that beneficiaries may have a harder time using their Medicaid benefits in managed care plans: in the four states examined, 25 percent of the specialists and 25 percent of the primary care physicians participating in Medicaid Managed Care plans were providing 75 percent of the care (Ludomirsky et al. 2022)—a finding that raises serious concerns about beneficiaries' ability to access care.

Conclusion

Evaluating the past 30 years of changes to the safety net through the lens of administrative burden reveals some important trends. Some of what we have

found is unsurprising—for example, the problems with devolving control to the states to administer social welfare benefits. Other findings, though, do surprise—such as the unique ways that distributing benefits through the tax system or growing privatization of public services shapes inequality in the amount of administrative burden that people face and, thus, overall patterns of inequality.

Many changes to the welfare state over this period challenge established ideas about the weakness of targeted programs and the likelihood of burden associated with them. While the burdens in AFDC and the creation of TANF fit that narrative, the plotline shifts when we consider the decline in burdens that follow with the growth of programs like the EITC, CTC, SNAP, and Medicaid. Targeted programs can have lower burdens, but evidence from the past 30 years shows that this reduction happens largely in the context of *expanding eligibility*. Moreover, there is substantial variance in the level of burden across these programs and also in their impact on inequality among beneficiaries—an effect that largely reflects the role of federalism, privatization, and the use of the tax system to deliver benefits.

It would be naïve to argue that targeting, on average, does not increase burdens. All else being equal, the more complicated the conditionality, the harder it is to reduce a program's burdens. But debates over universalism and targeting can be simplistic—at least when it comes to burdens. The past three decades have shown that policymakers can, in fact, maintain conditionality, reduce burdens, and increase access. Many of the innovations in the delivery of SNAP and Medicaid benefits over the past 20 years have led to easier interactions and improved access to benefits. Indeed, in states like Oregon, Washington, and Pennsylvania, SNAP take-up among eligible populations is nearly universal.

While the decline of burdens in aggregate represents good news, evidence of growing inequality in the distribution of those burdens is concerning. As we have detailed, the sources of that inequality can be traced to three key trends. First, federalism has led to a layering of additional burdens, especially via the TANF program, but also in programs like SNAP and Medicaid, where program accessibility varies state by state. This variation is tightly linked to racial inequality, with burdens higher in states that have a larger population of Black citizens. Second, our tax system can provide lower-income populations easier access to benefits but is nonetheless rife with inequalities, notably the relative ease with which high-income individuals can leverage benefits as compared to the challenges faced by those in low-income brackets. Third, the shift towards privatization—whether for the delivery of benefits or the supports needed to access programs—has increased administrative burdens by adding further complexity, confusion, and uneven access.

Another caveat to the view that burdens have declined is that on-the-ground evidence is relatively limited, particularly in terms of how states and agencies are actually implementing programs and how beneficiaries are actually experiencing them in practice. While it is clear that burden reductions have increased take-up rates, there remains considerable variance in how effectively burden reductions are implemented. For example, although many states had the opportunity to minimize burdens during the pandemic—by, say, eliminating

interview requirements—a lack of capacity, even among states that implemented these reforms, meant that many beneficiaries did not benefit from them (Barnes, this volume). Much of the existing evidence, with some important exceptions (see Barnes 2020; Barnes and Henly 2018), has not directly studied the agencies that implement these changes or beneficiaries who directly experience them. In particular, we have almost no evidence regarding changes in what Barnes (2021) calls redemption costs, or the costs of actually using benefits. Is it easier or harder today than it was 20 years ago to actually meet SNAP's stringent food and nutrition requirements? Is it easier or harder for a Medicaid recipient to access care? It is this kind of analysis we need if we are to better understand how people experience these burdens and to find opportunities to reduce them.

The trends going forward are less clear-cut. Progressives and a growing number of Democrats have started to prioritize reducing administrative burden. The Biden administration has issued two executive orders as well as guidance around the Paperwork Reduction Act to push federal agencies, states, and other organizations that implement federal policy to identify and reduce burdens. But conservatives, with the goal of restricting access to the safety net, may still see burdens as a relatively cost-free form of policymaking by other means (Halling, Herd, and Moynihan 2022). The relative strength of these countervailing forces is unclear; what is clear, however, is the critical role of administrative burden in shaping the reach and effectiveness of our social welfare safety net.

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