

Understanding the Intersection of Medicaid and Work: What Does the Data Say?

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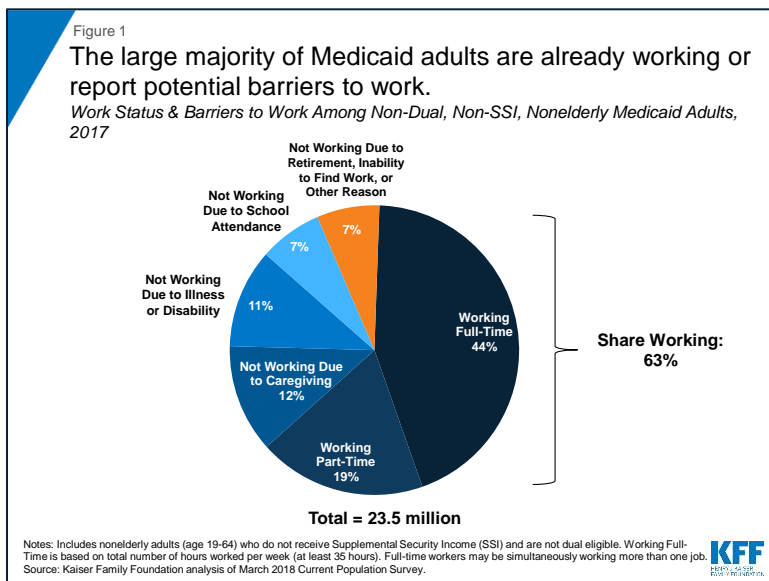
Under the Trump Administration, the Centers for Medicare and Medicaid Services (CMS) issued [guidance](#) for state Medicaid waiver proposals that would impose work requirements in Medicaid as a condition of eligibility, and several states have received approval for or are pursuing these waivers. Work requirement waivers generally require beneficiaries to verify their participation in certain activities, such as employment, job search, or job training programs, for a certain number of hours per week or verify an exemption to receive or retain Medicaid coverage. Details about the specific number of hours, approved activities, exemptions, reporting process, and populations included (e.g., expansion adults and/or low-income parents, age) vary across states. As a result of litigation challenging work requirements, three states (Arkansas, Kentucky and New Hampshire) have had such waivers set aside by the courts.¹ As of July 2019, [Indiana](#) is the only other state to have implemented a work requirement waiver. [Five more states](#) have approved waivers that are not yet implemented, and [another seven states](#) have waiver requests pending with CMS. This brief builds on previous analyses to analyze data on Medicaid enrollees and work and examine some of the policy implications of work requirements. Appendix tables provide state-level data. Key findings include the following:

- Most Medicaid adults are already working; among those who are not working, most report barriers to work. Those with better health and more education are more likely to be working.
- Most Medicaid adults who work are working full-time for the full year but are working in low-wage jobs in industries with low employer-sponsored insurance (ESI) offer rates. Industries and occupations with the largest number of workers covered by Medicaid often include jobs that are physically demanding such as food service or construction. Even when working, adults with Medicaid face high rates of financial and food insecurity, as they are still living in or near poverty.
- Many Medicaid enrollees face barriers to work such as functional disabilities, serious medical conditions, school attendance, and care-taking responsibilities. Many Medicaid adults do not use computers, the internet or email, which could be a barrier in finding a job or complying with policies to report work or exemption status.
- People who remain eligible for coverage could lose coverage as a result of reporting requirements, and work requirements may not result in increased employment or employer-based health coverage.

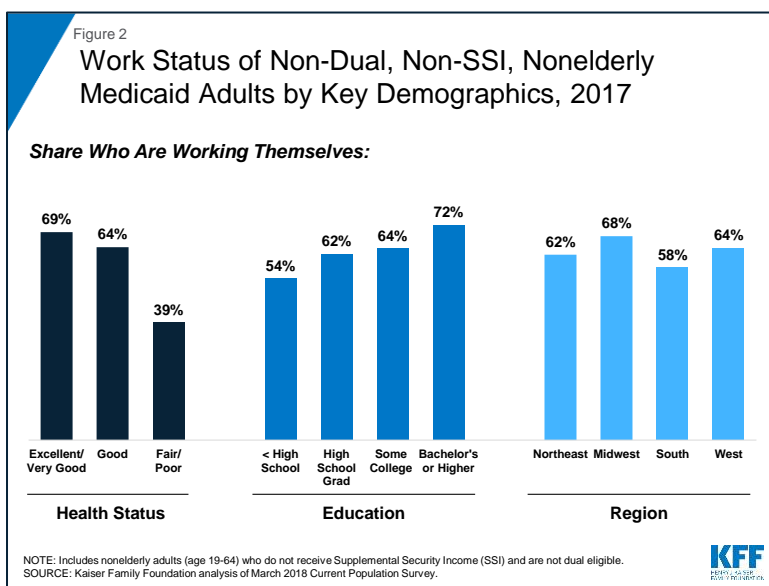
The outcome of the pending litigation, experience of states' implementation of approved waivers and the outcome of pending waiver requests in non-expansion states will have implications for Medicaid enrollees and for states seeking to adopt similar policies.

What is the work status of Medicaid adults?

Most Medicaid adults are already working; among those who are not working, most report potential barriers to work (Figure 1). Overall, more than six in ten (63%) non-dual, non-SSI, nonelderly adults with Medicaid (referred to hereafter as Medicaid adults) are working either full or part-time. Even though individuals qualifying for Medicaid on the basis of a disability (e.g., by receiving SSI) and those dually eligible for Medicare are not subject to work requirements under CMS policy and therefore were excluded from this analysis, illness or disability was a primary reason for not working among the remaining Medicaid adults. Caregiving responsibilities or school attendance were other leading reasons reported for not working. The remaining seven percent of Medicaid adults report that they are retired, unable to find work, or not working for another reason. This small group of Medicaid adult enrollees could be the primary group targeted under Medicaid work requirement policies.



Those in better health and with more education are more likely to be working (Figure 2). Health status is the strongest predictor of work, with people in excellent or very good health thirty percentage points more likely to be working than those in fair or poor health. Education level is also a strong predictor of work. Although “work readiness” encompasses a range of factors, including social/behavioral skills, technical skills, “soft skills,” and others,^{2,3} having a high school diploma is a basic requirement for many jobs.



Rates of work also vary by geographic region, age, and race/ethnicity. Medicaid adults living in the South are less likely to work compared to other regions. Medicaid eligibility levels are lower in the South, so more workers would be less likely to qualify for Medicaid compared to other regions. Those middle aged (26-45) and male are more likely to work than other ages and females (Table 1).

Table 1: Own Work Status of Non-Dual, Non-SSI, Nonelderly Adult Medicaid Enrollees, 2017

		Total	Share Who Worked
Total		23,490,000	63%
Age	Under 26	5,450,000	61%*
	26 - 45	11,041,000	68%
	46 or older	6,998,000	57%*
Sex	<i>Male</i>	10,377,000	69%
	Female	13,112,000	58%*
Race/Ethnicity	<i>White Non-Hispanic</i>	10,939,000	63%
	Black Non-Hispanic	3,947,000	59%*
	Hispanic	6,245,000	64%
	Asian, Native Hawaiian, or Pacific Islander	1,693,000	61%
	American Indian or Alaska Native	297,000	58%
	Multiple Races	369,000	71%*
Education	Less than High School	4,162,000	54%*
	High School Graduate	8,319,000	62%*
	Some College	7,077,000	64%*
	<i>Bachelor's Degree or Higher</i>	3,931,000	72%
Geographic Region	<i>Northeast</i>	5,231,000	62%
	Midwest	4,762,000	68%*
	South	5,906,000	58%*
	West	7,591,000	64%
Metro Status	Non-Metro [^]	3,347,000	64%
	<i>Metro</i>	20,143,000	63%
Family Type	One Parent with Children	2,166,000	76%*
	<i>Two Parents with Children</i>	4,654,000	69%
	Multi-generational	1,652,000	57%*
	Married Adults	11,598,000	58%*
	Other	3,418,000	63%*
Family Work Status	<i>Multiple Full-Time Workers in Family</i>	4,917,000	88%
	One Full-Time Worker in Family	10,617,000	72%*
	Only Part-Time Workers in Family	3,391,000	82%*
	No Workers in Family	4,565,000	0%*
Self-Reported Health	<i>Excellent/Very Good</i>	12,037,000	69%
	Good	7,562,000	64%*
	Fair/Poor	3,890,000	39%*

NOTE: * indicates statistically significant difference from italicized reference group at p<0.05 level.

[^] Non-Metro includes people in not-identified areas.

SOURCE: Kaiser Family Foundation analysis of March 2018 Current Population Survey.

What do we know about Medicaid adults who are working?

Most Medicaid adults who work are working full-time for the full year.

Among Medicaid adults who work, the majority (53%) worked full-time (at least 35 hours per week) for the entire year (at least 50 weeks) (Table 2).⁴ Full-time work of 35 hours or more per week may be from more than one job (other data show that nearly one in ten Medicaid workers have more than one job).⁵ Among Medicaid adults who work part-time (30% of all workers), many cite reasons such as school or training (16%) or shorter work weeks (less than 35 hours per week) (14%) as the reason they work part-time versus full-time. Other major reasons for part-time work are other family or personal obligations (15%) or slack work/business conditions (15%). Inability to find full-time work, childcare problems, health/medical limitations, and other reasons are the remaining grounds for working part-time, which together account for one-third of part-time Medicaid workers (Figure 3). Medicaid workers have low rates of absenteeism: on average, they report missing five days of work in the previous 12 months due to illness or injury.⁶

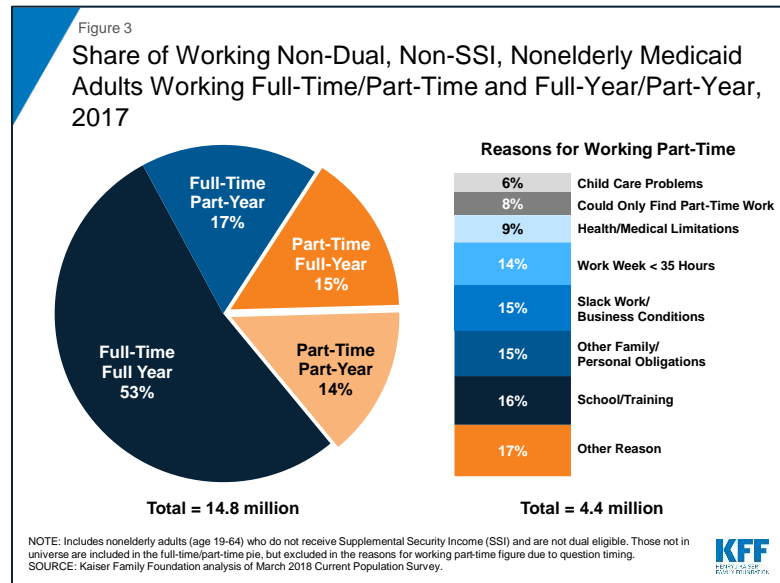
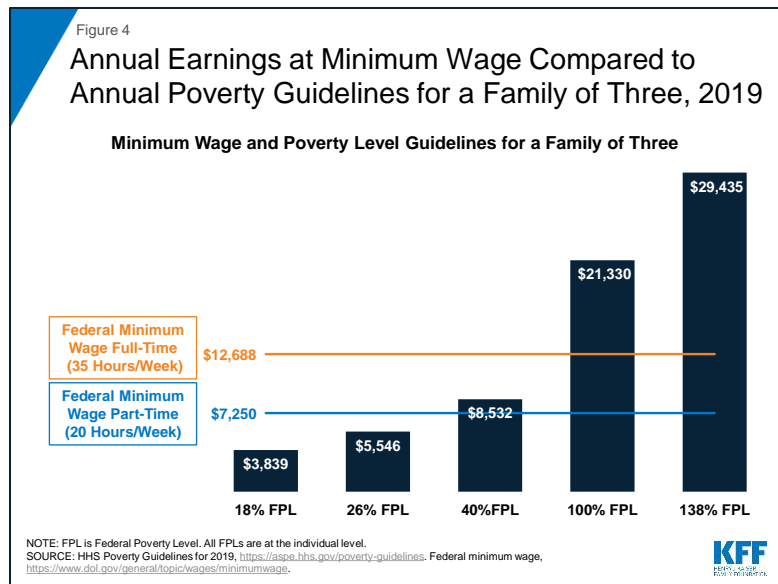


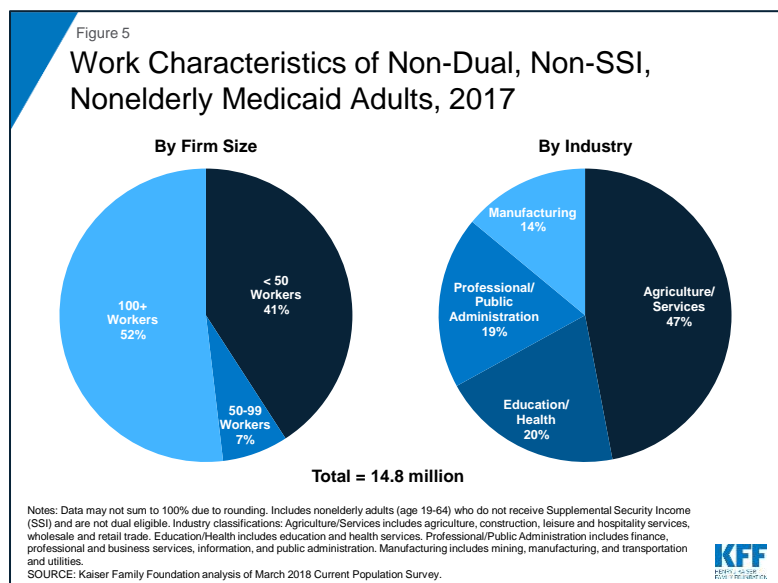
Table 2: Characteristics of Working Non-Dual, Non-SSI, Nonelderly Adult (19-64) Medicaid Enrollees, 2017		
Total		14,754,000
Work Status	Full-Time [^]	70%
	Full-Time, Full-Year	53%
	Full-Time, Part-Year	17%
	Part-Time	30%
	Part-Time, Full-Year	15%
Number of Weeks Worked During the Year	Part-Time, Part-Year	14%
	1-12 weeks	7%
	13-25 weeks	7%
	26-38 weeks	9%
	39-51 weeks	12%
Firm Size	52 weeks	66%
	< 50 employees	41%
	50 - 99 employees	7%
	100+ employees	52%

[^] 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. Numbers may not sum due to rounding.
SOURCE: Kaiser Family Foundation analysis of March 2018 Current Population Survey.

Adults who work full-time for the full year may still be eligible for Medicaid in expansion states because they are working low-wage jobs (Figure 4). An individual working full-time (35 hours/week) for the full year at the federal minimum wage (\$7.25 per hour)⁷ earns an annual salary of just over \$12,688 a year, just below the federal poverty level (FPL) for an individual in 2019. This income is below the Medicaid eligibility limit of 138% FPL for nearly all nonelderly adults in expansion states (\$17,236/year for an individual or \$29,435 for a family of three in 2019). Medicaid adults who work full-time or part-time in non-expansion states could become ineligible for Medicaid, where median eligibility limit for parents is 40% FPL (\$8,532/year for a family of three), and childless adults are not eligible (except in Wisconsin). Eligibility is much lower in many non-expansion states, including Alabama (18% FPL) and Mississippi (26% FPL),⁸ two states with pending work requirement waivers. Since individuals with incomes below poverty are not eligible for subsidies for coverage through ACA Marketplaces, working adults in non-expansion states fall into a coverage gap without access to affordable health insurance through their job, Medicaid, or the Marketplace.⁹



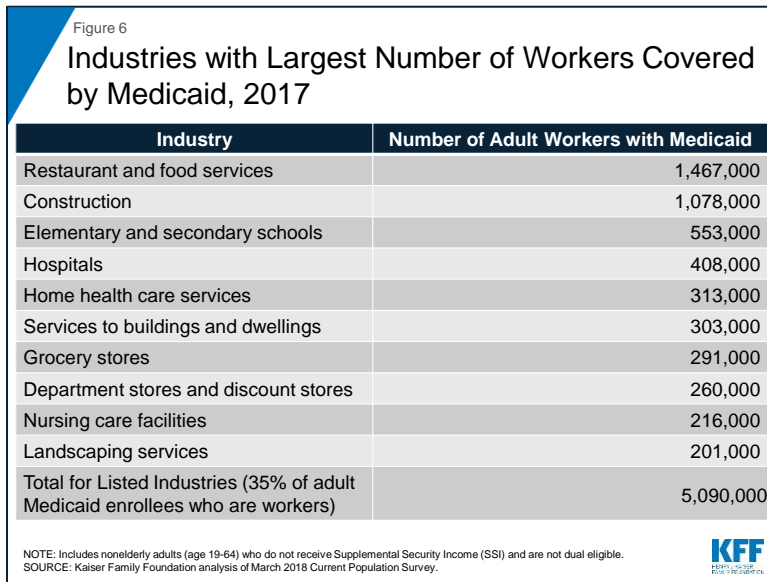
Many Medicaid adults who work are employed by small firms and in industries that have low employer-sponsored insurance (ESI) offer rates. More than four in ten Medicaid workers are employed in firms with fewer than 50 employees, which are not subject to ACA penalties for not offering affordable health coverage (Figure 5). Many Medicaid workers are employed in industries with historically low ESI offer rates, such as the agriculture and service industries. Only about four in ten (38%) Medicaid workers have an



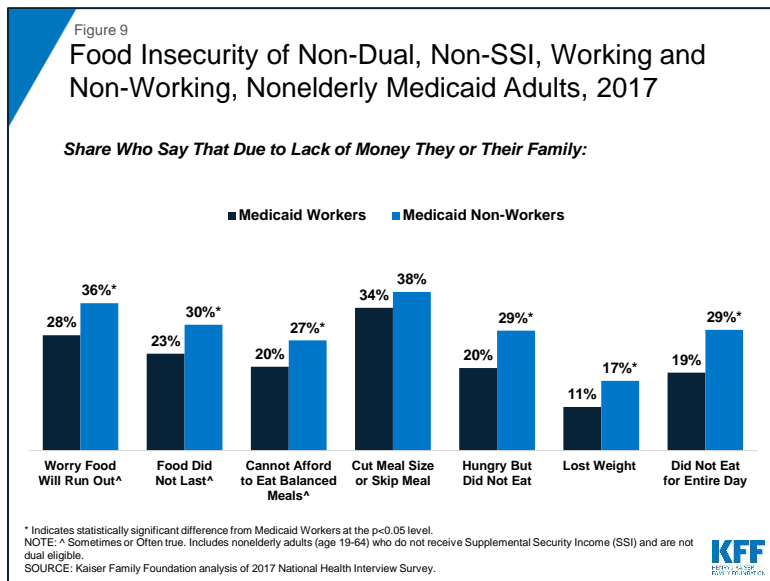
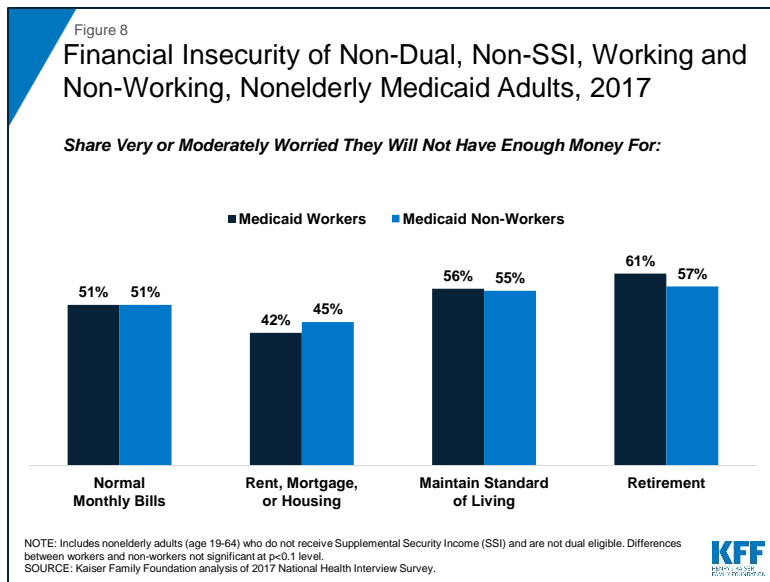
offer of ESI, and this coverage may not meet affordability requirements under the ACA.¹⁰ In addition, many Medicaid workers report limited fringe benefits: only 26% of Medicaid workers have paid sick time

at their job.¹¹ Only 8% of Medicaid workers are members of a union,¹² which generally use collective bargaining to negotiate higher wages or benefits for members.

Many Medicaid workers are employed in jobs that are physically demanding. A closer look by specific industry shows that more than a third of working Medicaid adults are employed in ten industries, with one in 10 enrollees working in restaurants or food services (Figure 6). Such jobs typically require physical tasks such as standing, walking, lifting, and carrying. The next largest group of Medicaid workers are employed in the construction industry, which also involves physical labor. When looking at specific occupations, Medicaid workers are largely employed in retail service jobs or jobs that can be physically demanding, such as nursing or personal care aide, cook or waiter/waitress, and janitor or housekeeping. Other top occupations among Medicaid workers include: cashier, salesperson, drivers, or customer service representative (Figure 7).



Even when working, adults with Medicaid face high rates of financial and food insecurity, as they are still living in or near poverty. Half report that they are very or moderately worried that they will not have enough money to pay normal monthly bills, and more than four in ten say they are very or moderately worried about having enough money for housing (Figure 8), rates similar to non-working adults with Medicaid. While income gained from work can improve financial security, this pattern shows that low-income workers still face substantial insecurity given the nature of their jobs. Additionally, people who meet Medicaid work requirements through participating in volunteer activities will not gain income to improve their financial security. More than a quarter (28%) of working and 36% of non-working Medicaid adults say they sometimes or often worry that food will run out, and high shares also report that they have experienced problems such as food not lasting before funds were available to buy more, having to cut meal size or skip meals, not eating due to lack of money, losing weight, or not eating for an entire day (Figure 9). While food assistance programs are available to low-income people, these programs do not reach everyone who faces food insecurity; among all Medicaid adults, only 29% live in a household that receives food assistance, and more than a quarter (26%) of working Medicaid adults live in a household that receive food assistance.¹³



What barriers to work and reporting requirements do Medicaid adults face?

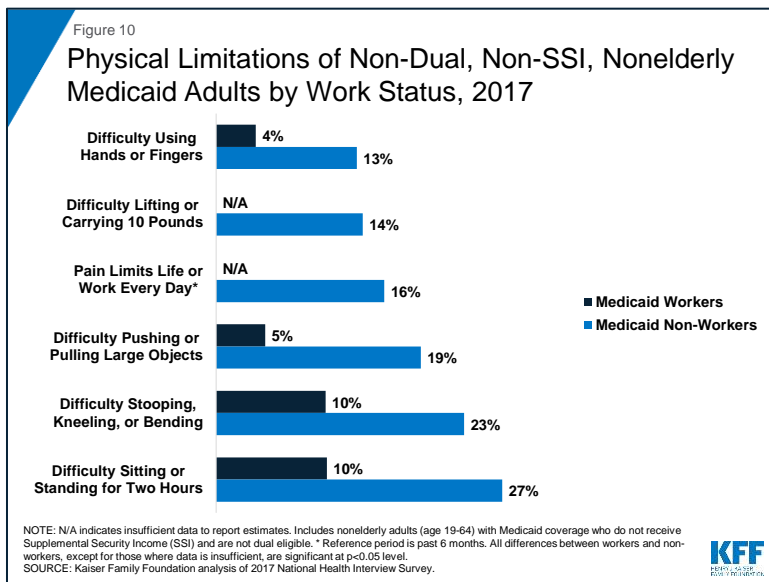
Work requirement waivers generally require beneficiaries to verify their participation in certain activities, such as employment, job search, or job training programs, for a certain number of hours per week or verify an exemption to receive or retain Medicaid coverage. Exemptions to work activities may include medical frailty, attending school, care-giving responsibilities and others. This section highlights barriers that enrollees may face in working or reporting work or exemptions to work.

There are high rates of functional disability and serious medical conditions among Medicaid adults, especially among those not working.

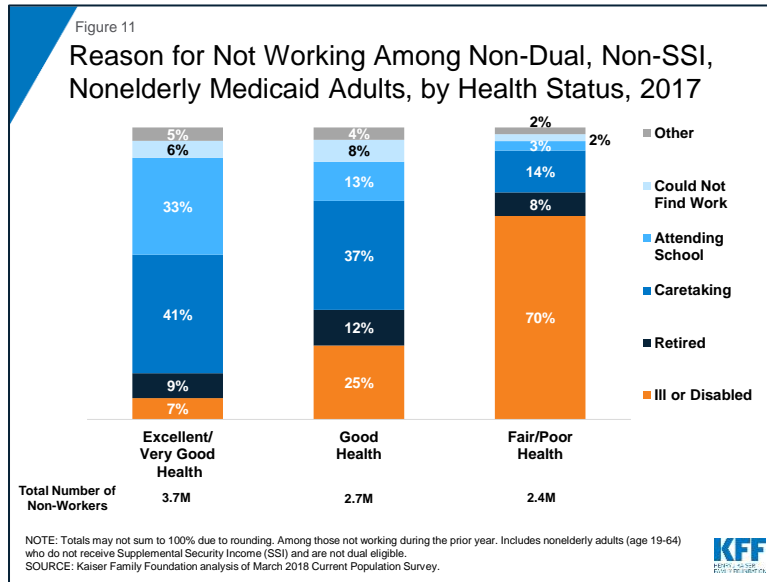
More than a third (34%) of those not working live with multiple chronic medical conditions such as hypertension, high cholesterol, arthritis, or heart disease,¹⁴ and half (51%) have any functional limitation, including mobility, physical, or emotional limitations.¹⁵ Many Medicaid adults who are not working

report physical health problems that could limit their ability to work, such

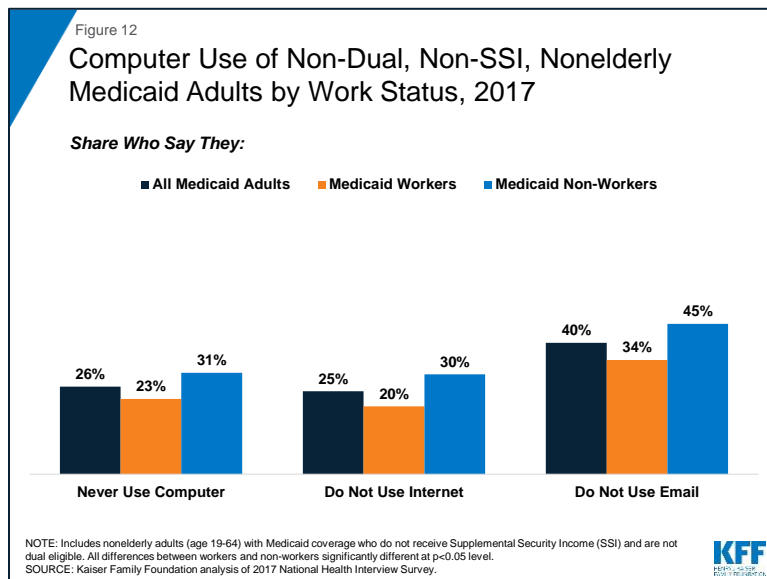
as daily, activity-limiting pain, difficulty standing or sitting for two hours, difficulty stooping, bending, or kneeling, using hands or fingers, or carrying 10 pounds, compared to Medicaid workers (Figure 10). Many have mobility restrictions that can be severe and may limit employment options: among those not working, nearly a fifth (18%) report difficulty walking 100 yards, 23% report difficulty walking up or down 12 steps, and 7% report the use of equipment or help to get around.¹⁶ Mental health conditions can also impede an individual's ability to work. More than a third (35%) of non-working Medicaid adults report depression¹⁷ and more than one in ten (12%) report difficulty participating in social activities.¹⁸



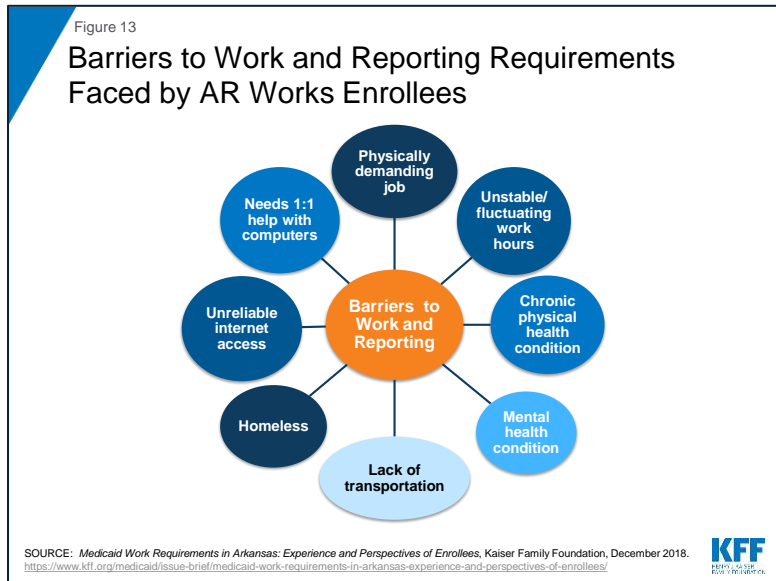
Going to school or care-taking responsibilities are other reported barriers to obtaining paying work. Even among those unlikely to meet medical frailty exemptions (the so-called “able bodied”), many could be exempt from complying with a work requirement policy for other reasons. Among those in excellent or very good health, nearly three fourths (74%) of those not working say it is because they are in school (33%) or are a caretaker (41%) (Figure 11).



Many Medicaid adults do not use computers, the internet or email, which could be a barrier in finding a job and in complying with work reporting requirements. More than a quarter (26%) of Medicaid adults report that they never use a computer,¹⁹ 25% do not use the internet,²⁰ and 40% do not use email²¹ (Figure 12), which may pose a barrier to both gaining a job and complying with reporting requirements under state waivers. For example, when it was in effect, Arkansas’ waiver required beneficiaries to set up an on-line account and use this account to report work activities and exemptions (reporting by phone was added as an option in December 2018).



Research shows that enrollees report a range of barriers to complying with work and complex reporting requirements. Interviews with enrollees in Arkansas show that enrollees face many barriers in complying with both work and reporting requirements (Figure 13).²² Another report examining state data shows that measures to provide safeguards intended to protect coverage for people with disabilities and others who should not have been subject to the requirements are complex and hard to use.²³ This experience is consistent with findings that TANF work requirements adversely affected people with disabilities who likely were eligible for an exemption based on a disability but did not obtain one.²⁴

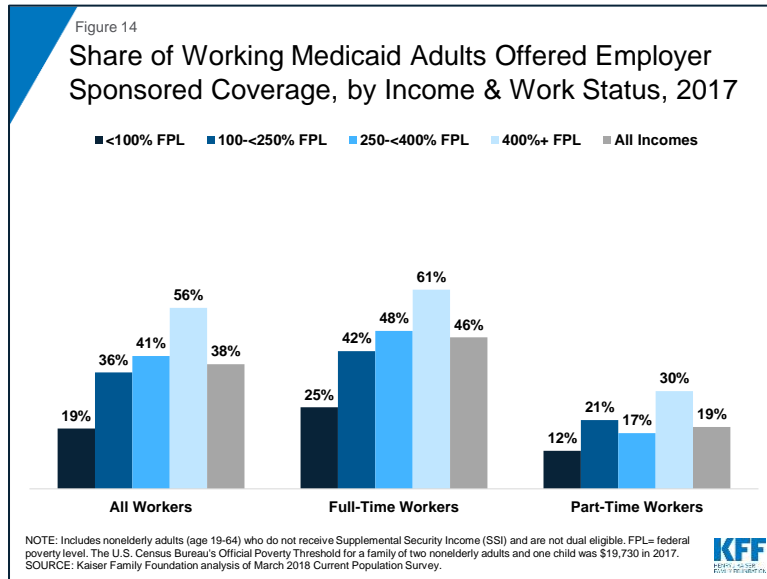


What are the potential implications of Medicaid work and reporting requirements?

People who remain eligible for coverage could lose coverage as a result of work and reporting requirements. In Arkansas, over [18,000 people lost coverage](#) when the work and reporting requirements were in place from August to December 2018. A small share of those who lost coverage reapplied and regained coverage when they were able to do so at the beginning of 2019. An earlier [KFF analysis](#) of potential nationwide reductions in Medicaid coverage if all states implemented work requirements estimated that most disenrollment would be among individuals who would remain eligible but lose coverage due to new administrative burdens or red tape, and only a minority would lose eligibility due to not meeting new work requirements. Updated analysis shows that estimated disenrollment ranges from 1.5 million to 4.1 million under a range of coverage loss assumptions considered (assumptions were based in past experience with reporting and work requirement policies). Establishing nationwide work requirements was included in the Administration’s proposed budget for FY 2020.²⁵

Work requirements may not result in increased employment or employer-based health coverage.

Arkansas enrollees reported that new work requirements did not provide an additional incentive to work, beyond economic pressures to pay for food and other bills.²⁶ Another study found that work requirements in Arkansas did result in significant changes in employment.²⁷ Among individuals who may find work, low-income jobs are not likely to come with employer-sponsored insurance (ESI). ESI offer rates are low among poor (below 100% FPL) and low-income (between 100 and 250% FPL) workers who work full-time (25% and 42%, respectively). Very few part-time workers, especially those with low-incomes, receive an employer-sponsored offer of health benefits (Figure 14).



Loss of coverage could have [negative implications for a person's ability to work and can also increase uncompensated care for providers](#). Enrollees in Arkansas noted that Medicaid coverage enabled them to work by covering medications and services needed to manage mental health, asthma, gastrointestinal conditions, and other chronic health conditions. Without coverage, these conditions could worsen and interfere with enrollees' ability to work or their ability to look for work and also could result in emergency room visits or preventable hospitalizations. In addition, providers anticipated that coverage losses tied to work requirements could result in increased uncompensated care for providers.

Looking Ahead

As litigation about Medicaid work and reporting requirements in several states moves ahead in the courts, the Centers for Medicare and Medicaid Services (CMS) and some other states continue to pursue these waivers. An appeal currently is underway in the DC Circuit after a [federal trial court](#) stopped implementation of [Arkansas'](#) work and reporting requirements in March 2019, and prohibited [Kentucky's waiver](#) from going into effect in April as planned. On July 29, 2019, the court set aside the Granite Advantage Health Care Program demonstration, approved by CMS on Nov. 30, 2018. Implementation of the work requirement was stopped unless and until HHS issues a new approval that passes legal muster or prevails on appeal. Previously, on July 8, 2019, New Hampshire enacted legislation that allowed for the suspension of the work requirement's implementation up to but not after July 1, 2021, and suspended the work requirement through Sept. 30, 2019. As of July 2019, [Indiana](#) is the only other state to have implemented a work requirement waiver; [six more states](#) have approved waivers that are not yet implemented. Arizona has submitted a request to CMS to delay implementation of its work requirement beyond the January 2020 date.²⁸ [Another seven states](#) have waiver requests pending with CMS, including states that have not adopted the expansion. The outcome of the pending litigation, experience of states' implementation of approved waivers and the outcome of pending waiver requests in non-expansion states will have implications for Medicaid enrollees and for states seeking to adopt similar policies.

Appendix

Appendix Table 1: Family and Own Work Status of Non-Dual, Non-SSI, Nonelderly Adult Medicaid Enrollees, 2017							
	Total # Non-SSI, Non-Dual, 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
US TOTAL	23,490,000	19%	66%	14%	37%	44%	19%
Alabama	237,000	24%	67%	10%	46%	40%	14%
Alaska	59,000	21%	62%	17%	40%	40%	21%
Arizona	610,000	14%	70%	16%	34%	46%	20%
Arkansas	196,000	25%	63%	12%	46%	39%	16%
California	4,623,000	14%	72%	14%	36%	45%	19%
Colorado	378,000	22%	68%	NA	35%	46%	19%
Connecticut	370,000	16%	68%	NA	33%	48%	19%
Delaware	75,000	24%	61%	16%	44%	38%	18%
District of Columbia	75,000	27%	56%	17%	38%	41%	21%
Florida	1,015,000	27%	65%	8%	44%	45%	11%
Georgia	403,000	25%	65%	NA	42%	46%	13%
Hawaii	77,000	23%	63%	14%	50%	33%	16%
Idaho	73,000	26%	65%	9%	43%	45%	13%
Illinois	814,000	17%	69%	14%	32%	49%	19%
Indiana	523,000	15%	71%	14%	28%	51%	21%
Iowa	213,000	NA	69%	18%	22%	55%	23%
Kansas	88,000	NA	58%	NA	37%	40%	NA
Kentucky	421,000	24%	60%	16%	35%	47%	18%
Louisiana	378,000	27%	52%	21%	44%	33%	24%
Maine	92,000	20%	54%	26%	32%	38%	30%
Maryland	405,000	14%	78%	NA	30%	59%	11%
Massachusetts	790,000	20%	64%	15%	33%	44%	23%
Michigan	922,000	19%	66%	15%	35%	43%	23%
Minnesota	525,000	13%	62%	25%	22%	46%	33%
Mississippi	168,000	29%	58%	13%	45%	38%	17%
Missouri	264,000	25%	56%	19%	42%	39%	19%
Montana	86,000	15%	67%	18%	27%	49%	24%
Nebraska	50,000	NA	67%	20%	31%	42%	27%
Nevada	179,000	26%	61%	13%	41%	44%	16%
New Hampshire	52,000	25%	56%	NA	35%	35%	30%
New Jersey	616,000	17%	66%	17%	41%	39%	19%
New Mexico	285,000	17%	68%	15%	35%	49%	16%
New York	2,218,000	19%	67%	14%	39%	44%	17%
North Carolina	469,000	30%	54%	17%	47%	35%	18%
North Dakota	27,000	25%	60%	NA	44%	37%	20%
Ohio	951,000	22%	60%	18%	37%	40%	23%
Oklahoma	165,000	16%	69%	NA	34%	49%	17%
Oregon	406,000	13%	76%	11%	29%	56%	15%
Pennsylvania	977,000	25%	59%	16%	40%	40%	20%
Rhode Island	69,000	26%	64%	NA	41%	39%	21%
South Carolina	299,000	22%	66%	12%	39%	47%	15%
South Dakota	27,000	25%	54%	21%	49%	30%	NA
Tennessee	391,000	23%	63%	14%	41%	43%	16%
Texas	783,000	25%	65%	10%	50%	38%	12%
Utah	52,000	NA	67%	22%	30%	42%	27%
Vermont	47,000	21%	64%	14%	35%	48%	18%
Virginia	233,000	17%	69%	NA	31%	50%	19%
Washington	744,000	23%	66%	11%	37%	45%	18%
West Virginia	194,000	33%	53%	14%	52%	30%	17%
Wisconsin	359,000	15%	65%	21%	26%	47%	27%
Wyoming	19,000	24%	61%	15%	39%	44%	17%

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 2018 Current Population Survey.

Appendix Table 2: Reason for Not Working Among Non-Dual, Non-SSI, Nonelderly Adult Medicaid Enrollees, 2017

	Working	Ill or Disabled	Caretaking	Attending School	Other Reason
US TOTAL	63%	11%	12%	7%	7%
Alabama	54%	15%	14%	NA	9%
Alaska	60%	NA	12%	10%	13%
Arizona	66%	8%	16%	4%	6%
Arkansas	54%	18%	14%	NA	9%
California	64%	8%	14%	8%	6%
Colorado	65%	NA	13%	NA	NA
Connecticut	67%	11%	12%	6%	NA
Delaware	56%	18%	NA	9%	10%
District of Columbia	62%	14%	8%	NA	12%
Florida	56%	11%	10%	15%	8%
Georgia	58%	16%	10%	NA	NA
Hawaii	50%	10%	20%	NA	NA
Idaho	57%	NA	11%	NA	NA
Illinois	68%	9%	12%	NA	8%
Indiana	72%	16%	NA	NA	NA
Iowa	78%	NA	NA	NA	NA
Kansas	63%	NA	NA	NA	NA
Kentucky	65%	NA	13%	NA	NA
Louisiana	56%	18%	14%	4%	7%
Maine	68%	NA	11%	NA	NA
Maryland	70%	NA	11%	NA	9%
Massachusetts	67%	10%	6%	12%	4%
Michigan	65%	11%	13%	5%	7%
Minnesota	78%	9%	NA	NA	8%
Mississippi	55%	20%	11%	NA	8%
Missouri	58%	23%	8%	6%	NA
Montana	73%	8%	10%	NA	NA
Nebraska	69%	NA	8%	NA	NA
Nevada	59%	11%	17%	NA	NA
New Hampshire	65%	15%	NA	NA	NA
New Jersey	59%	12%	9%	9%	10%
New Mexico	65%	7%	13%	8%	6%
New York	61%	8%	14%	9%	9%
North Carolina	53%	13%	14%	12%	8%
North Dakota	56%	NA	18%	NA	NA
Ohio	63%	14%	12%	4%	8%
Oklahoma	66%	NA	15%	NA	NA
Oregon	71%	NA	14%	NA	NA
Pennsylvania	60%	16%	10%	7%	8%
Rhode Island	59%	18%	12%	NA	NA
South Carolina	61%	17%	11%	NA	NA
South Dakota	51%	NA	23%	NA	NA
Tennessee	59%	16%	7%	9%	NA
Texas	50%	15%	18%	11%	6%
Utah	70%	NA	NA	NA	NA
Vermont	65%	9%	13%	NA	NA
Virginia	69%	15%	NA	NA	NA
Washington	63%	12%	9%	6%	10%
West Virginia	48%	19%	16%	9%	9%
Wisconsin	74%	10%	9%	NA	NA
Wyoming	61%	NA	23%	NA	NA

NOTES: NA= estimate does not meet minimum standard for statistical reliability. Other reason includes retired, could not find work, and other reasons.
 SOURCE: Kaiser Family Foundation analysis of March 2018 Current Population Survey.

Appendix Table 3: Characteristics of Working Non-Dual, Non-SSI, Nonelderly Adult Medicaid Enrollees, 2017

	Firm Size (# Employees)			Industry				Top Industry
	<50	50-99	100+	Agriculture/ Services	Education/ Health	Professional/ Public Admin	Manufacturing	
US TOTAL	41%	7%	52%	47%	20%	19%	14%	Restaurants/Food Service
Alabama	35%	NA	61%	43%	19%	18%	NA	Restaurants/Food Service
Alaska	58%	NA	39%	49%	21%	16%	13%	Construction
Arizona	42%	11%	47%	50%	21%	20%	9%	Construction
Arkansas	33%	NA	60%	46%	19%	10%	25%	Restaurants/Food Service
California	46%	8%	46%	48%	17%	21%	14%	Restaurants/Food Service
Colorado	44%	NA	50%	43%	19%	23%	NA	NA
Connecticut	37%	NA	57%	41%	24%	19%	16%	Restaurants/Food Service
Delaware	35%	NA	58%	48%	20%	NA	NA	NA
District of Columbia	33%	7%	60%	48%	17%	26%	8%	Restaurants/Food Service
Florida	41%	7%	52%	50%	18%	21%	11%	Restaurants/Food Service
Georgia	45%	NA	45%	51%	NA	18%	17%	NA
Hawaii	53%	NA	42%	62%	17%	16%	NA	NA
Idaho	55%	NA	35%	49%	NA	NA	25%	Construction
Illinois	40%	8%	52%	43%	16%	20%	22%	Restaurants/Food Service
Indiana	38%	NA	56%	45%	21%	14%	20%	Restaurants/Food Service
Iowa	39%	NA	54%	39%	28%	20%	NA	NA
Kansas	NA	NA	71%	41%	NA	NA	NA	NA
Kentucky	40%	9%	51%	56%	18%	15%	NA	Restaurants/Food Service
Louisiana	42%	NA	53%	50%	25%	17%	9%	Restaurants/Food Service
Maine	56%	NA	38%	59%	NA	NA	NA	NA
Maryland	39%	NA	54%	45%	15%	33%	NA	Restaurants/Food Service
Massachusetts	37%	9%	53%	40%	24%	21%	15%	Restaurants/Food Service
Michigan	28%	10%	62%	47%	21%	13%	19%	Restaurants/Food Service
Minnesota	39%	7%	54%	48%	25%	12%	NA	Restaurants/Food Service
Mississippi	38%	NA	59%	56%	26%	NA	NA	Restaurants/Food Service
Missouri	36%	NA	60%	42%	21%	NA	21%	NA
Montana	50%	6%	43%	53%	15%	20%	12%	Restaurants/Food Service
Nebraska	50%	NA	44%	49%	NA	29%	NA	NA
Nevada	34%	NA	62%	50%	NA	31%	NA	NA
New Hampshire	32%	NA	62%	44%	26%	NA	NA	NA
New Jersey	41%	NA	49%	43%	25%	21%	11%	Restaurants/Food Service
New Mexico	51%	6%	43%	51%	25%	13%	11%	Construction
New York	38%	8%	53%	46%	23%	17%	14%	Restaurants/Food Service
North Carolina	38%	NA	58%	51%	17%	12%	19%	Restaurants/Food Service
North Dakota	35%	NA	56%	51%	26%	NA	NA	NA
Ohio	35%	6%	59%	46%	20%	20%	14%	Restaurants/Food Service
Oklahoma	44%	NA	46%	48%	17%	NA	25%	NA
Oregon	49%	NA	45%	51%	17%	20%	11%	Restaurants/Food Service
Pennsylvania	45%	7%	48%	41%	28%	18%	14%	Restaurants/Food Service
Rhode Island	34%	NA	58%	39%	23%	NA	19%	NA
South Carolina	38%	NA	61%	43%	20%	26%	12%	NA
South Dakota	54%	NA	NA	70%	NA	NA	NA	Restaurants/Food Service
Tennessee	40%	NA	52%	46%	22%	23%	NA	NA
Texas	39%	NA	52%	41%	19%	21%	20%	Construction
Utah	38%	NA	53%	50%	NA	23%	NA	NA
Vermont	45%	NA	48%	53%	27%	NA	NA	NA
Virginia	26%	NA	69%	52%	NA	23%	NA	NA
Washington	44%	NA	53%	56%	17%	18%	9%	Restaurants/Food Service
West Virginia	35%	8%	58%	49%	27%	13%	11%	Restaurants/Food Service
Wisconsin	42%	NA	50%	33%	24%	19%	24%	NA
Wyoming	45%	17%	38%	41%	21%	NA	NA	NA

NOTES: Totals may not sum to 100% due to rounding. NA= estimate does not meet minimum standard for statistical reliability. Agriculture/Services includes agriculture, construction, leisure and hospitality services, wholesale and retail trade. Education/Health includes education and health services. Professional/Public Administration includes finance, professional and business services, information, and public administration. Manufacturing includes mining, manufacturing, and transportation and utilities.

SOURCE: Kaiser Family Foundation analysis of March 2018 Current Population Survey.

Appendix Table 4a: Share Working Among Non-Dual, Non-SSI, Nonelderly Adult Medicaid Enrollees by Sociodemographic Characteristics, 2017

	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	61%	68%	57%	58%	69%	63%	59%	64%	62%
Alabama	63%	54%	48%	47%	65%	47%	54%	82%	76%
Alaska	65%	66%	43%	57%	64%	63%	NA	45%	62%
Arizona	65%	73%	54%	59%	75%	63%	59%	69%	NA
Arkansas	67%	57%	41%	50%	62%	48%	58%	77%	60%
California	61%	66%	61%	56%	73%	66%	59%	64%	62%
Colorado	68%	78%	46%	60%	70%	62%	57%	70%	82%
Connecticut	51%	68%	73%	60%	76%	73%	77%	61%	NA
Delaware	60%	67%	42%	54%	58%	43%	63%	65%	73%
District of Columbia	65%	64%	55%	62%	62%	78%	57%	71%	90%
Florida	35%	70%	57%	57%	55%	44%	62%	61%	80%
Georgia	52%	66%	46%	53%	66%	65%	48%	77%	NA
Hawaii	61%	41%	52%	51%	48%	54%	NA	51%	48%
Idaho	66%	65%	43%	49%	66%	59%	NA	50%	61%
Illinois	72%	71%	61%	58%	78%	72%	54%	68%	73%
Indiana	75%	76%	63%	68%	77%	75%	54%	76%	79%
Iowa	72%	81%	77%	78%	76%	78%	NA	77%	NA
Kansas	81%	65%	32%	66%	58%	60%	76%	87%	NA
Kentucky	66%	70%	57%	58%	73%	63%	64%	89%	NA
Louisiana	61%	62%	42%	54%	61%	55%	57%	51%	70%
Maine	83%	64%	65%	61%	77%	65%	NA	NA	88%
Maryland	58%	74%	71%	62%	79%	72%	68%	75%	57%
Massachusetts	48%	74%	70%	68%	67%	66%	73%	68%	62%
Michigan	77%	68%	49%	57%	74%	71%	61%	51%	47%
Minnesota	91%	82%	65%	77%	80%	79%	91%	79%	65%
Mississippi	59%	56%	52%	52%	61%	57%	54%	NA	NA
Missouri	47%	66%	53%	60%	56%	58%	60%	NA	NA
Montana	84%	80%	53%	68%	78%	72%	NA	80%	77%
Nebraska	76%	65%	65%	60%	81%	72%	72%	76%	NA
Nevada	57%	64%	52%	48%	70%	61%	NA	61%	NA
New Hampshire	78%	70%	40%	62%	68%	62%	NA	87%	66%
New Jersey	50%	70%	48%	55%	63%	58%	50%	64%	63%
New Mexico	63%	68%	62%	60%	71%	66%	NA	67%	56%
New York	53%	66%	58%	52%	70%	59%	56%	66%	63%
North Carolina	58%	51%	47%	51%	56%	52%	50%	56%	64%
North Dakota	70%	47%	62%	52%	63%	62%	63%	72%	NA
Ohio	72%	67%	51%	64%	63%	64%	56%	76%	81%
Oklahoma	59%	72%	54%	61%	75%	70%	NA	72%	58%
Oregon	73%	69%	75%	62%	82%	70%	NA	81%	65%
Pennsylvania	64%	65%	50%	58%	62%	58%	60%	64%	65%
Rhode Island	86%	68%	36%	60%	58%	60%	55%	59%	80%
South Carolina	57%	68%	50%	54%	71%	57%	65%	86%	72%
South Dakota	NA	58%	54%	44%	70%	60%	NA	53%	35%
Tennessee	58%	67%	43%	64%	51%	54%	63%	78%	82%
Texas	40%	56%	48%	46%	57%	51%	51%	49%	NA
Utah	87%	60%	74%	77%	60%	67%	NA	71%	NA
Vermont	74%	72%	50%	60%	73%	66%	73%	NA	73%
Virginia	82%	71%	58%	63%	80%	76%	63%	64%	64%
Washington	66%	70%	49%	58%	68%	60%	71%	69%	62%
West Virginia	40%	53%	45%	43%	54%	47%	61%	NA	NA
Wisconsin	60%	86%	63%	75%	72%	76%	79%	61%	60%
Wyoming	64%	53%	81%	53%	71%	59%	NA	69%	59%

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

SOURCE: Kaiser Family Foundation analysis of March 2018 Current Population Survey.

Appendix Table 4b: Share Working Among Non-Dual, Non-SSI, Nonelderly Adult Medicaid Enrollees by Sociodemographic Characteristics, 2017

	Share Working Within Each Education Level				Share Working Within Each Health Status Group		
	< High School	High School Grad	Some College	BA or Higher	Fair/Poor	Good	Excellent/Very Good
US TOTAL	54%	62%	64%	72%	39%	64%	69%
Alabama	NA	52%	64%	60%	NA	48%	63%
Alaska	42%	62%	68%	60%	54%	51%	67%
Arizona	57%	67%	76%	69%	38%	73%	69%
Arkansas	44%	53%	60%	63%	23%	64%	69%
California	60%	61%	65%	71%	41%	66%	68%
Colorado	57%	53%	68%	77%	NA	58%	75%
Connecticut	57%	65%	68%	75%	41%	72%	71%
Delaware	38%	50%	71%	82%	NA	57%	62%
District of Columbia	46%	60%	63%	79%	45%	51%	75%
Florida	43%	58%	52%	72%	21%	62%	61%
Georgia	NA	55%	62%	75%	NA	53%	72%
Hawaii	48%	47%	50%	56%	39%	39%	62%
Idaho	54%	64%	40%	80%	NA	60%	67%
Illinois	54%	69%	67%	74%	NA	77%	70%
Indiana	51%	75%	73%	86%	42%	67%	88%
Iowa	68%	77%	82%	77%	NA	70%	86%
Kansas	59%	62%	76%	NA	NA	52%	72%
Kentucky	58%	59%	63%	97%	42%	72%	76%
Louisiana	43%	57%	58%	78%	33%	63%	64%
Maine	NA	67%	66%	78%	47%	58%	84%
Maryland	81%	77%	58%	79%	70%	60%	76%
Massachusetts	61%	72%	62%	68%	51%	76%	68%
Michigan	54%	66%	67%	67%	43%	74%	69%
Minnesota	67%	75%	81%	88%	NA	78%	89%
Mississippi	37%	53%	60%	77%	48%	62%	53%
Missouri	NA	57%	58%	81%	29%	69%	73%
Montana	NA	67%	74%	89%	39%	62%	80%
Nebraska	57%	78%	66%	83%	71%	69%	68%
Nevada	42%	57%	59%	88%	NA	62%	68%
New Hampshire	NA	63%	81%	NA	51%	84%	60%
New Jersey	NA	62%	57%	67%	42%	55%	66%
New Mexico	58%	66%	64%	74%	57%	73%	63%
New York	52%	62%	61%	64%	50%	58%	66%
North Carolina	34%	61%	54%	60%	NA	52%	60%
North Dakota	44%	56%	63%	58%	41%	48%	66%
Ohio	44%	61%	70%	70%	43%	63%	72%
Oklahoma	60%	66%	67%	77%	56%	64%	71%
Oregon	76%	66%	68%	81%	46%	67%	83%
Pennsylvania	49%	57%	57%	82%	35%	65%	68%
Rhode Island	44%	56%	62%	84%	NA	57%	73%
South Carolina	40%	61%	69%	68%	NA	61%	67%
South Dakota	NA	45%	58%	56%	39%	35%	62%
Tennessee	53%	56%	58%	74%	NA	71%	72%
Texas	47%	48%	47%	70%	31%	63%	50%
Utah	NA	NA	82%	94%	NA	NA	89%
Vermont	NA	62%	65%	81%	48%	56%	75%
Virginia	63%	65%	66%	NA	NA	76%	81%
Washington	58%	63%	69%	53%	29%	51%	76%
West Virginia	NA	44%	53%	73%	35%	35%	63%
Wisconsin	56%	74%	85%	72%	58%	70%	83%
Wyoming	NA	55%	70%	NA	NA	72%	58%

NOTES: NA= estimate does not meet minimum standard for statistical reliability.
 SOURCE: Kaiser Family Foundation analysis of March 2018 Current Population Survey.

Endnotes

¹ As of July, 2019, an appeal was underway in the DC Circuit after a [federal trial court](#) stopped implementation of [Arkansas's](#) work and reporting requirements in March 2019 and prohibited [Kentucky's waiver](#) from going into effect in April as planned. On July 29, 2019, the court set aside the Granite Advantage Health Care Program demonstration, approved by CMS on Nov. 30, 2018. Implementation of the work requirement and the elimination of retroactive eligibility is stopped unless and until HHS issues a new approval that passes legal muster or prevails on appeal. Previously, on July 8, 2019, NH enacted legislation that allowed for the suspension of the work requirement's implementation up to but not after July 1, 2021, and suspended the work requirement through Sept. 30, 2019.

² Harold F. O'Neil, Jr., ed. *Work Readiness: Competencies and Assessment*. (New York: Psychology Press), 2014.

³ Hope Clark, et al. *Work Readiness Standards and Benchmarks: The Key to Differentiating America's Workforce and Regaining Global Competitiveness*. (Iowa City, IA: ACT), 2013; available at: <http://www.act.org/content/dam/act/unsecured/documents/Work-Readiness-Standards-and-Benchmarks.pdf>

⁴ 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.

⁵ Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS).

⁶ Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS).

⁷ U.S. Department of Labor, Minimum Wage, <https://www.dol.gov/general/topic/wages/minimumwage>.

⁸ Tricia Brooks, Lauren Roygardner, and Samantha Artiga, "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey," (Washington, DC: Kaiser Family Foundation, March 2019), <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2019-findings-from-a-50-state-survey/>.

⁹ Rachel Garfield, Kendal Orgera, and Anthony Damico, "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid," (Washington, DC: Kaiser Family Foundation, March 2019), <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.

¹⁰ Kaiser Family Foundation analysis of 2018 CPS ASEC.

¹¹ Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS).

¹² Kaiser Family Foundation analysis of Outgoing Rotation Group data in 2018 Current Population Survey

¹³ Kaiser Family Foundation analysis of 2018 CPS ASEC.

¹⁴ Includes people who have at least two of the following chronic conditions: Hypertension, High Cholesterol, Coronary Heart Disease, Angina, Myocardial Infarction, Heart Condition, Stroke, Emphysema, COPD, Asthma, Cancer, Diabetes, Arthritis.

¹⁵ Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS).

¹⁶ Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS).

¹⁷ Based on respondents saying they feel depressed daily, weekly, or monthly.

¹⁸ Kaiser Family Foundation analysis of 2017 National Health Interview Survey (NHIS).

¹⁹ Question asks "How often do you use a computer?" and does not specify whether or not to include handheld devices such as smart phones.

²⁰ Based on questions asking "Do you use the Internet" and "How often do you use the Internet". Questions do not specify whether or not to include internet use on handheld devices such as smart phones.

²¹ Based on questions asking "Do you send or receive emails" and "How often do you check this account". Questions do not specify whether or not to include email use on handheld devices such as smart phones.

²² MaryBeth Musumeci, Robin Rudowitz, and Barbara Lyons, “Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees,” (Washington, DC: Kaiser Family Foundation, December 2018), <https://www.kff.org/medicaid/issue-brief/medicaid-work-requirements-in-arkansas-experience-and-perspectives-of-enrollees/>.

²³ MaryBeth Musumeci, “Disability and Technical Issues Were Key Barriers to Meeting Arkansas’ Medicaid Work and Reporting Requirements in 2018,” (Washington, DC: Kaiser Family Foundation, June 2019), <https://www.kff.org/medicaid/issue-brief/disability-and-technical-issues-were-key-barriers-to-meeting-arkansas-medicaid-work-and-reporting-requirements-in-2018/>.

²⁴ MaryBeth Musumeci, “Medicaid Enrollees and Work Requirements: Lessons From the TANF Experience,” (Washington, DC: Kaiser Family Foundation, August 2017), <https://www.kff.org/medicaid/issue-brief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/>.

²⁵ United States. “A Budget for a Better America, Fiscal Year 2020.” Budget of the U.S. Government. (Washington, DC: United States Government, March 2019), <https://www.whitehouse.gov/wp-content/uploads/2019/03/budget-fy2020.pdf>.

²⁶ MaryBeth Musumeci, Robin Rudowitz, and Barbara Lyons, “Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees,” (Washington, DC: Kaiser Family Foundation, December 2018), <https://www.kff.org/medicaid/issue-brief/medicaid-work-requirements-in-arkansas-experience-and-perspectives-of-enrollees/>.

²⁷ Benjamin D. Sommers, Anna L. Goldman, Robert J. Blendon, E. John Orav, and Arnold M. Epstein, “Medicaid Work Requirements – Results from the First Year in Arkansas,” (New England Journal of Medicine, June 19, 2019), doi: 10.1056/NEJMSr1901772, <https://www.nejm.org/doi/full/10.1056/NEJMSr1901772>.

²⁸ Arizona Health Care Cost Containment System (AHCCCS), State Medicaid Advisory Committee (SMAC), Slide 15: “AHCCCS Works Geographic Phase-in Recommendation,” available at: <https://www.azahcccs.gov/AHCCCS/Downloads/SMAC/agendas/SMACAgenda07112019.pdf#page=58>.