Weighing the Cost Savings of Medicaid Work Requirements in a Non-Expansion State
by Linda Li, MPH, Abigail Barker, PhD, Leah Kemper, MPH and Timothy McBride, PhD | May 2018 and updated Oct. 2018

As states consider requiring certain Medicaid recipients to work or participate in other work-related activities in order to maintain eligibility, it is important that research evaluates possible outcomes and weigh the costs of implementation. In Missouri, where only a limited number of Medicaid enrollees would be subject to work requirements, implementation costs may outweigh any potential savings. This brief describes the administrative costs of enforcing Medicaid work requirements and estimates possible gains and losses to Missouri’s state revenue in the short and long term.

The Demographics of Missouri Medicaid: Implications for Work Requirements
by Linda Li, MPH, Leah Kemper, MPH, Timothy McBride, PhD, and Abigail Barker, PhD | March 2018 and Updated Oct. 2018

In Missouri, Senate Bill 948 (SB 948) has been proposed to require work activity as a condition of Medicaid eligibility in the state. Due to this proposed legislation and the national discussion, a better understanding of potential implications of this work requirement proposal is needed. This brief examines the Medicaid population in Missouri that would potentially be impacted by work requirements in the state. Specifically, the demographics of nonworking low-income adults help to illustrate employment feasibility and other potential effects of imposing a work requirement.

The Economics of Pre-Exposure Prophylaxis for HIV Prevention Care: Implications for Service Delivery
by Rupa Patel, MD, MPH, John Crane, BA, Christian Farag, Zachary Feinstein, PhD, MS, Philip Chan, MD, MS, and Timothy D. McBride, PhD | November 2017

This study identified that out-of-pocket costs for PrEP care of over $35/month created a barrier to continuing PrEP among individuals at risk of contracting HIV. Variability in an individual’s willingness to pay and the actual cost of PrEP care among populations with different insurance coverage, incomes and races should be considered when planning PrEP scale up.
This brief examines Missouri enrollment and expenditure increases by category over time in order to understand the potential impact of redesigning Medicaid funding as a block grant or per-capita cap system. Additional data may be viewed through our interactive data visualizations.

The Tradeoffs of High-Risk Pools
by Abigail R. Barker, PhD, Timothy D. McBride, PhD, and Lyndsey Wilbers, BA | May 2017

This brief analyzes high-risk pools that are being considered again to replace portions of the ACA and illustrates the mathematics of high-risk pools. For an interactive version of the data used in this brief, click here.

2017 Health Insurance Marketplaces in Missouri and Illinois
by Lyndsey Wilbers, BA, Leah Kemper, MPH, Abigail R. Barker, PhD, and Timothy D. McBride, PhD | November 2016

This brief focuses on the regional impact in Illinois and Missouri by describing the average monthly premiums, the number of insurance firms offering HIM plans, and changes in both state Marketplaces since last year.

Health Policy Issues and the Presidential Election
CHEP Side-By-Side Comparison of the Clinton and Trump Platforms

This infographic illustrates a side-by-side comparison of the Clinton and Trump platforms related to health policy issues.

The Effects of Smoking on Health Insurance Decisions Under the Affordable Care Act
by Denise Monti, BA, Marie Kuzemchak, BA, and Mary Politi, PhD | July 2016

This brief analyzes data from a health insurance literacy study to show that tobacco users are very likely to face premiums that are unaffordable to them under the Health Insurance Marketplaces established by the ACA.

Affordability of Health Insurance Marketplace Plans for Uninsured Adults in the St. Louis Area
by Abigail R. Barker, PhD, and Timothy D. McBride, PhD | April 2016

This brief outlines why the set of Health Insurance Marketplace policies currently in effect produce uneven results, with the poorest uninsured ineligible for Medicaid and facing extremely high deductibles and out-of-pocket maximum expenses relative to their incomes.