Great gaps persist in state safety nets, interactive policy tool shows

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The National Center for Children in Poverty (NCCP) at Columbia University's Mailman School of Public Health has launched an updated and enhanced edition of its 50-State Policy Tracker, a unique online tool for comparing safety net policies that are critical to the economic security of working families. The tool reveals striking variation among states, showing that state of residence has a major impact on whether low-income working parents succeed in making ends meet.

The Policy Tracker makes it easy for policymakers, journalists, social researchers, and advocates to quickly and accurately compare state policies and programs vital to the well-being of low-income families. It includes key state data for 10 important social programs:

- Child care subsidies
- Medicaid/Children's Health Insurance Program
- Minimum wage
- Income tax policy
- Earned Income Tax Credit
- Child and Dependent Care Tax Credit
- Family and medical leave
- Temporary Assistance for Needy Families
- Supplemental Nutrition Assistance Program
- Unemployment insurance

The user can select among more than 40 policies in these programs—such as family income eligibility for child care subsidies, for example—for comparison in a single state, states in the Northeast, Midwest, South, and West, or all 50 states and the District of Columbia. The tool's output is displayed in a table, and numerical data (e.g., the state minimum wage) can be ranked in order. A Policy Tracker Glossary provides users with additional explanations of how the 10 programs work and defines the categories used to compare programs across states.

The Policy Tracker shows large differences among states across many program policies. As examples:

The child care subsidy copayment for a family of three at 150 percent of the Federal Poverty Guideline (FPG) ranges from two percent of family income, or $586 per year, in Wyoming to 19 percent of family income, or $6,404 per year, in Hawaii. (The FPG for a family of three in 2013 was $19,530 in Wyoming and $22,470 in Hawaii.)

For states opting not to expand their Medicaid programs under the Affordable Care Act (ACA), Medicaid income eligibility for parents of dependent children varies dramatically. In Alabama, a family must have income less than 18 percent of the Federal Poverty Guideline ($3,562 for a family of three in 2014) for the parent to receive Medicaid coverage, while the limit in Alaska is 134 percent of the FPG, or $33,152 (Alaska's FPG is higher than that of the continental U.S.). Many low-income, working parents in non-expansion states cannot get affordable health insurance, as they make too much money to be eligible for Medicaid but not enough to receive subsidies for private insurance under the ACA. Recognizing the importance of encouraging savings among low-income families, seven states—Alabama, Colorado, Hawaii, Louisiana, Maryland, Ohio, and Virginia—have eliminated limits on assets (such as bank accounts) from eligibility requirements for their Temporary Assistance for Needy Families (TANF) program. While most other states have limits between $2,000 and $3,000, nine states—Georgia, Indiana, Missouri, New Hampshire, Oklahoma, Pennsylvania, Rhode Island, Texas, and Washington—still require that participating families have less than $1,000 to participate in the program.

Curtis Skinner, PhD, director of Family Economic Security at NCCP, noted that while some of the differences across policy dimensions are predictable based on political affiliation, the above examples show that many safety net issues are not. "Asset limits are a good example of how states of different political colorations have reached some common ground on best practices in social policy," remarked Skinner. "With the federal government mired in partisan gridlock, now may be a time for state governments and social service agencies to take a closer look at their policies, and reach across borders to learn from their neighbors."

"Policymakers and others will find the Policy Tracker a valuable analytic resource, especially now that state governments have more room to innovate as the economy picks up," said Renée Wilson-Simmons, DrPH, NCCP director. "Understanding how social programs work in tandem with one other, and being able to conduct state-by-state comparisons, will help users identify innovative state programs to strengthen the safety net so critical to the neediest among us."

Provided by Columbia University's Mailman School of Public Health

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