



REPRODUCTIVE RIGHTS & HEALTH

MEDICAID IS VITAL FOR WOMEN'S JOBS IN EVERY COMMUNITY

Medicaid is primarily known as the government program that provides health insurance coverage to individuals struggling to make ends meet. Women make up the majority of Medicaid enrollees,¹ and the program covers a range of services – birth control, maternity care, prescription drugs, hospitalization, long-term care, and more – that address many of women's major health needs throughout their lives.²

At the same time, Medicaid plays a critically important role in advancing women's economic security through directly supporting women's jobs and by providing health insurance coverage that enables women to work.³

Proposals to fundamentally change how Medicaid is financed and create barriers to enrollment threaten the livelihood of millions of women.

MEDICAID IS A JOB-CREATOR FOR WOMEN WORKERS

The Medicaid program creates jobs in the health care industry. When Medicaid pays for a health service—a visit with a health professional, a laboratory test, a hospital stay, a home health visit—this payment supports the facility, agency, or medical practice that delivers the service, and the individuals who provide this care receive compensation as well. Women's high participation in the health care industry, which employs more than 22.8% of all women in the workforce,⁴ means that Medicaid disproportionately creates jobs for women. This is especially true because Medicaid covers services that other payors typically do not cover and are more likely to be delivered by women, like long-term services and supports. Altogether, the National Women's Law Center estimates that Medicaid spending supports nearly 4.4 million health sector jobs held by women. (See Table 1).

Medicaid Supports a Wide Variety of Jobs Held by Women, Including Those Offering a Stable, Middle-Class Income

By supporting women's jobs in the health care industry, Medicaid allows women to work in a wide variety of positions. Women comprise 80% of ambulatory health care employees, 76.6% of hospital employees, 80.3% of employees in nursing and residential care facilities, and 82.5% of employees in social assistance occupations.⁵ Medicaid spending supports nearly 3 in 10 jobs held by women in the ambulatory health care industry, 3 in 10 jobs held by women in the hospital industry, and more than 2 in 5 jobs held by women in the nursing and residential care facility industry. It also supports nearly 1 in 14 women in social assistance occupations. Overall, Medicaid spending supports 30% of healthcare sector jobs held by women.⁶

Many healthcare occupations are considered low-wage⁷ and some of the lowest wage jobs have the highest concentrations of women. For example, 88% of nursing, psychiatric, and home health aides are women.⁸ On the other hand, there are other occupations within the health care and social services industries that offer a stable middle-class income without the financial burden of a 4-year degree or graduate school. Many of these jobs are also predominantly held by women, including women of color, and supported by Medicaid funding.⁹

Medicaid Supports Women's Jobs in Every State

Medicaid is a job-creator for women in every state. Medicaid's role supporting women's health care jobs is most apparent in large states, such as California, New York, and Texas. Between these three states, Medicaid supports more than 1.4 million women's jobs. Yet even in low-population states, Medicaid supports thousands of women's jobs – approximately 4,980 in the District of Columbia, 4,567 in Wyoming, and 2,011 in Vermont. In many states, Medicaid spending supports a quarter to a third of all jobs in the healthcare and social assistance sector (See Table 1). In Kentucky, Mississippi, and New Mexico, Medicaid spending supports nearly half of all



healthcare and social assistance sector jobs—jobs that are present in every community across the country, and provide economic stability to both rural and urban workers.

Medicaid Promotes Jobs for Women of Color and Immigrant Women

By covering long-term services and supports, Medicaid creates jobs that are disproportionately held by women of color and immigrant women. Women of color make up nearly half (48.4%) of all nursing, psychiatric, and home health aides working in healthcare and social assistance industries. Nearly 60% of women who work as nursing, psychiatric, and home health aides in ambulatory health facilities are women of color.¹⁰ Black women make up 6.1% of the total workforce, but make up 36.9% of nursing, psychiatric, and home health aides who work in nursing and residential care facilities. Latina women make up 7.2% of the overall workforce, but make up 23.4% of nursing, psychiatric, and home health aides who work in nursing and residential care facility industries or social assistance industries. And, immigrant women make up 7.3% of the overall workforce but represent 19.1% of nursing, psychiatric, and home health aides working in nursing and residential care facilities or social assistance industries.

MEDICAID COVERAGE ALLOWS WOMEN TO WORK AND FOSTERS ECONOMIC MOBILITY FOR WOMEN AND THEIR FAMILIES

Medicaid is an important source of health coverage for working women. Between 2013 and 2015, more than 2.3 million working women ages 18-64 gained coverage through Medicaid, a growth of about 54 percent.¹² Medicaid expansion in states because of the Affordable Care Act played a role in ensuring that more working women got health coverage: states where Medicaid was expanded saw larger increases in Medicaid coverage of working women than in states where Medicaid was not expanded.¹³

And for some women, Medicaid is both a job-creator and their source of health coverage. Women who rely on Medicaid for health coverage make up nearly eight percent of the healthcare and social assistance industry workforce, while women with Medicaid coverage make up less than five percent of workers overall. Medicaid is especially important to women working in lower paying positions in nursing and residential care facility industries.¹⁴ Nearly 1 in 4 (23.6%) women who work as personal care aides in the nursing and residential facilities industry, with a median wage of about \$10 an hour, have health coverage through Medicaid.¹⁵ Often these low-wage positions are physically grueling, making health coverage all the more important to address injuries that happen on the job and chronic conditions that can be aggravated by the work.

Table 1

State	Number of Medicaid-supported health sector jobs held by women	Percent of all health sector jobs supported by Medicaid spending ¹¹
Alabama	45,939	28%
Alaska	9,846	28%
Arizona	87,586	33%
Arkansas	47,013	37%
California	633,239	38%
Colorado	59,076	27%
Connecticut	58,096	28%
Delaware	13,385	25%
District of Columbia	4,980	9%
Florida	198,078	24%
Georgia	96,132	26%
Hawaii	16,173	31%
Idaho	15,874	23%
Illinois	154,418	26%
Indiana	81,858	27%
Iowa	36,384	24%
Kansas	27,691	20%
Kentucky	91,958	50%
Louisiana	68,458	34%
Maine	20,912	26%
Maryland	77,021	27%
Massachusetts	121,139	26%
Michigan	134,171	29%
Minnesota	98,365	28%
Mississippi	48,410	49%
Missouri	73,851	24%
Montana	10,328	20%
Nebraska	16,638	16%
Nevada	25,638	30%
New Hampshire	14,940	21%
New Jersey	131,896	30%
New Mexico	43,165	48%
New York	479,918	43%
North Carolina	91,334	23%
North Dakota	9,428	21%
Ohio	211,203	34%
Oklahoma	41,891	25%
Oregon	56,123	32%
Pennsylvania	199,377	26%
Rhode Island	19,594	31%
South Carolina	59,200	38%
South Dakota	6,562	13%
Tennessee	71,747	25%
Texas	318,745	29%
Utah	21,306	19%
Vermont	2,011	5%
Virginia	67,541	20%
Washington	80,067	26%
West Virginia	29,652	32%
Wisconsin	54,657	18%
Wyoming	4,567	24%
United States	4,387,581	30%



Medicaid Covers Women Across Life Stages and Health Needs

Medicaid provides health insurance to many women and families struggling to make ends meet as well as a wider range of women, including those with particular health conditions, such as pregnancy or breast cancer, or specific health needs, such as family planning or long-term care services. And the Affordable Care Act's (ACA) Medicaid eligibility expansion enables states to cover low-income women regardless of whether they have children or a specific health condition. Medicaid provided health insurance to more than one in six non-elderly adult women in the United States in 2015.¹⁶ Approximately 80% of women age 15 and older who are covered by Medicaid are of reproductive age (15–49 years), while 19% are 65 years old or older.¹⁷

In some cases, however, Medicaid coverage may fail to meet women's health needs. Most notably, federal restrictions prohibit Medicaid from covering abortion services, except in very limited circumstances. This harms women's health and their economic security.¹⁸

Medicaid coverage helps women with disabilities remain in the workforce

For women with disabilities who are working and desire to remain in the workforce, Medicaid coverage is critical. Women are slightly more likely than men to have a disability,¹⁹ and women with disabilities have unemployment rates nearly three times higher than men and than women without disabilities.²⁰ About 770,394 (20%) of women workers who have a disability rely on Medicaid for health insurance coverage.²¹ This coverage ensures that women with disabilities have access to and coverage of the health care services they need, enabling them to stay healthy enough to work.

Medicaid coverage enables women to enter the workforce

Medicaid has given women working to make ends meet greater mobility to pursue new opportunities without losing health insurance for themselves or their families. For example, after Medicaid eligibility for children was expanded in the 1990s, an increasing number of women with children entered the workforce, in part because they knew their children would have health insurance regardless of whether their employer offered health coverage.²² Other studies examining the employment effects of Medicaid eligibility for parents have found higher rates of job mobility and overall employment for single mothers with Medicaid coverage.²³

Medicaid's coverage of birth control advances women's career opportunities

Birth control and other family planning services have a profound effect on employment prospects. Extensive research has demonstrated that, by delaying childbearing and enabling women to plan and space their pregnancies, birth control access facilitates women's educational attainment, improves women's employment opportunities, and increases women's earnings.²⁴ By requiring coverage of family planning for all Medicaid enrollees, Medicaid helps ensure that women can access birth control and plan their families and enables women to invest in their education and careers.

Threats to Medicaid are Threats to Women's Livelihood

Despite the important contributions Medicaid makes to creating women's jobs in every state and to enabling women to enter and remain in the workforce, the Medicaid program is facing unprecedented threats, including proposals to fundamentally restructure how the program is financed. Caps in federal funding for Medicaid or other proposals to change the program's structure would result in fewer services covered and fewer people enrolled.²⁵ That in turn would mean Medicaid would not pay the facilities, agencies, or medical practices that would typically deliver the service, and in turn those facilities would potentially employ fewer individuals to provide the care.

Women would be uniquely impacted by these changes, not only because women disproportionately are enrolled in Medicaid, but also because women occupy jobs whose funding relies on Medicaid. Such changes would threaten the livelihood of millions of women and families across the country.



TECHNICAL APPENDIX FOR JOB ESTIMATES

Overall Approach: We used state-by-state multipliers from the Commerce Department's Bureau of Economic Analysis to translate Medicaid spending into the jobs created by this spending. We then relied on the Bureau of Labor Statistics' data on the gender breakdown of jobs within the health care sector to determine the number of women's jobs Medicaid supports.

Expenditure Data: We used state-by-state CMS-64 expenditure data for 2015 to estimate the number of women's jobs supported by Medicaid. These reports capture both state spending and federal matching payments. We broke state-by-state funding into four categories: Ambulatory Health Care Services, Hospital Services, Nursing and Residential Care Facilities, and Social Assistance. We used the North American Industry Classification System (NAICS) definitions of these industries to categorize spending across these categories. Most Medicaid spending fell cleanly into these categories. We excluded spending on prescription drugs, medical devices, medical equipment, and Medicare Part A and Medicare Part B from this analysis, and we allocated managed care organization payments across the four categories based on the distribution of national health care spending.

Multipliers: We used the RIMS II 2015 (Regional Input-Output Modeling System) economic model created by the Bureau of Economic Analysis. We used state-by-state Type 1 annual multipliers for four health industry sectors – Ambulatory Health Care Services, Hospital Services, Nursing and Residential Care Facilities and Social Assistance – and applied these multipliers to state spending in each sector to estimate the total number of health sector jobs Medicaid supports.

Gender Breakdown of Health Sector Jobs: We used data from the Bureau of Labor Statistics Current Employment Survey to determine the gender distribution of each of the four sub-industries. We then applied this percentage to the total number of Medicaid-supported health sector jobs in each state. This approach assumes that the gender distribution within job categories remains consistent across states and that the gender distribution within Medicaid-supported jobs mirrors the gender distribution of these jobs within the health sector as a whole.

- 1 Kaiser Family Found., *Medicaid's Role for Women*, (June 22, 2017) available at <http://www.kff.org/womens-health-policy/fact-sheet/medicaid-role-for-women/>.
- 2 However, the Hyde Amendment—a provision attached annually to the Labor-Health and Human Services and Education (L-HHS) appropriations bill, treats abortion differently than other services in the Medicaid program, and limits coverage of abortion to limited circumstances. This restriction particularly harms low-income women and women of color, National Women's Law Center, *The Hyde Amendment Creates An Unacceptable Barrier to Women Getting Abortion*, April 2017, available at <https://nwlc.org/wp-content/uploads/2015/07/Hyde-Amendment.pdf>.
- 3 This report focuses on the connection between Medicaid and women's employment. Medicaid also provides specific financial protections – like limits on patient out-of-pocket costs – that further women's economic security.
- 4 NWLC calculations based on American Community Survey (ACS) 2015 (1-year average) using Steven Ruggles, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek. Integrated Public Use Microdata Series: Version 6.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2016, available at <https://usa.ipums.org/usa/>
- 5 NWLC calculations based on Bureau of Labor Statistics (BLS, Current Employment Statistics (CES) survey database, available at <http://data.bls.gov/pdq/querytool.jsp?survey=ce> (last visited June 12, 2017). Data are 2015 annual averages.
- 6 Number of jobs in healthcare and social assistance sector were obtained from BLS, Current Employment Statistics (CES) survey database, available at <https://data.bls.gov/pdq/querytool.jsp?survey=ce> (last visited June 23, 2017). Data are 2015 annual averages. Estimates of the numbers of jobs in the healthcare sector supported by Medicaid spending were obtained from state-by-state multipliers from the Commerce Department's Bureau of Economic Analysis. See Technical Appendix for detailed methodology for job estimates.
- 7 Bureau of Labor Statistics (BLS), Occupational Employment Statistics (OES), May 2016 National Occupational Employment and Wage Estimates, http://www.bls.gov/oes/current/oes_nat.htm. Low wage occupations are defined here as those with a median hourly wage of less than \$11.00 per hour. Hourly wages are calculated from 2015 ACS 1-year estimates using IPUMS by dividing median annual earnings by 2,080 hours, which assumes a 40-hour work week for 52 weeks.
- 8 Bureau of Labor Statistics, Current Population Survey, Household Data Annual Averages, 2016, available at <http://www.bls.gov/cps/cpsaat11.pdf>.
- 9 For example, Licensed Practical and Licensed Vocational Nurses (LPN) are a top occupation within ambulatory, hospital, and nursing and residential care industries and have high projected growth rates over the next decade. <https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm>. For an LPN working in a hospital, the median hourly wage is about \$18.27 an hour. NWLC calculations based on IPUMS 2015 1-year ACS. While many women in these higher level support positions hold Associates Degrees, certification as an LPN is achievable with postsecondary non-degree education. These high-paying technical support positions are critically important to the economic security and mobility of women of color, particularly Black women. Women of color make up 35% of LPNs employed in ambulatory, hospital, and nursing and residential care industries. And, one in five LPN positions in ambulatory health centers and in hospitals, and one in four LPN positions in nursing and residential care facilities are held by Black women. Black women make up 23% of LPNs in Ambulatory care industries but only 11% of the Ambulatory care industry overall and 6.1% of the general workforce.
- 10 NWLC calculations based on American Community Survey (ACS) 2015 (1-year average) using IPUMS. Women of color are defined here as women who identified themselves in the ACS survey as Black, Asian, or American Indian or Alaskan Native, regardless of ethnicity, and Latina, regardless of race.



- 11 The total numbers of jobs in the healthcare and social assistance sector were obtained from BLS CES survey database, State and Area Employment, available at <https://data.bls.gov/pdq/querytool.jsp?survey=sm> (last visited June 23, 2017). In Alaska, New Mexico, and South Dakota health sector jobs data do not include social assistance industry jobs. Public sector hospital jobs data was included where it was available (Indiana, Massachusetts, Michigan, New Jersey, Ohio, and Wyoming). Data are 2015 annual averages. Estimates of the numbers of jobs in the healthcare sector supported by Medicaid spending were obtained from state-by-state multipliers from the Commerce Department's Bureau of Economic Analysis. See Technical Appendix for detailed methodology for job estimates.
- 12 Nat'l Women's Law Ctr., *Affordable Care Act Repeal and Changes to Medicaid Threaten the Health and Economic Security of 2.3 Million Working Women who Recently Gained Medicaid Coverage* (Feb. 2017) available at <https://nwlc.org/wp-content/uploads/2017/02/Working-Women-Health-Coverage-by-State-3.pdf>.
- 13 *Id.*
- 14 NWLC calculations based on American Community Survey (ACS) 2015 (1-year average) using IPUMS.
- 15 *Id.*
- 16 Kaiser Family Found., *Women's Health Insurance Coverage* (Oct. 2016) available at <http://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>.
- 17 NWLC calculations based on American Community Survey (ACS) 2015 (1-year average) using IPUMS. Numbers may differ slightly from CMS administrative data
- 18 See National Women's Law Center, "The Hyde Amendment Creates an Unacceptable Barrier to Women Getting Abortions: We Must Use the Resources to Get Women the Health Care They Need," July 2015, available at <http://www.nwlc.org/resource/hyde-amendment-creates-unacceptablebarrier-women-getting-abortions-we-must-use-resources-g>
- 19 Nat'l Women's Law Ctr., *Underpaid & Overloaded: Women in Low-Wage Jobs 2* (2014), available at https://www.nwlc.org/sites/default/files/pdfs/final_nwlc_lowwagereport2014.pdf.
- 20 U.S. Dep't of Labor, Bur. Of Labor Stats., *Economic News Release Table A-6. Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted, (June 2, 2017)* available at <https://www.bls.gov/news.release/empsit.t06.htm>.
- 21 NWLC calculations based on American Community Survey (ACS) 2015 (1-year average) using IPUMS.
- 22 Aaron S. Yellowitz, "The Medicaid Notch, Labor Supply and Welfare Participation: Evidence from Eligibility Expansions," *The Quarterly Journal of Economics*, November 1995.
- 23 Sarah Hamersma and Matthew Kim. "The Effect of Parental Medicaid Expansions on Job Mobility." *Journal of Health Economics* 28.4 (2009): 761-770. PMC. Web. 14 July 2015.
- 24 Adam Sonfield, et al., "The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children," Guttmacher Institute, March 2013, available at <https://www.guttmacher.org/pubs/social-economic-benefits.pdf>.
- 25 Nat'l Women's Law Ctr., *The Stealth Attack on Women's Health: What Caps on Medicaid Funding Would Mean for Women* (April 2017) available at <https://nwlc.org/resources/the-stealth-attack-on-womens-health-what-caps-on-medicaid-funding-would-mean-for-women/>.

