

Revised January 2018 | Issue Brief

# Understanding the Intersection of Medicaid and Work

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Medicaid is the nation's public health insurance program for people with low incomes. Overall, the Medicaid program covers one in five Americans, including many with complex and costly needs for care. Historically, nonelderly adults without disabilities accounted for a small share of Medicaid enrollees; however, the Affordable Care Act (ACA) expanded coverage to nonelderly adults with income up to 138% FPL, or \$16,642 per year for an individual in 2017. As of December 2017, 32 states have implemented the ACA Medicaid expansion.<sup>1</sup> By design, the expansion extended coverage to the working poor (both parents and childless adults), most of whom do not otherwise have access to affordable coverage. While many have gained coverage under the expansion, the majority of Medicaid enrollees are still the "traditional" populations of children, people with disabilities, and the elderly.

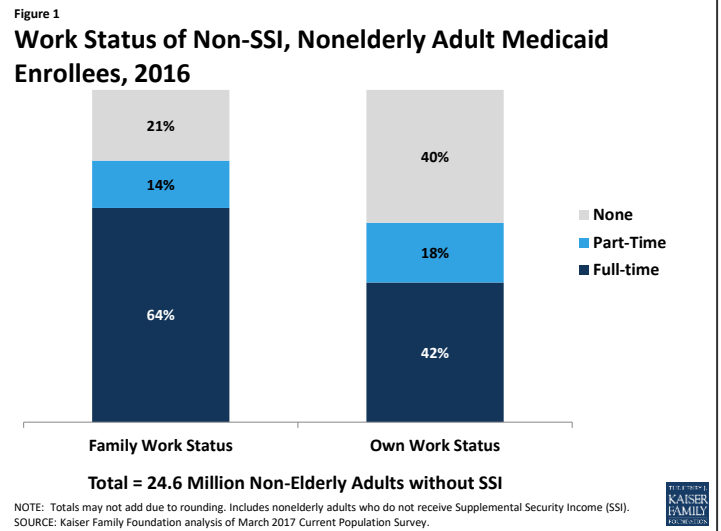
Some states and the Trump administration [have stated](#) that the ACA Medicaid expansion targets "able-bodied" adults and seek to make Medicaid eligibility contingent on work. Under current law, states cannot impose a work requirement as a condition of Medicaid eligibility, but some states are seeking waiver authority to do so. These types of waiver requests were denied by the Obama administration, but the Trump administration has [indicated a willingness to approve such waivers](#). This issue brief provides data on the work status of the nearly 25 million non-elderly adults without SSI enrolled in Medicaid (referred to as "Medicaid adults" throughout this brief) to understand the potential implications of work requirement proposals in Medicaid. Key takeaways include the following:

- Among Medicaid adults (including parents and childless adults — the group targeted by the Medicaid expansion), nearly 8 in 10 live in working families, and a majority are working themselves. Nearly half of working Medicaid enrollees are employed by small firms, and many work in industries with low employer-sponsored insurance offer rates.
- Among the adult Medicaid enrollees who were not working, most report major impediments to their ability to work including illness or disability or care-giving responsibilities.
- While proponents of work requirements say such provisions aim to promote work for those who are not working, these policies could have negative implications on many who are working or exempt from the requirements. For example, coverage for working or exempt enrollees may be at risk if enrollees face administrative obstacles in verifying their work status or documenting an exemption.

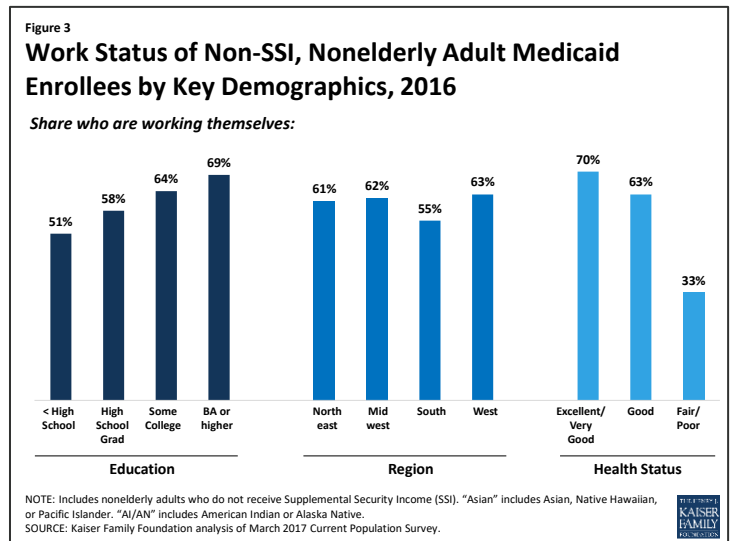
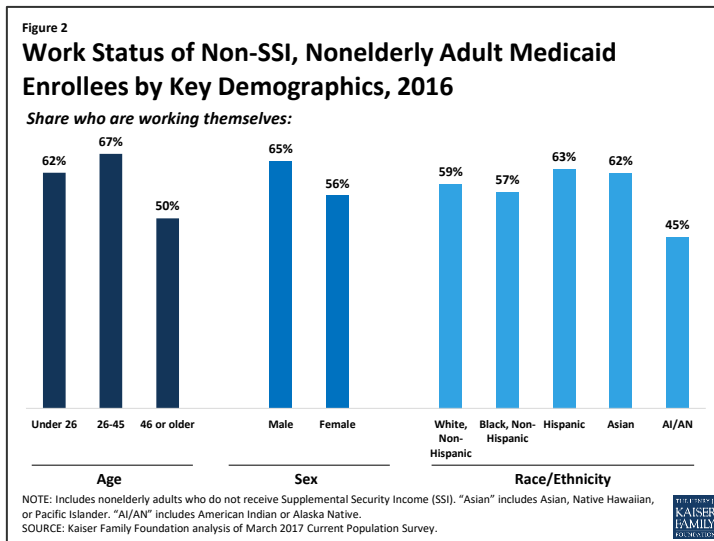
## Data Findings

**Among nonelderly adults with Medicaid coverage—the group of enrollees most likely to be in the workforce—nearly 8 in 10 live in working families, and a majority are working themselves.**

Because policies around work requirements would be intended to apply to primarily to nonelderly adults without disabilities, we focus this analysis on adults whose eligibility is not based on receipt of Supplemental Security Income (SSI, see methods box for more detail). Data show that among the nearly 25 million non-SSI adults (ages 19-64) enrolled in Medicaid in 2016, 6 in 10 (60%) are working themselves (Figure 1). A larger share, nearly 8 in 10 (79%), are in families with at least one worker, with nearly two-thirds (64%) with a full-time worker and another 14% with a part-time worker; one of the adults in such families may not work, often due to caregiving or other responsibilities.



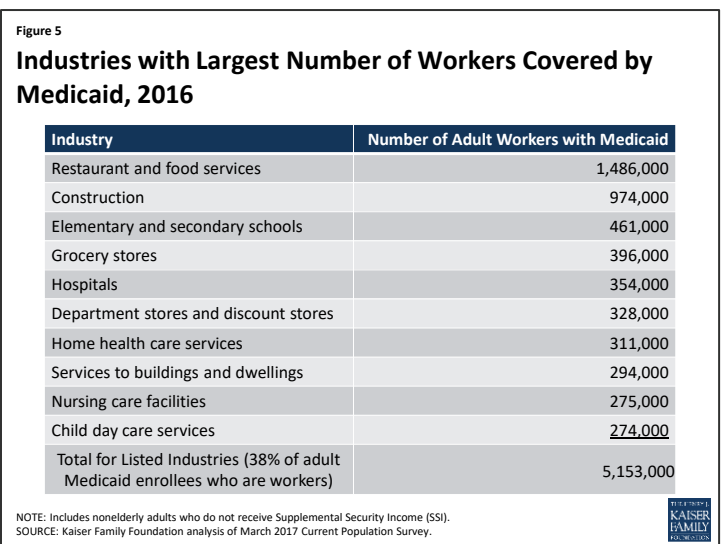
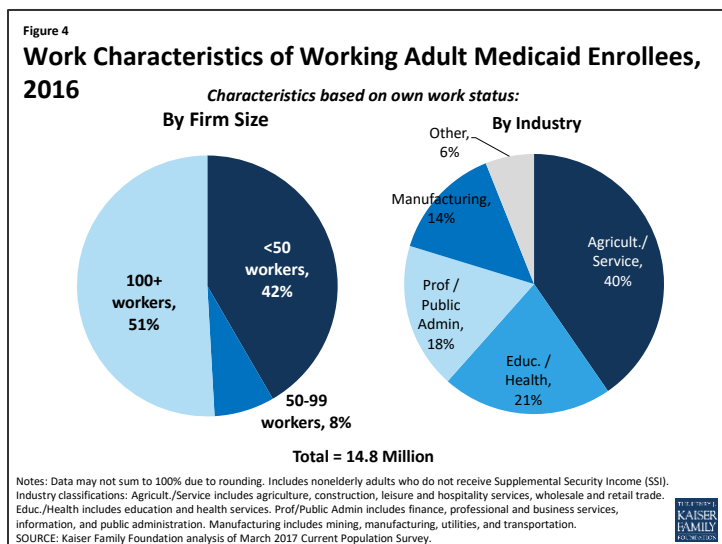
Because states that expanded Medicaid under the ACA cover adults with family incomes at higher levels than those that did not, adults in Medicaid expansion states are more likely to be in working families or working themselves than those in non-expansion states (Table 1). Adults who are younger, male, Hispanic or Asian were more likely to be working than those who are older, female, or White, Black, or American Indian, respectively (Figure 2 and Table 2). Not surprisingly, adults with more education or better health were more likely to work than others (Figure 3 and Table 2). Perhaps reflecting job market conditions, those living in the South were less likely to work than those in other areas, though similar rates of enrollees in urban and rural areas were working (Table 2). For state-level data, see Appendix tables.



**Most Medicaid enrollees who work are working full-time for the full year, but their annual incomes are still low enough to qualify for Medicaid.** Among adult Medicaid enrollees who work, the majority (51%) worked full-time (at least 35 hours per week) for the entire year (at least 50 weeks during the year) (Table 3).<sup>2</sup> Most of those who work for only part of the year still work for the majority of the year (26 weeks or more). By definition (that is, in order to meet Medicaid eligibility criteria), these individuals are working low-wage jobs. For example, an individual working full-time (40 hours/week) for the full year (52 weeks) at the [federal minimum wage](#) would earn an annual salary of just over \$15,000 a year, or about 125% of poverty, below the 138% FPL maximum targeted by the ACA Medicaid expansion.

**Many Medicaid enrollees working part-time face impediments to finding full-time work.** Among adult Medicaid enrollees who work part-time, many cite economic reasons such as inability to find full-time work (10%) or slack business conditions (11%) as the reason they work part-time versus full-time. Other major reasons are attendance at school (14%) or other family obligations (14%).

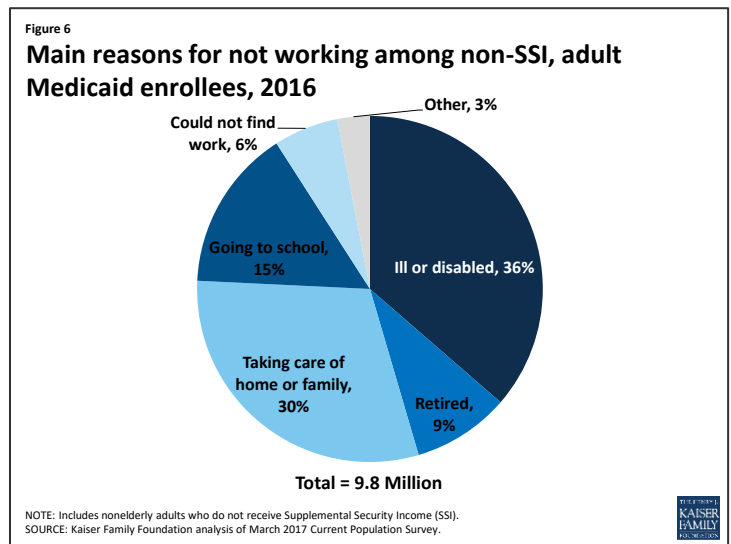
**Nearly half of working adult Medicaid enrollees are employed by small firms, and many work in industries with low employer-sponsored coverage offer rates.** Working Medicaid enrollees work in firms and industries that often have limited employer-based coverage options. More than four in ten adult Medicaid enrollees who work are employed by small firms with fewer than 50 employees that will not be subject to ACA penalties for not offering coverage (Figure 4). Further, many firms do not offer coverage to part-time workers. Four in ten Medicaid adults who work are employed in industries with historically low insurance rates, such as the agriculture and service industries. A closer look by specific industry shows that one-third of working Medicaid enrollees are employed in ten industries, with one in 10 enrollees working in restaurants or food services (Figure 5). The Medicaid expansion was designed to reach low-income adults left out of the employer-based system, so, it is not surprising that among those who work, most are unlikely to have access to health coverage through a job.



**Among the adult Medicaid enrollees who were not working, most report major impediments to their ability to work.** Even though individuals qualifying for Medicaid on the basis of a disability through SSI were excluded from this group, more than one-third of those not working reported that illness or disability

was the primary reason for not working. SSI disability criteria are stringent and can take a long time to establish. People can have physical and/or mental health disabilities that interfere with their ability to work, or to work full-time, without those impairments rising to the SSI level of severity. Other analysis indicates that nearly nine in ten (88%) non-SSI Medicaid adults who reports not working due to illness or disability has a functional limitation, and more than two-thirds (67%) have two or more chronic conditions such as arthritis or asthma.<sup>3</sup>

30% of non-working Medicaid adults reported that they did not work because they were taking care of home or family; 15% were in school; 6% were looking for work and another 9% were retired (Figure 6). Women accounted for 62% of Medicaid enrollees who were not working in 2016, and parents with children under the age of 6 accounted for 17%.



## Policy Implications

**Under current law, states cannot impose a work requirement as a condition of Medicaid eligibility.** As with other core requirements, the [Medicaid statute sets minimum eligibility standards, and states are able to expand coverage beyond these minimum levels](#). Prior to the ACA, individuals had to meet not only income and resource requirements but also categorical requirements to be eligible for the program. These categorical requirements provided coverage pathways for adults who were pregnant women or parents as well as individuals with disabilities, but other adults without dependent children were largely excluded from coverage. The ACA was designed to fill in gaps in coverage and effectively eliminate these categorical eligibility requirements by establishing a uniform income threshold for most adults. States are not allowed to impose other eligibility requirements that are not in the law.

**Some states have proposed tying Medicaid eligibility to work requirements using waiver authority that may be approved by the Trump Administration.** Under Section 1115 of the Social Security Act, the Secretary of HHS can waive certain provisions of Medicaid as long as the Secretary determines that the initiative is a “research and demonstration project” that “is likely to assist in promoting the objectives” of the program. The Obama administration did not approve waivers that would condition Medicaid eligibility on work on the grounds that they did not meet the waiver test to further the purpose of the program which is to provide health coverage. The Trump Administration has indicated a willingness to approve waivers to require work.

**Research shows that Medicaid expansion has not negatively affected labor market participation, and some research indicates that Medicaid coverage supports work.** A [comprehensive review of research on the ACA Medicaid expansion](#) found that there is no significant negative effect of the ACA Medicaid expansion on employment rates and other measures of employment and employee behavior (such as transitions from employment to non-employment, the rate of job switches, transitions from full- to part-time employment, labor force participation, and usual hours worked per week). In addition, [focus](#)

[groups, state studies](#), and anecdotal reports highlight examples of Medicaid coverage supporting work and helping enrollees transition into new careers. For example, individuals have reported that receiving medication for conditions like asthma or rheumatoid arthritis through Medicaid is critical in supporting their ability to work. Addressing barriers to work requires adequate funding and supports. While [TANF spending on work activities and supports is critiqued by some as too low, it exceeds estimates of state Medicaid program spending to implement a work requirement](#).

**Implementing work requirements can create [administrative complexity](#) and put coverage at risk for eligible enrollees who are working or who may be exempt.** States can incur additional costs and demands on staff, and some eligible people could lose coverage. While work requirements are intended to promote work among those not working, coverage for those who are working could be at risk if beneficiaries face administrative obstacles in verifying their work status or documenting an exemption. In addition, some individuals who may be exempt may face challenges in navigating an exemption which could also put coverage at risk.

## Methods

This analysis is based on Kaiser Family Foundation analysis of the March 2017 Current Population Survey (CPS), which reflects health insurance coverage in 2016. We included nonelderly adults (age 19-64) who indicated that they had Medicaid at some point during the year. We excluded people who indicated that they received Supplemental Security Income (SSI) during the year, since these individuals likely qualify for Medicaid on the basis of having a disability (and would likely be excluded from work requirements). To match timing of work variables to health insurance coverage, we used measures of work status throughout 2016. Individuals who worked at any point in 2016 were classified as “working.”

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Table 1: Family and Own Work Status of Non-SSI, Nonelderly Adult Medicaid Enrollees, 2016		
State	Share in Working Family	Share Working Themselves
<b>Expansion states (median)</b>	<b>79%</b>	<b>62%</b>
Alaska	76%	57%
Arizona	81%	62%
Arkansas	73%	57%
California	84%	62%
Colorado	86%	70%
Connecticut	81%	70%
Delaware	77%	60%
DC	73%	58%
Hawaii	74%	51%
Illinois	81%	64%
Indiana	75%	58%
Iowa	87%	72%
Kentucky	74%	62%
Louisiana	69%	52%
Maryland	87%	66%
Massachusetts	80%	67%
Michigan	75%	60%
Minnesota	84%	66%
Montana	81%	67%
Nevada	78%	65%
New Hampshire	77%	65%
New Jersey	84%	53%
New Mexico	80%	60%
New York	78%	57%
North Dakota	60%	49%
Ohio	72%	61%
Oregon	85%	69%
Pennsylvania	79%	64%
Rhode Island	76%	68%
Vermont	80%	69%
Washington	80%	62%
West Virginia	69%	53%
<b>Non-expansion states (median)</b>	<b>74%</b>	<b>58%</b>
Alabama	65%	43%
Florida	78%	61%
Georgia	75%	58%
Idaho	80%	59%
Kansas	86%	69%
Maine*	74%	64%
Mississippi	65%	47%
Missouri	71%	60%
Nebraska	81%	59%
North Carolina	76%	57%
Oklahoma	67%	51%
South Carolina	73%	51%
South Dakota	69%	55%
Tennessee	77%	57%
Texas	76%	49%
Utah	81%	63%
Virginia	67%	48%
Wisconsin	74%	62%
Wyoming	74%	62%

Note: \* Maine adopted the Medicaid expansion through a ballot initiative in November 2017; due to uncertainty over the exact date of implementation, Maine is still categorized as a non-expansion state in this analysis.

Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey.

**Table 2: Own Work Status of Non-SSI, Nonelderly Adult Medicaid Enrollees, 2016**

		<b>Total</b>	<b>Share Who Worked in 2016</b>	<b>Share Who Did Not Work in 2016</b>
<b>Total</b>		24,580,000	60%	40%
<b>Age</b>	Under 26	5,379,000	62%	38%
	26 - 45	11,449,000	67%	33%
	46 or older	7,751,000	50%	50%
<b>Sex</b>	Male	10,718,000	65%	35%
	Female	13,862,000	56%	44%
<b>Race/Ethnicity</b>	White Non-Hispanic	11,478,000	59%	41%
	Black Non-Hispanic	4,035,000	57%	43%
	Hispanic	6,658,000	63%	37%
	Asian, Native Hawaiian, or Pacific Islander	1,626,000	62%	38%
	American Indian or Alaska Native	320,000	45%	55%
	Multiple Races	463,000	68%	32%
<b>Education</b>	Less than High School	4,488,000	51%	49%
	High School Graduate	9,185,000	58%	42%
	Some College	7,395,000	64%	36%
	Bachelor's Degree or Higher	3,513,000	69%	31%
<b>Geographic Region</b>	Northeast	5,104,000	61%	39%
	Midwest	5,095,000	62%	38%
	South	6,465,000	55%	45%
	West	7,915,000	63%	37%
<b>Metro Status</b>	Non-Metro*	3,720,000	58%	42%
	Metro	20,860,000	61%	39%
<b>Family Type</b>	One Parent with Children	2,336,000	73%	27%
	Two Parents with Children	4,815,000	68%	32%
	Multi-generational	1,824,000	58%	42%
	Married Adults	2,702,000	55%	45%
	Adults Living Together	4,688,000	52%	48%
	Single Person	4,513,000	56%	44%
	Other	3,704,000	62%	38%
<b>Family Work Status</b>	Multiple Full-Time Workers in Family	4,888,000	86%	14%
	One Full-Time Worker in Family	10,947,000	71%	29%
	Only Part-Time Workers in Family	3,519,000	81%	19%
	No Workers in Family	5,226,000	0%	100%
<b>Self-Reported Health</b>	Excellent/Very Good	11,866,000	70%	30%
	Good	7,705,000	63%	37%
	Fair/Poor	5,009,000	33%	67%

\* Includes people in not-identified areas

SOURCE: Kaiser Family Foundation analysis of March 2017 Current Population Survey.



Table 3: Characteristics of Working Nonelderly Adult (19-64) Medicaid Enrollees, 2016		
<b>Total</b>		<b>14,802,000</b>
<b>Work Status</b>	Full-Time*	69%
	Full-Time, Full-Year	51%
	Full-Time, Part-Year	19%
	Part-Time	31%
	Part-Time, Full-Year	16%
	Part-Time, Part-Year	15%
<b>Number of Weeks Worked During the Year</b>	1-12 weeks	8%
	13-25 weeks	8%
	26-38 weeks	9%
	39-51 weeks	12%
	52 weeks	64%
<b>Firm Size</b>	< 50 employees	42%
	50 - 99 employees	8%
	100+ employees	51%
* Full-Time is based on total number of hours worked per week (at least 35 hours). Full-time workers may be simultaneously working more than one-job. SOURCE: Kaiser Family Foundation analysis of March 2017 Current Population Survey.		

## Endnotes

<sup>1</sup> Maine adopted the Medicaid expansion through a ballot initiative in November 2017; due to uncertainty over the exact date of implementation, Maine is still categorized as a non-expansion state in this analysis.

<sup>2</sup> Full-time workers include people working 35 hours or more, those who worked 1-34 hours for noneconomic reasons (e.g., illness) and usually work full-time, and people "with a job but not at work" who usually work full-time. People working full time may work at more than one job.

<sup>3</sup> Kaiser Family Foundation analysis of 2016 National Health Interview Survey.



# Appendix Tables

Appendix Table 1: Family and Own Work Status of Non-SSI, Nonelderly Adult Medicaid Enrollees, 2016

	Total # Non-SSI, Nonelderly Adult Medicaid Enrollees	Family Work Status			Own Work Status		
		No Worker in Family	Full-Time Worker in Family	Part-Time Worker in Family	Not Working	Working Full-Time	Working Part-Time
<b>US TOTAL</b>	<b>24,580,000</b>	<b>21%</b>	<b>64%</b>	<b>14%</b>	<b>40%</b>	<b>42%</b>	<b>18%</b>
ALABAMA	308,000	35%	58%	8%	57%	31%	12%
ALASKA	69,000	24%	61%	15%	43%	39%	19%
ARIZONA	636,000	19%	63%	18%	38%	41%	21%
ARKANSAS	178,000	27%	60%	13%	43%	40%	17%
CALIFORNIA	4,777,000	16%	69%	14%	38%	44%	18%
COLORADO	361,000	14%	73%	13%	30%	54%	16%
CONNECTICUT	337,000	19%	60%	21%	30%	47%	23%
DELAWARE	103,000	23%	67%	9%	40%	43%	17%
DISTRICT OF COLUMBIA	88,000	27%	62%	11%	42%	46%	12%
FLORIDA	1,069,000	22%	67%	12%	39%	44%	18%
GEORGIA	398,000	25%	65%	NA	42%	40%	18%
HAWAII	96,000	26%	57%	18%	49%	32%	19%
IDAHO	87,000	20%	69%	11%	41%	41%	18%
ILLINOIS	1,040,000	19%	68%	13%	36%	46%	19%
INDIANA	541,000	25%	64%	11%	42%	45%	14%
IOWA	245,000	13%	66%	20%	28%	45%	27%
KANSAS	107,000	14%	68%	18%	31%	47%	21%
KENTUCKY	337,000	26%	64%	NA	38%	47%	14%
LOUISIANA	421,000	31%	54%	15%	48%	34%	18%
MAINE	100,000	26%	52%	22%	36%	39%	25%
MARYLAND	390,000	NA	74%	12%	34%	51%	16%
MASSACHUSETTS	776,000	20%	64%	16%	33%	46%	21%
MICHIGAN	967,000	25%	61%	14%	40%	42%	18%
MINNESOTA	354,000	16%	73%	10%	34%	48%	18%
MISSISSIPPI	182,000	35%	57%	9%	53%	35%	12%
MISSOURI	285,000	29%	61%	10%	40%	44%	16%
MONTANA	86,000	19%	64%	16%	33%	46%	21%
NEBRASKA	65,000	19%	65%	16%	41%	40%	NA
NEVADA	216,000	22%	66%	12%	35%	46%	18%
NEW HAMPSHIRE	56,000	23%	66%	NA	35%	41%	24%
NEW JERSEY	639,000	16%	69%	15%	47%	37%	16%
NEW MEXICO	306,000	20%	63%	17%	40%	40%	20%
NEW YORK	2,114,000	22%	66%	13%	43%	39%	18%
NORTH CAROLINA	520,000	24%	60%	16%	43%	39%	18%
NORTH DAKOTA	28,000	40%	47%	12%	51%	33%	16%
OHIO	1,121,000	28%	58%	15%	39%	40%	21%
OKLAHOMA	203,000	33%	53%	NA	49%	35%	16%
OREGON	459,000	15%	74%	11%	31%	53%	16%
PENNSYLVANIA	942,000	21%	60%	19%	36%	41%	23%
RHODE ISLAND	87,000	24%	60%	16%	32%	44%	24%
SOUTH CAROLINA	280,000	27%	63%	NA	49%	41%	11%
SOUTH DAKOTA	38,000	31%	48%	21%	45%	36%	19%
TENNESSEE	482,000	23%	61%	16%	43%	37%	20%
TEXAS	1,016,000	24%	63%	13%	51%	33%	16%
UTAH	97,000	NA	63%	18%	37%	39%	24%
VERMONT	54,000	20%	59%	20%	31%	47%	22%
VIRGINIA	298,000	33%	53%	NA	52%	35%	12%
WASHINGTON	705,000	20%	62%	18%	38%	38%	23%
WEST VIRGINIA	194,000	31%	54%	15%	47%	38%	15%
WISCONSIN	303,000	26%	51%	24%	38%	37%	25%
WYOMING	20,000	26%	59%	15%	38%	38%	24%

Notes: NA= estimate does not meet minimum standard for statistical reliability. Full-Time is based on total number of hours worked per week (at least 35 hours). Full-time workers may be simultaneously working more than one-job. Note that total number of non-elderly, non-SSI adults from survey data may be lower than state administrative data.

Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey.

**Appendix Table 2: Reason for Not Working Among Non-SSI, Nonelderly Adult Medicaid Enrollees, 2016**

	Ill or Disabled	Caretaking	Attending School	Other Reason
<b>US TOTAL</b>	<b>36%</b>	<b>30%</b>	<b>15%</b>	<b>19%</b>
ALABAMA	41%	23%	14%	22%
ALASKA	26%	26%	NA	21%
ARIZONA	37%	34%	NA	19%
ARKANSAS	53%	27%	NA	14%
CALIFORNIA	28%	36%	18%	17%
COLORADO	36%	30%	NA	NA
CONNECTICUT	35%	30%	22%	NA
DELAWARE	42%	21%	13%	24%
DISTRICT OF COLUMBIA	26%	27%	19%	28%
FLORIDA	36%	29%	14%	21%
GEORGIA	47%	28%	NA	NA
HAWAII	33%	32%	NA	26%
IDAHO	39%	26%	NA	24%
ILLINOIS	36%	26%	14%	24%
INDIANA	47%	26%	NA	23%
IOWA	37%	30%	14%	NA
KANSAS	42%	NA	NA	NA
KENTUCKY	51%	27%	NA	NA
LOUISIANA	29%	27%	23%	21%
MAINE	52%	33%	NA	NA
MARYLAND	39%	NA	17%	NA
MASSACHUSETTS	42%	22%	9%	27%
MICHIGAN	39%	31%	12%	18%
MINNESOTA	35%	NA	NA	33%
MISSISSIPPI	48%	24%	NA	NA
MISSOURI	54%	31%	NA	NA
MONTANA	37%	33%	18%	NA
NEBRASKA	40%	NA	NA	NA
NEVADA	28%	39%	NA	NA
NEW HAMPSHIRE	49%	NA	NA	27%
NEW JERSEY	27%	23%	31%	19%
NEW MEXICO	29%	33%	19%	19%
NEW YORK	26%	28%	24%	22%
NORTH CAROLINA	40%	31%	20%	NA
NORTH DAKOTA	32%	NA	NA	NA
OHIO	58%	30%	NA	NA
OKLAHOMA	29%	40%	NA	18%
OREGON	24%	39%	NA	23%
PENNSYLVANIA	45%	19%	15%	21%
RHODE ISLAND	37%	29%	NA	32%
SOUTH CAROLINA	52%	32%	NA	NA
SOUTH DAKOTA	29%	NA	NA	NA
TENNESSEE	41%	27%	17%	15%
TEXAS	33%	35%	14%	17%
UTAH	39%	36%	NA	NA
VERMONT	56%	29%	NA	NA
VIRGINIA	46%	27%	NA	NA
WASHINGTON	29%	26%	15%	29%
WEST VIRGINIA	41%	34%	12%	14%
WISCONSIN	43%	39%	NA	NA
WYOMING	62%	30%	NA	NA

Notes: NA= estimate does not meet minimum standard for statistical reliability.

Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey.

Appendix Table 3: Characteristics of Working Nonelderly Adult Medicaid Enrollees, 2016									
	Firm Size			Industry				Top Industry	
	<50 Employees	50-99 Employees	100+ Employees	Agricult./ Service	Educ./ Health	Prof/Public Admin	Manufacturing		
US TOTAL	42%	8%	51%	40%	21%	18%	14%	Restaurants/Food Service	
ALABAMA	34%	NA	61%	40%	19%	NA	26%	NA	
ALASKA	51%	NA	41%	43%	23%	13%	11%	Construction	
ARIZONA	44%	6%	50%	44%	16%	24%	13%	Construction	
ARKANSAS	45%	NA	48%	26%	30%	22%	13%	NA	
CALIFORNIA	47%	8%	45%	42%	17%	19%	15%	Restaurants/Food Service	
COLORADO	44%	NA	52%	39%	16%	21%	NA	NA	
CONNECTICUT	30%	NA	60%	37%	28%	19%	15%	Construction	
DELAWARE	30%	NA	61%	48%	21%	20%	NA	Restaurants/Food Service	
DISTRICT OF COLUMBIA	31%	10%	59%	34%	27%	26%	6%	Restaurants/Food Service	
FLORIDA	40%	5%	55%	46%	18%	21%	8%	Restaurants/Food Service	
GEORGIA	36%	NA	58%	42%	17%	21%	NA	NA	
HAWAII	58%	NA	38%	45%	18%	14%	NA	NA	
IDAHO	39%	NA	52%	39%	27%	19%	NA	NA	
ILLINOIS	37%	9%	54%	40%	20%	16%	18%	Restaurants/Food Service	
INDIANA	33%	9%	58%	25%	18%	23%	27%	NA	
IOWA	33%	NA	60%	35%	21%	19%	23%	Elementary/Secondary Schools	
KANSAS	39%	NA	53%	39%	25%	NA	NA	NA	
KENTUCKY	47%	NA	48%	43%	16%	21%	14%	NA	
LOUISIANA	37%	9%	53%	44%	24%	14%	11%	Restaurants/Food Service	
MAINE	52%	NA	43%	57%	27%	NA	NA	NA	
MARYLAND	41%	NA	55%	37%	27%	22%	NA	Restaurants/Food Service	
MASSACHUSETTS	39%	10%	51%	40%	26%	18%	10%	Restaurants/Food Service	
MICHIGAN	37%	10%	53%	33%	23%	16%	19%	Restaurants/Food Service	
MINNESOTA	35%	13%	52%	39%	24%	19%	12%	NA	
MISSISSIPPI	42%	NA	55%	52%	17%	12%	11%	Furniture manufacturing	
MISSOURI	33%	NA	56%	30%	23%	20%	20%	NA	
MONTANA	56%	NA	37%	48%	20%	21%	NA	Construction	
NEBRASKA	35%	NA	59%	35%	22%	32%	NA	NA	
NEVADA	38%	NA	55%	53%	NA	24%	NA	NA	
NEW HAMPSHIRE	38%	NA	55%	47%	24%	NA	NA	NA	
NEW JERSEY	46%	10%	43%	36%	26%	13%	14%	NA	
NEW MEXICO	45%	8%	47%	50%	20%	16%	7%	Construction	
NEW YORK	46%	7%	47%	38%	25%	17%	14%	Restaurants/Food Service	
NORTH CAROLINA	44%	NA	53%	42%	17%	19%	18%	Construction	
NORTH DAKOTA	43%	NA	44%	44%	NA	NA	NA	NA	
OHIO	36%	5%	59%	40%	23%	17%	16%	Restaurants/Food Service	
OKLAHOMA	37%	NA	58%	42%	24%	NA	13%	NA	
OREGON	53%	6%	41%	40%	21%	19%	14%	Restaurants/Food Service	
PENNSYLVANIA	35%	9%	57%	36%	23%	18%	17%	Restaurants/Food Service	
RHODE ISLAND	38%	NA	55%	39%	25%	NA	19%	NA	
SOUTH CAROLINA	29%	NA	64%	41%	18%	17%	20%	NA	
SOUTH DAKOTA	37%	NA	47%	47%	NA	NA	NA	NA	
TENNESSEE	42%	NA	53%	34%	19%	16%	26%	Restaurants/Food Service	
TEXAS	40%	6%	54%	41%	19%	22%	10%	Restaurants/Food Service	
UTAH	36%	0%	64%	44%	NA	21%	NA	NA	
VERMONT	58%	NA	38%	36%	26%	18%	NA	NA	
VIRGINIA	56%	NA	41%	41%	26%	NA	NA	NA	
WASHINGTON	42%	13%	45%	46%	24%	16%	10%	Glass manufacturing	
WEST VIRGINIA	39%	10%	51%	38%	21%	15%	21%	Restaurants/Food Service	
WISCONSIN	43%	NA	50%	38%	23%	NA	16%	NA	
WYOMING	40%	NA	50%	30%	25%	NA	16%	NA	

Notes: NA= estimate does not meet minimum standard for statistical reliability.

Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey.

Appendix Table 4a: Share Working among Non-SSI, Nonelderly Adult Medicaid Enrollees by Socio-Demographic Characteristics, 2016									
	Share Working Within Each Age Group			Share Working Within Each Sex		Share Working Within Each Race/Ethnicity Group			
	Age 19-25	Age 26-45	Age 46+	Women	Men	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Other Non-Hispanic
US TOTAL	62%	67%	50%	56%	65%	59%	57%	63%	61%
ALABAMA	60%	45%	24%	40%	49%	47%	36%	63%	NA
ALASKA	56%	60%	51%	49%	65%	57%	66%	67%	54%
ARIZONA	64%	67%	54%	55%	70%	58%	67%	64%	64%
ARKANSAS	76%	53%	50%	57%	57%	57%	56%	60%	NA
CALIFORNIA	61%	66%	58%	58%	68%	62%	59%	63%	63%
COLORADO	65%	78%	62%	69%	71%	73%	77%	73%	50%
CONNECTICUT	63%	85%	53%	72%	67%	70%	56%	69%	93%
DELAWARE	64%	66%	49%	59%	61%	60%	59%	53%	91%
DISTRICT OF COLUMBIA	46%	67%	46%	54%	63%	94%	48%	72%	67%
FLORIDA	74%	63%	48%	57%	67%	59%	65%	62%	63%
GEORGIA	61%	67%	35%	55%	64%	58%	56%	65%	65%
HAWAII	62%	52%	44%	52%	49%	66%	NA	49%	47%
IDAHO	56%	65%	50%	48%	74%	58%	NA	58%	NA
ILLINOIS	71%	70%	52%	61%	68%	65%	54%	69%	68%
INDIANA	72%	61%	49%	54%	64%	59%	47%	86%	61%
IOWA	71%	88%	46%	66%	80%	71%	81%	89%	48%
KANSAS	82%	82%	NA	62%	83%	75%	NA	48%	64%
KENTUCKY	76%	70%	38%	61%	62%	61%	NA	80%	NA
LOUISIANA	53%	63%	33%	53%	48%	46%	58%	45%	68%
MAINE	67%	70%	53%	57%	75%	60%	NA	NA	92%
MARYLAND	64%	76%	51%	63%	71%	63%	65%	57%	88%
MASSACHUSETTS	85%	70%	57%	67%	67%	65%	76%	72%	52%
MICHIGAN	74%	64%	43%	56%	65%	61%	55%	62%	52%
MINNESOTA	77%	71%	52%	65%	67%	67%	64%	NA	57%
MISSISSIPPI	60%	53%	26%	42%	54%	53%	44%	NA	NA
MISSOURI	74%	64%	39%	55%	71%	60%	56%	69%	59%
MONTANA	68%	76%	53%	61%	75%	70%	NA	NA	48%
NEBRASKA	65%	70%	NA	57%	62%	57%	NA	65%	NA
NEVADA	77%	67%	55%	59%	73%	62%	50%	74%	64%
NEW HAMPSHIRE	69%	84%	39%	66%	62%	62%	NA	NA	86%
NEW JERSEY	31%	72%	49%	48%	60%	53%	53%	54%	49%
NEW MEXICO	64%	67%	48%	57%	64%	60%	88%	61%	55%
NEW YORK	43%	62%	59%	54%	61%	51%	57%	63%	63%
NORTH CAROLINA	54%	67%	46%	50%	68%	58%	56%	70%	43%
NORTH DAKOTA	NA	70%	NA	53%	NA	56%	NA	NA	NA
OHIO	74%	69%	36%	55%	68%	59%	62%	63%	79%
OKLAHOMA	57%	54%	37%	46%	57%	54%	NA	59%	49%
OREGON	74%	76%	55%	59%	79%	68%	85%	76%	64%
PENNSYLVANIA	57%	75%	51%	63%	64%	65%	55%	69%	66%
RHODE ISLAND	88%	73%	53%	65%	72%	70%	67%	58%	NA
SOUTH CAROLINA	56%	55%	44%	48%	57%	49%	49%	85%	NA
SOUTH DAKOTA	51%	63%	43%	47%	71%	65%	NA	NA	NA
TENNESSEE	55%	67%	39%	61%	49%	56%	63%	45%	NA
TEXAS	55%	56%	35%	47%	54%	43%	64%	45%	59%
UTAH	66%	64%	57%	54%	76%	61%	NA	68%	NA
VERMONT	67%	78%	60%	65%	74%	69%	75%	NA	55%
VIRGINIA	60%	53%	36%	48%	46%	37%	54%	56%	65%
WASHINGTON	60%	67%	56%	57%	68%	61%	NA	75%	50%
WEST VIRGINIA	55%	65%	34%	50%	58%	53%	NA	NA	70%
WISCONSIN	NA	74%	44%	64%	59%	61%	72%	66%	47%
WYOMING	63%	66%	52%	62%	62%	63%	NA	59%	NA

Notes: NA= estimate does not meet minimum standard for statistical reliability.

Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey.

**Appendix Table 4b: Share Working among Non-SSI, Nonelderly Adult Medicaid Enrollees by Socio-Demographic Characteristics, 2016**

	Share Working Within Each Education Level				Share Working Within Each Health Status Group		
	< High School	High School	Some College	BA or Higher	Fair/Poor	Good	Excellent/ Very Good
<b>US TOTAL</b>	<b>51%</b>	<b>58%</b>	<b>64%</b>	<b>69%</b>	<b>33%</b>	<b>63%</b>	<b>70%</b>
ALABAMA	35%	40%	56%	43%	28%	40%	54%
ALASKA	49%	59%	58%	57%	42%	51%	75%
ARIZONA	57%	61%	68%	65%	31%	66%	74%
ARKANSAS	44%	60%	63%	60%	43%	50%	75%
CALIFORNIA	58%	60%	66%	69%	38%	64%	70%
COLORADO	33%	64%	87%	82%	NA	75%	80%
CONNECTICUT	60%	62%	73%	88%	68%	65%	73%
DELAWARE	49%	57%	65%	73%	NA	51%	79%
DISTRICT OF COLUMBIA	54%	49%	65%	69%	25%	65%	62%
FLORIDA	61%	58%	65%	62%	36%	50%	75%
GEORGIA	58%	60%	57%	51%	NA	72%	64%
HAWAII	57%	47%	46%	66%	NA	57%	59%
IDAHO	50%	53%	58%	76%	43%	61%	68%
ILLINOIS	41%	65%	72%	67%	34%	66%	75%
INDIANA	50%	53%	62%	79%	27%	53%	82%
IOWA	37%	77%	73%	78%	42%	85%	76%
KANSAS	NA	79%	70%	57%	38%	62%	81%
KENTUCKY	54%	65%	55%	79%	NA	79%	72%
LOUISIANA	34%	55%	58%	65%	40%	51%	58%
MAINE	NA	64%	67%	66%	21%	66%	79%
MARYLAND	50%	71%	70%	65%	38%	65%	75%
MASSACHUSETTS	47%	69%	67%	75%	35%	68%	79%
MICHIGAN	46%	61%	60%	65%	35%	65%	67%
MINNESOTA	46%	61%	68%	81%	43%	67%	73%
MISSISSIPPI	33%	43%	54%	74%	20%	52%	59%
MISSOURI	38%	69%	57%	72%	NA	55%	83%
MONTANA	53%	64%	65%	83%	41%	65%	77%
NEBRASKA	NA	57%	68%	NA	NA	75%	61%
NEVADA	46%	69%	65%	69%	48%	65%	70%
NEW HAMPSHIRE	65%	64%	58%	85%	34%	78%	79%
NEW JERSEY	41%	63%	42%	55%	30%	61%	56%
NEW MEXICO	46%	60%	64%	72%	38%	57%	72%
NEW YORK	53%	51%	61%	68%	32%	61%	62%
NORTH CAROLINA	51%	53%	63%	61%	33%	58%	71%
NORTH DAKOTA	NA	59%	NA	60%	NA	NA	58%
OHIO	50%	53%	68%	79%	29%	64%	75%
OKLAHOMA	45%	41%	67%	58%	NA	43%	64%
OREGON	72%	68%	63%	79%	35%	77%	79%
PENNSYLVANIA	52%	64%	61%	73%	39%	70%	74%
RHODE ISLAND	45%	68%	79%	73%	39%	62%	88%
SOUTH CAROLINA	30%	58%	54%	63%	NA	51%	71%
SOUTH DAKOTA	NA	55%	68%	74%	NA	59%	64%
TENNESSEE	48%	48%	74%	70%	NA	70%	72%
TEXAS	44%	40%	57%	73%	25%	57%	58%
UTAH	NA	61%	75%	62%	NA	74%	70%
VERMONT	52%	66%	71%	81%	44%	73%	76%
VIRGINIA	NA	45%	83%	NA	34%	46%	58%
WASHINGTON	55%	69%	54%	69%	42%	65%	69%
WEST VIRGINIA	37%	50%	68%	62%	30%	60%	63%
WISCONSIN	51%	55%	73%	75%	31%	77%	73%
WYOMING	67%	55%	68%	59%	NA	75%	75%

Notes: NA= estimate does not meet minimum standard for statistical reliability.

Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey.