Beginning January 1, 2020, individuals enrolled in the Healthy Michigan Plan, the state’s expansion of Medicaid, must adhere to monthly work requirements to continue receiving coverage.

These work requirements could restrict the impact of two buckets of federal money the state uses to improve the health of mothers, infants and children.

What are the buckets of money?

**Title V**
Maternal and Child Health Services Block Grant of the 1935 Social Security Act.

**WHAT DOES IT FUND?**
- Maternal Infant and Early Childhood Home Visiting (MIECHV)
- Education and outreach
- Health assessments
- Care for children with special needs
- Referrals to local health care services

**WHO RECEIVES TITLE V FUNDING?**
- State and local health departments
- Maternal and child health agencies, including Early Head Start, Healthy Families America & Nurse Family Partnership Programs

**Title X**
Family Planning Program of the 1970 Public Health Service Act.

**WHAT DOES IT FUND?**
- Pre- and inter-conception health services
- Family planning
- Education
- STI/HIV and other gynecological screenings
- Contraception

**WHO RECEIVES TITLE X FUNDING?**
- Federally qualified health centers
- Other health clinics

These sound kind of similar, right?

Yes, and the programs work together in incredible ways. Title V-funded home visiting programs educate women and families with low incomes about important pregnancy and family health information and refer them to local clinics, including Title X centers, for relevant health services. Title X funds subsidize family planning and reproductive health services, ensuring that women and families who need them have access.
This robust approach to maternal and child health enables positive outcomes for pregnancy and other stages of reproductive health. Home visiting programs primarily serve women and families with lower-to-middle incomes, so it’s important to guide them towards subsidized resources—which include Title X family planning centers—when offering referrals. When Title V and Title X funds work together, women and families have greater chances for success.

But wait, how is Medicaid related?

Medicaid dollars are also used to fund home visiting programs. Michigan’s Maternal and infant Health Program (MIHP) is the state’s largest program, with at least one site in almost every county, and is completely funded by Medicaid. Michigan’s Nurse Family Partnership program is funded by both Medicaid and Title V.

What’s the issue?

Medicaid work requirements have caused problems for recipients in other states. In Arkansas, more than 4,000 Medicaid enrollees lost their coverage on September 1, 2018 from inadequate work reporting for the previous three months. Courts blocked Kentucky’s work requirement proposal when it was estimated that 95,000 people would lose their coverage. Those at greatest risk of losing their coverage are those who face serious obstacles to working, including those who are students, caretakers, or underemployed.

Why does this matter?

Home visiting programs have been proven time and time again to significantly benefit the health of mothers, infants and children. If Michigan families lose their Medicaid coverage because they don’t meet the new work requirements, they may also lose access to MIHP home visiting programs, and there are not enough counties with Title V-funded organizations available as another option. Title X facilities won’t be directly impacted, but women and families may also lose access to these clinics if they lose access to the program that helps guide them there.

What can we do?

Some states have taken steps to coordinate their Title V-and Title X-funded programs. Michigan could increase collaboration between Title V and Title X organizations, such as emphasizing bi-directional referrals, to better maximize the positive impact these programs have on maternal, infant and child outcomes. More immediately, however, Michigan’s government should do its best to alert residents to the potential impacts of the work requirements, and work with MIHP organizations to ensure people continue to have access to their services.
Endnotes:


