



Missouri's welfare system is already incredibly generous

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Overview

Truly needy Missourians—including pregnant women, low-income kids, those with disabilities, and the elderly—already have access to generous welfare benefits.

ObamaCare expansion, on the other hand, would target these resources to able-bodied, childless adults. Two brief narratives illustrate the most vulnerable Missourians that Medicaid and other welfare programs were intended to support, in contrast to other welfare beneficiaries who can take advantage of the system. Policymakers have a choice over which narrative they choose to promote.

Meet Jenny

Take the hypothetical example of Jenny, a 28-year-old single mom in St. Louis County. She has a two-year-old, with one on the way. She was recently laid off and is now struggling to make ends meet.

Jenny is already eligible for Medicaid coverage under federal and state law as a caretaker, and her daughter is automatically enrolled in CHIP as well.¹ So, she and her son have state-sponsored health insurance—a benefit equal to roughly \$9,452 per year.²

Jenny also qualifies for cash assistance for up to 45 months (if her income and assets remain below state thresholds).³ As long as she meets minimum work & training requirements, she can receive another \$2,808 annualized.⁴

She also qualifies for food stamps and due to congressional changes as a result of COVID-19, she qualifies for the maximum amount of food stamps allowed under federal law.⁵⁻⁶ As long as she keeps training, that is \$4,488 annualized.⁷

Jenny is also able to get childcare subsidies by paying just \$1.00 per year, thanks to Missouri's extraordinarily generous childcare subsidies.⁸

Benefits	Annualized Value
Medicaid	\$9,452
Cash welfare (TANF)	\$2,808

Food stamps (SNAP)	\$4,488
Childcare welfare	\$8,631
TOTAL	\$25,379

This does not even account for other services Jenny may need, such as public housing, energy assistance, and more. It is clear that the State of Missouri provides a robust social safety net for the most vulnerable residents.

Meet Jason

In contrast to our example of Jenny, let us take a look at Jason—a hypothetical 30-year-old man living in his parents’ basement. Jason is an unemployed, able-bodied adult in a prime working-age category. He has no dependents and no major expenses.

Under Medicaid expansion, Jason would qualify for taxpayer-sponsored health insurance—without having to work, train, or even volunteer at all.⁹ He could continue to live in his parents’ basement without any repercussions for his eligibility for Medicaid.

Missouri is at a crossroads. Who will they choose to help—Jenny or Jason?

Missouri legislators are faced with an important decision. Will they continue to support Jenny and families like hers, who are receiving temporary benefits in times of great need? Or will they enable individuals like Jason, who—even without having to work—would qualify for welfare benefits? These resources are scarce, and Missouri policymakers have the power of the purse to choose where they are allocated.

Nationally, since ObamaCare expanded Medicaid, 22,000 truly needy Americans have died while waiting for care, just as Medicaid waiting list enrollment has soared to more than 800,000.¹⁰⁻¹¹ Indeed, while policymakers debate expanding Medicaid in Missouri to able-bodied, working-age adults like Jason, more than 1,000 Missourians with disabilities are languishing on Medicaid waiting lists at this very moment.¹² Meanwhile, thousands more Missourians find themselves in situations like Jenny’s, where they have landed on hard times and are in need of temporary assistance for themselves and their families.

As Missouri policymakers debate expansion, one question looms: Who will they choose to help—Jenny or Jason?

¹ Centers for Medicare and Medicaid Services, “Medicaid, Children’s Health Insurance Program, & Basic Health Program Eligibility Levels,” U.S. Department of Health and Human Services (2020), <https://www.medicare.gov/medicaid/national-medicare-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html>.

² Author’s calculations based on average per enrollee costs for traditional Medicaid. See Centers for Medicare and Medicaid Services, “2018 Actuarial Report On The Financial Outlook For Medicaid,” U.S. Department of Health and Human Services (2018), <https://www.cms.gov/files/document/2018-report.pdf>.

³ Missouri Department of Social Services, “Temporary Assistance,” MDSS (2020), <https://mydss.mo.gov/temporary-assistance#work>.

⁴ Author’s calculations based on TANF eligibility limits and average cash assistance benefits paid by family size. See Gene Falk, “Temporary Assistance for Needy Families (TANF): Eligibility and Benefit Amounts in State TANF Cash Assistance Programs,” Congressional Research Service (2014), <https://fas.org/sgp/crs/misc/R43634.pdf>.

⁵ Missouri Department of Social Services, “MO SNAP Emergency Allotment Extension 6,” MDSS (2020), <https://fns-prod.azureedge.net/sites/default/files/resource-files/MO-SNAP-COV-EmergencyAllotmentsExtension6-Acknowledged.pdf>.

⁶ Author’s calculations based on SNAP eligibility limits and maximum SNAP benefits paid by family size. See Missouri Department of Social Services, “Food Stamps,” MDSS (2020), <https://dssmanuals.mo.gov/food-stamps/1115-099-00/>.

⁷ Ibid.

⁸ Author’s calculations based on child care assistance eligibility limits and required parent contribution compared to average cost of child care. See Missouri Budget Project, “Child Care Assistance,” MBP (2018), <http://www.mobudget.org/wp-content/uploads/2018/01/Child-Care-Assistance-Fact-Sheet-January-2018.pdf> and J. Ryne Danielson, “Child Care Costs Rise In Missouri As Birth Rate Declines,” Patch (2018), <https://patch.com/missouri/stlouis/child-care-costs-rise-missouri-birth-rate-declines>.

⁹ Author’s calculations based on average per enrollee costs for Medicaid Expansion. See Centers for Medicare and Medicaid Services, “2018 Actuarial Report On The Financial Outlook For Medicaid,” U.S. Department of Health and Human Services (2018), <https://www.cms.gov/files/document/2018-report.pdf>.

¹⁰ Nicholas Horton, “Waiting for Help: The Medicaid Waiting List Crisis,” Foundation for Government Accountability (2018), <https://thefga.org/research/medicaid-waiting-list/>.

¹¹ Kaiser Family Foundation, “Waiting List Enrollment for Medicaid Section 1915(c) Home and Community-Based Services Waivers,” KFF (2018), <https://www.kff.org/health-reform/state-indicator/waiting-lists-for-hcbs-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

¹² Missouri Department of Mental Health, “Waiting List Information,” MDMH (2020), <https://dmh.mo.gov/dev-disabilities/waiting-list>.