



# Medicaid Enrollees Who are Employed: Implications for Unwinding the Medicaid Continuous Enrollment Provision

Many Medicaid enrollees are employed, and in 2021, 15 percent of working enrollees reported having both Medicaid and employer sponsored health coverage. The intersection between Medicaid and employment has implications for employers and others as the pandemic-related Medicaid continuous enrollment ends.

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## KEY POINTS

- In 2021, there were approximately 69 million Americans enrolled in Medicaid, of whom 32 million were working aged (19-64), an increase of 3.3 million (or 11.5 percent) from 2019.
- Most Medicaid beneficiaries aged 19-64 are employed (42 percent, or 13.5 million) or are not working but have a disability (23 percent, or 7.3 million). Many of those who are not working and do not have a disability (35 percent, or 11.2 million) are parents of dependent children.
- Over 89 percent of working Medicaid enrollees report being employed full-time, with an average of 34 hours of work per week.
- Approximately 44 percent of working Medicaid enrollees are non-Latino White, 16 percent are non-Latino Black, and 27 percent are Latino. American Indian/Alaska Native (AI/AN), Asian American and Native Hawaiian/Pacific Islander (AANHPI), and multiracial individuals account for a smaller number of the working Medicaid population at 1 percent, 6 percent, and 5 percent, respectively.
- Working Medicaid enrollees are most likely to work in health care and social assistance and retail trade (16 percent each), followed by accommodation and food services industries (12 percent) and manufacturing and construction industries (7 percent each).
- Approximately 2 million (15 percent) working Medicaid enrollees aged 19-64 report also having employer sponsored insurance (ESI) in 2021, and when accounting for spouses and dependent children of these individuals, over 4 million people could move to ESI after unwinding the Medicaid continuous enrollment provision. Medicaid is the payer of last resort; providers must first bill the enrollee's ESI insurer and then bill Medicaid if any service is not fully covered by ESI.
- As the Medicaid continuous enrollment provision comes to an end starting April 1, 2023, many individuals may eventually transition to ESI. The U.S. Department of Health and Human Services is working closely with states and other stakeholders to maximize opportunities for Medicaid enrollees to enroll in other affordable coverage, including ESI, and our results indicate that employers have an important role to play in this process.

## BACKGROUND

The COVID-19 pandemic affected access to health coverage as sharp increases in unemployment in early 2020 led to losses in employer sponsored coverage (ESI), the largest source of health coverage in the country. Estimates of group coverage decreases in 2020 ranged from 1.6 million to 3.3 million.<sup>1</sup> Public coverage absorbed much of this loss, with Medicaid and CHIP enrollment increasing by 21 million individuals, or 32.9 percent, since February 2020. The Families First Coronavirus Response Act of 2020 (FFCRA) required states to maintain continuous enrollment for most Medicaid enrollees during the COVID public health emergency (PHE), by prohibiting termination of ineligible individuals as a condition for receiving a temporary 6.2 percentage point increase in the federal Medicaid match rate.<sup>2,3</sup> The continuous enrollment provision played a critical role in ensuring that Medicaid enrollees maintained access to essential health care services during the PHE and economic instability, and it bolstered the program's role as a safety net for many Americans. The continuous enrollment provision, along with recent state Medicaid expansions in Maine, Virginia, Idaho, Oklahoma, Utah, Nebraska, and Missouri, contributed to millions of individuals gaining and maintaining coverage during the PHE.<sup>4</sup>

The Consolidated Appropriations Act, 2023 ends the Medicaid continuous enrollment provision as of March 31, 2023. States may begin disenrolling people from Medicaid on April 1, 2023, after eligibility redeterminations are conducted. A prior ASPE report estimated that approximately 15 million individuals enrolled in Medicaid and CHIP will leave the Medicaid program once the continuous enrollment provision ends, if historical patterns hold.<sup>5</sup> An estimated 8.2 million of these individuals will leave Medicaid due to loss of eligibility and another 6.8 million will leave Medicaid due to "administrative churning" (i.e., failure to complete the renewal process for various reasons, such as an incorrect address on file with the state Medicaid agency). An estimated 383,000 individuals projected to lose Medicaid eligibility will fall in the coverage gap in the remaining non-expansion states with incomes too high for Medicaid, but too low to receive Marketplace premium tax credits.\* ASPE also estimated approximately 3.8 million of the enrollees predicted to lose Medicaid will eventually gain ESI.<sup>6</sup>

Ensuring transitions to alternative sources of coverage (e.g., private insurance) during the upcoming state Medicaid redetermination periods is a priority for the Biden-Harris Administration. The U.S. Department of Health and Human Services is working closely with states and other stakeholders to maximize opportunities for individuals disenrolled from Medicaid to enroll in other affordable coverage, including ESI. This Issue Brief examines federal survey data for Medicaid enrollees who report they are employed and highlights changes from 2019 to 2021, reflecting the COVID-19 pandemic and subsequent policy actions that may have affected employment status, and provides additional information on potential transitions from Medicaid to ESI. This information can inform outreach efforts and coordination with employers to help maintain coverage for as many Medicaid enrollees as possible.

## METHODS

This Issue Brief analyzes 2014-2021 data from the American Community Survey (ACS) to provide estimates of the number of Medicaid enrollees who are employed, as well as their demographic characteristics, and rates of secondary coverage with ESI. The ACS is conducted by the U.S. Census Bureau and is the largest nationwide survey of households, with over 3.5 million households contacted to participate in the survey. The response rate was 86.0 percent in 2019 and 85.3 percent in 2021.<sup>†7</sup>

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\* North Carolina announced March 2023 an agreement between the state's House and Senate to expand Medicaid; the estimate of 383,000 people from Medicaid entering the coverage gap does not account for North Carolina's planned expansion, which would lower that estimate.

† The Census Bureau discourages comparisons of 2020 ACS data to other years, given issues with non-response bias created by the COVID-19 pandemic. For this reason, our analysis focuses on 2019 and 2021 data.

We note that underreporting of Medicaid enrollees in the ACS may be a limitation of this report. Previous research on the ACS reports that there can be a substantial degree of underreporting in surveys when comparing Medicaid coverage to administrative data, particularly for low-income individuals and those under the age of 40, with one study finding a 10.6 percent undercount of Medicaid enrollees in expansion states in 2016.<sup>8,9</sup>

The Issue Brief also examines select demographic characteristics of Medicaid and CHIP enrollees who are predicted to transition to ESI at the end of the continuous enrollment provision or to have access to an affordable offer of coverage through an employer (either their own coverage or from a family member's employer) using the Survey of Income and Program Participation (SIPP). The SIPP is a nationally representative, longitudinal panel survey in which respondents are followed across multiple years (4 years in total for each panel), and income and health insurance enrollment information is collected monthly. We used SIPP data from the 2014 panel, covering 2015 and 2016, and update a previous ASPE report on projected enrollment effects upon unwinding the Medicaid continuous enrollment provision, using the most recent enrollment data as of November 2022.<sup>10</sup> A key limitation of these estimates is that they assume that the patterns of income, employment, and health insurance coverage during and after the PHE will resemble the historical patterns observed over the period of 2015 to 2016 in the SIPP data. To the extent that the PHE period differs from the 2015 to 2016 historical period, our estimates of the characteristics of people transitioning from Medicaid or CHIP to ESI or an affordable ESI offer may differ from the actual characteristics of this population.

## FINDINGS

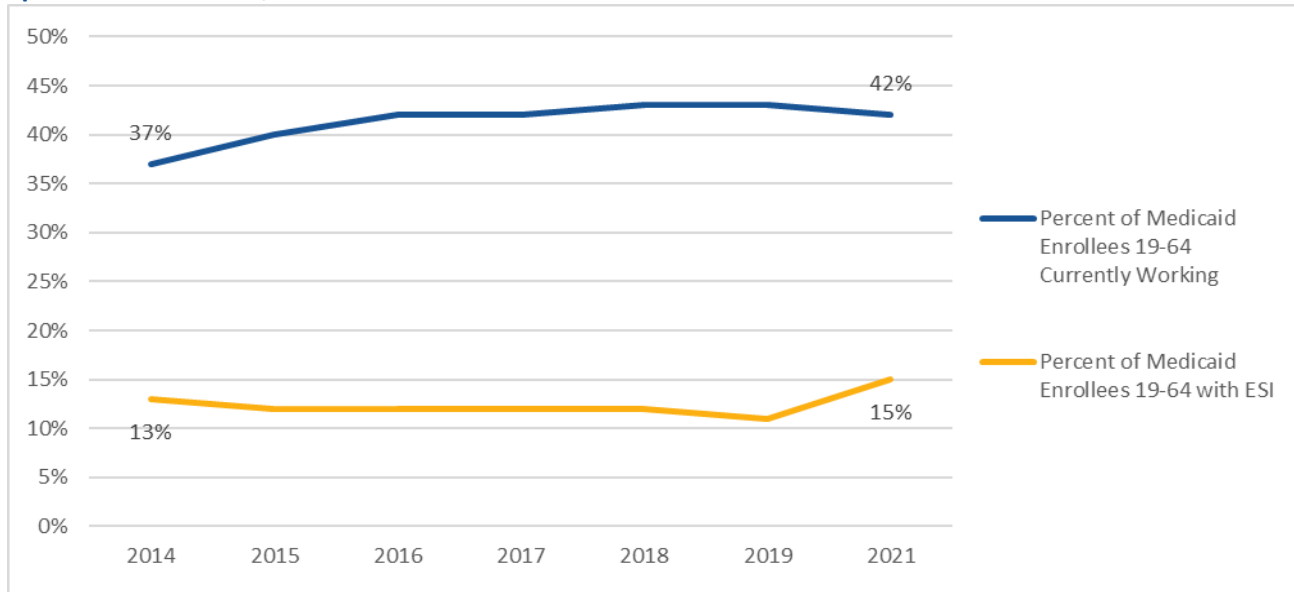
In 2019, there were 28.7 million adults ages 19-64 enrolled in Medicaid. This number increased 3.3 million, or 11.5 percent, to 32 million Medicaid enrollees in 2021. Approximately 12.4 million (43 percent) of the adults under 65 enrolled in Medicaid in 2019 were employed, similar to the number and percent in 2021. Of the 18.5 million non-working Medicaid enrollees, 39 percent or 7.3 million reported having a disability. In 2021 most Medicaid beneficiaries aged 19-64 were employed (42 percent, or 13.5 million) or were not working but had a disability (23 percent, or 7.3 million). Many of those who were not working and did not have a disability (35 percent, or 11.2 million) were parents of dependent children. Previous research indicates that disabilities, health conditions, childcare or caretaking responsibilities, and school attendance are common reasons that Medicaid enrollees in this age group are not currently working<sup>11,12,13</sup>

Figure 1 shows the percentage of Medicaid enrollees who were employed from 2014 to 2021, as well as the percentage of working enrollees who have ESI. Approximately 42 percent of enrollees ages 19-64 worked in 2021, an increase of 5 percentage points since 2014. The percentage of enrollees with ESI was stable from 2014 to 2020, but increased in 2021 to 15 percent, concurrent with the FFCRA continuous enrollment provision. In 2021, 2 million Medicaid enrollees who were working had ESI,<sup>‡</sup> and when accounting for spouses and dependent children of those individuals, the number of individuals potentially eligible for ESI coverage was 4.5 million. Appendix Tables 1 through 3 show data on employment and ESI, sex, age, race, and ethnicity of Medicaid enrollees ages 19-64 who were employed.

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<sup>‡</sup> By law, Medicaid is the payer of last resort if an individual has multiple sources of coverage. All other sources of coverage, including ESI, must pay claims under their policies before Medicaid pays for the care of an eligible individual.

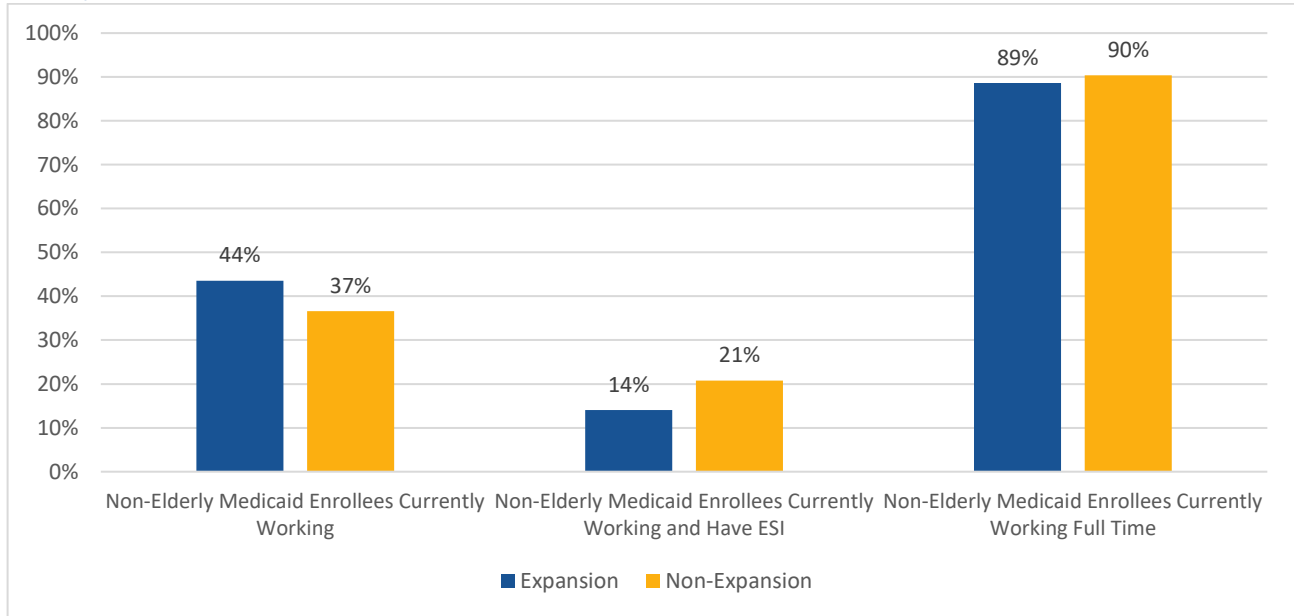
**Figure 1. Percentage of Medicaid Enrollees Ages 19-64 Who Were Employed, with or without Employer Sponsored Insurance, 2014 to 2021**



Source: 2014-2021 ACS data

Figure 2 shows that the states that adopted the Affordable Care Act (ACA) Medicaid expansion for low-income adults have a greater percentage of adult Medicaid enrollees who are employed (44 percent vs. 37 percent) while non-expansion states have a larger share with ESI (21 percent vs. 14 percent). Across both groups of states, the vast majority of Medicaid enrollees ages 19-64 (89-90 percent) who were working did so full-time, with a national average of 34 hours of work per week (Appendix Table 1).<sup>5</sup>

**Figure 2. Employment and Employer-Sponsored Insurance Among Medicaid Enrollees by Medicaid Expansion Status, 2021**

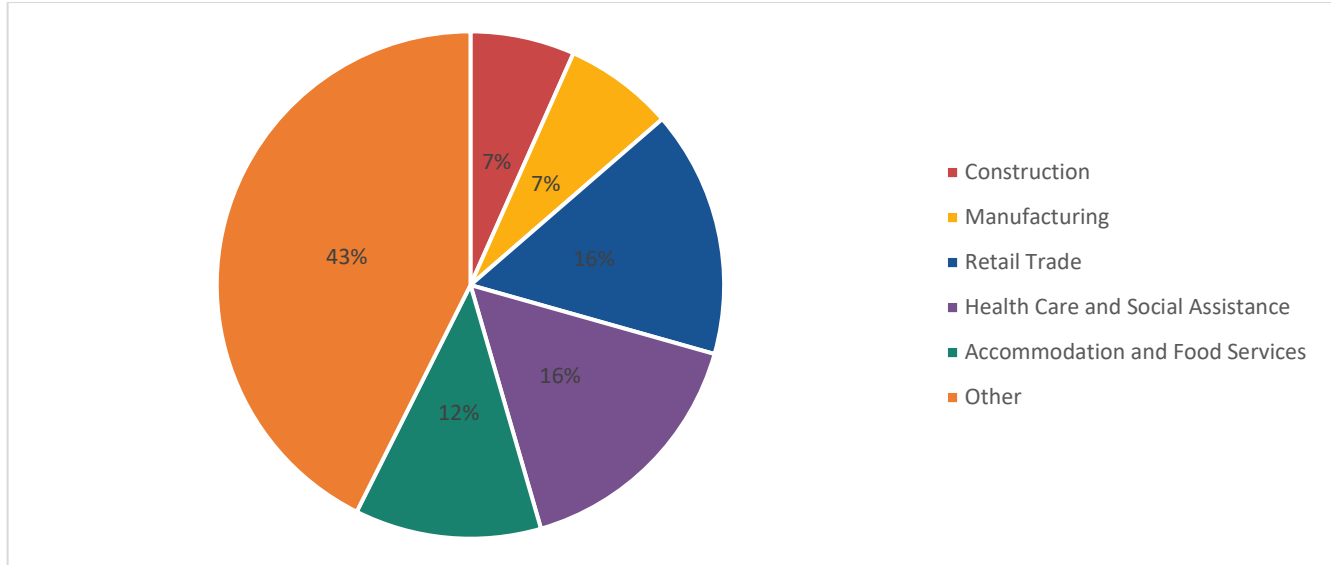


Source: 2021 ACS data

<sup>5</sup> The Internal Revenue Service defines a full-time employee as one who is employed on average at least 30 hours of service per week, or 130 hours of service per month.

Figure 3 shows the employment industries of working Medicaid enrollees in 2021. Enrollees who worked were most likely to be employed in the health care and social assistance field (16 percent), retail trade (16 percent), accommodation and food services industries (12 percent), manufacturing (7 percent), and construction (7 percent). For additional information on employment industries, see detailed tables available on ASPE’s website at <https://aspe.hhs.gov/reports/state-estimates-employed-medicaid-enrollees>.

**Figure 3. Industries of Employment for Medicaid Enrollees Ages 19-64 Who Were Employed, 2021**

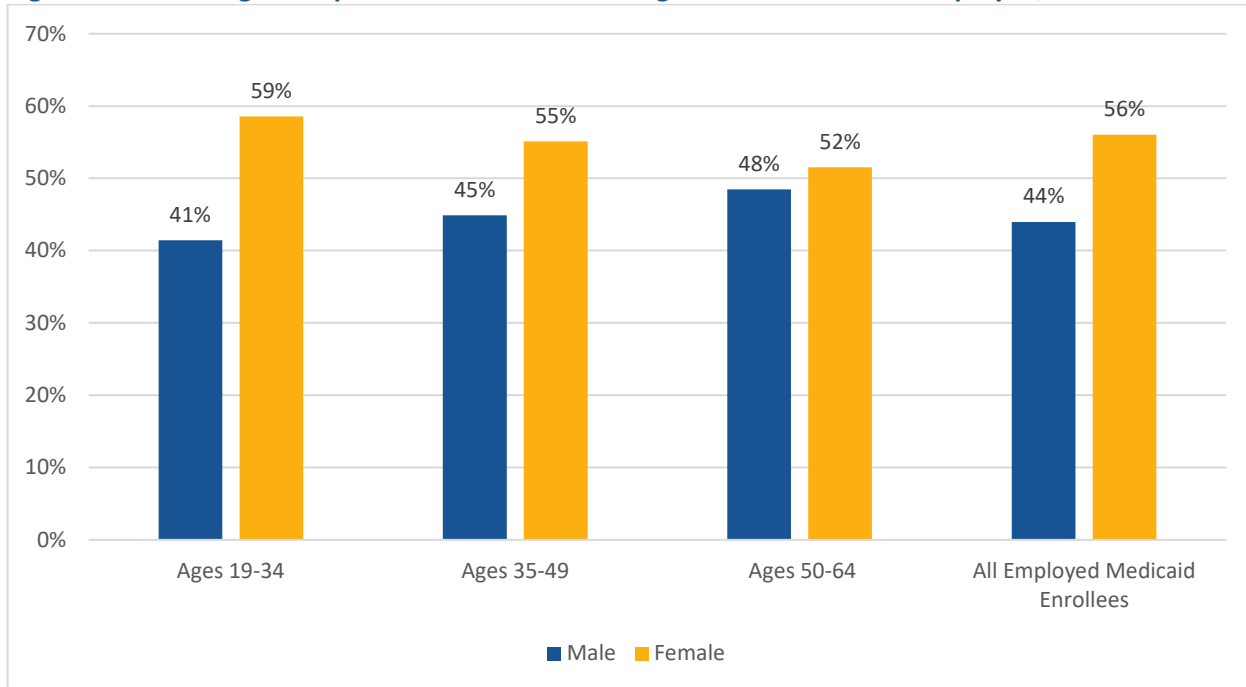


Source: 2021 ACS data

Note: Sum of categories may not equal 100% due to rounding.

Young adults ages 19 to 34 were most likely to be working, accounting for 47 percent of the working Medicaid enrollee population, compared to enrollees who were ages 35 to 49 or 50 to 64, who account for 34 percent and 20 percent of the population respectively (See Appendix Table 2). Figure 4 shows the distribution by sex for three different age groups of Medicaid enrollees who were working in 2021. Among all Medicaid enrollees who were employed, 56 percent were female. The majority of younger working Medicaid enrollees were female (59 percent), and this percentage decreased for older age groups. For enrollees ages 50 to 64, there was only a 4-percentage point difference between male and female enrollees, compared to the 18 percentage point difference for those ages 19-34. The higher percentage of female Medicaid enrollees ages 19 to 34 may be partially attributed to more individuals being eligible for Medicaid due to pregnancy, as the pregnancy-related eligibility pathway has a higher income threshold than other eligibility pathways.<sup>14</sup> See Appendix Table 2 for data on age groups and sex of Medicaid enrollees by state.

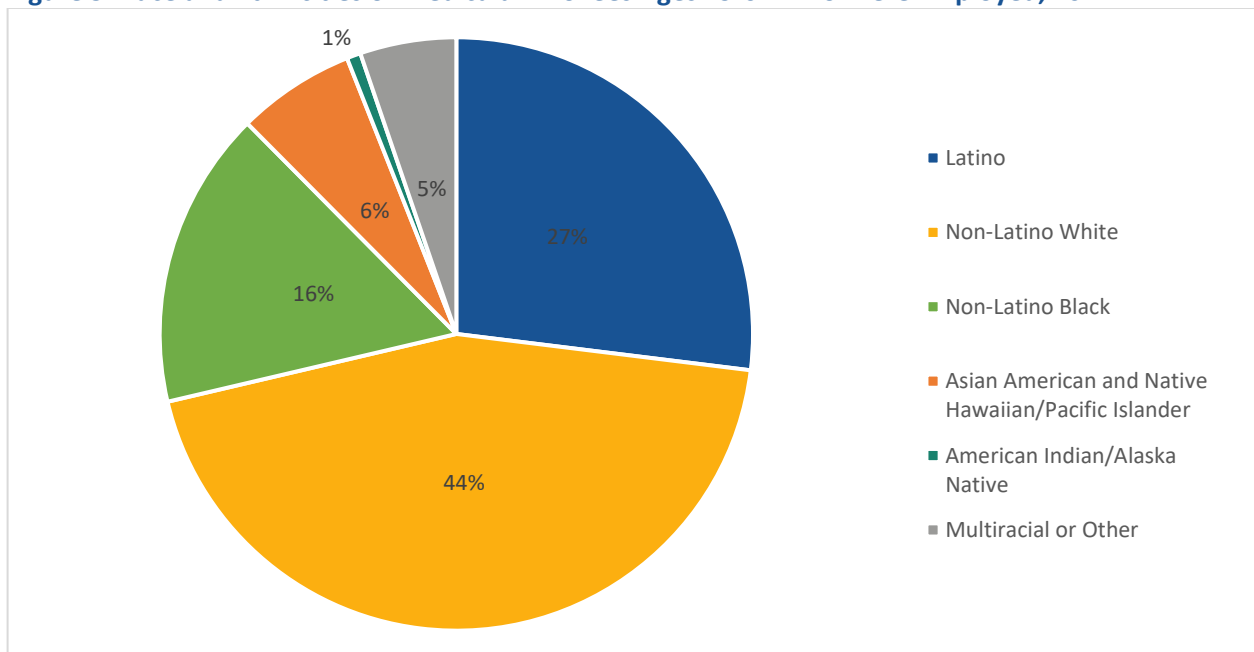
**Figure 4. Sex and Age Groups of Medicaid Enrollees Ages 19-64 Who Were Employed, 2021**



Source: 2021 ACS data

Figure 5 shows that 44 percent of working Medicaid enrollees were non-Latino White, 16 percent were non-Latino Black, and 27 percent were Latino. AI/AN, AANHPI, and multiracial Medicaid enrollees accounted for smaller shares of this population at 1, 6, and 5 percent, respectively. There was not much difference in these percentages between expansion and non-expansion states, except that in expansion states, 14 percent of working Medicaid enrollees were Black, while in non-expansion states this figure was 25 percent. See Appendix Table 3 for race and ethnicity data by state.

**Figure 5. Race and Ethnicities of Medicaid Enrollees Ages 19-64 Who Were Employed, 2021**



Source: 2021 ACS data

Using the most recent enrollment data from CMS, we now estimate that approximately 3.7 million of the Medicaid enrollees who are predicted to lose Medicaid at the end of the continuous enrollment provision will subsequently enroll in ESI. An additional 300,000 Medicaid enrollees losing Medicaid at the end of the continuous enrollment provision will have an affordable ESI offer through their own employer or the employer of a spouse or parent.

Of those projected to gain ESI, approximately one-quarter are children, 58 percent are between ages 18 to 44, and 17 percent are 45 or older. (See Appendix Table 4). Half of this population is non-Latino White, 27 percent is Latino, 13 percent is non-Latino Black, 4 percent is AANHPI, and 7 percent is non-Latino multiracial. Approximately 67 percent of this population reside in a state that had expanded Medicaid as of December 2016. Among the people who would transition to ESI at the end of the PHE, more than 90 percent have incomes above the federal poverty level.

Among the 300,000 enrollees losing Medicaid projected to have an affordable ESI offer, approximately 10 percent are children, 58 percent are between ages 18 and 44, and 31 percent are 45 or older. This group is disproportionately Latino, and 27 percent have incomes below the FPL. See Appendix Table 4 for additional estimates of these populations.

## DISCUSSION

Medicaid enrollment has increased steadily since 2020, largely attributable to the employment and income effects of the COVID-19 pandemic and subsequent federal policies.<sup>15</sup> Mitigating the potential loss of health coverage during state eligibility redetermination periods after April 1, 2023, is a priority for federal and state officials as well as beneficiary groups and other stakeholders. Transitioning individuals to alternative sources of coverage is critical.

Employer sponsored health insurance has long been the largest source of health coverage in the U.S. In 2021, employer-based health insurance covered 54.3 percent of the U.S. population for some or all of the calendar year, followed by Medicaid (18.9 percent), Medicare (18.4 percent), and direct-purchase coverage (10.2 percent).<sup>16</sup> As states return to regular Medicaid eligibility redeterminations, employers have a critical role ensuring that their employees, particularly lower-income employees, are aware of and have access to available health coverage. Education and outreach by employers will help ensure transitions to ESI for the millions of working Medicaid enrollees who report having access to coverage through employment. Employers may experience reduced costs in areas such as workers' compensation, ease in recruiting and retaining workers, or increased productivity as a result of higher health insurance coverage rates.<sup>17</sup>

We find that 2 million Medicaid beneficiaries already have ESI coverage, and that these individuals have 2.5 million spouses and child dependents potentially eligible for ESI coverage, which could help reduce the risk of coverage loss in this population after Medicaid redeterminations resume. While many adults with Medicaid work part or full-time, millions of employed beneficiaries do not have ESI, and some may need to transition to that coverage to avoid becoming uninsured after eligibility redeterminations begin in April 2023.

In addition to transitions to ESI, a previous ASPE report estimated that out of the more than 8 million individuals who will be ineligible for Medicaid at the end of the continuous eligibility provision, 2.7 million will be potentially eligible for post-ARP premium tax credits. Of this group, 1.6 million are estimated to be eligible for APTCs and cost sharing reductions, and 1.7 million are eligible for APTCs as well as likely being eligible for a zero-premium Marketplace plan.<sup>18</sup>

Children and young adults are predicted to be impacted disproportionately by the ending of the Medicaid continuous enrollment provision.<sup>19</sup> Children ages 0-17 make up nearly one in five of the individuals predicted to be ineligible for Medicaid and over half of the 6.8 million eligible but disenrolled individuals (i.e., administrative churning), while young adults ages 18-34 comprise more than one in three of those predicted to lose Medicaid eligibility and nearly one-quarter of those predicted to experience administrative churning. Accordingly, family coverage through employers will be another important pathway to maintaining insurance, and under the ACA, adults up through age 26 are eligible to remain on their parents' private insurance plans. While the Consolidated Appropriations Act, 2023 newly requires 12 months of continuous Medicaid eligibility for children, this provision does not take effect until January 1, 2024, and state redetermination schedules and priorities may or may not align with this implementation date, possibly leading to coverage gaps.

Medicaid expansion states will have a greater number of eligibility redeterminations than non-expansion states due to their expanded coverage of low-income adults and higher overall enrollment rates, as well as the fact that there are more residents in the 40 states that have expanded Medicaid. Previous ASPE estimates predict that out of the 8.2 million individuals ineligible for Medicaid at the end of the PHE, 5.4 million reside in expansion states vs. 2.8 million in non-expansion states.<sup>20</sup>

Individuals with incomes between 138-250% FPL comprise nearly 40 percent of those predicted to be ineligible for Medicaid, while those with incomes less than 100% FPL comprise over 50 percent of those predicted to experience administrative churning.<sup>21</sup> Among Medicaid enrollees of color, some subgroups are at higher risk for coverage loss. Latino individuals comprise over one quarter of those predicted to be ineligible for Medicaid and over one-third of those predicted to experience churning, while Black individuals comprise 14 percent of those predicted to lose Medicaid eligibility and 15 percent of those predicted to experience churning. Employer outreach to workers in these communities can help prevent worsening of racial and ethnic disparities in health insurance coverage rates.

## CONCLUSION

Through changes in federal eligibility policy at the start of the COVID pandemic, Medicaid was able to cushion the potential coverage impact of the pandemic by continuously enrolling people who may have suffered job loss or other loss of health insurance. Federal policymakers extended Medicaid coverage to provide essential access to health care services during the pandemic. As the country continues to emerge from the pandemic and states return to regular Medicaid eligibility and enrollment operations beginning in April 2023, the opportunity for working individuals enrolled in Medicaid to transition to ESI needs to be maximized. Ensuring transitions to employer sponsored health coverage for these workers after disenrollment from Medicaid cannot be done by the public sector alone; employer engagement in employee education, outreach, and access to coverage is essential to ensure that access to health care services is maintained.



## APPENDIX

Appendix Table 1. Employment for Medicaid Enrollees Who Were Employed Ages 19-64 by State, 2021

State	Number of Medicaid Enrollees	Number of Medicaid Enrollees Currently Working	Among Medicaid Enrollees Currently Working		
			Medicaid Enrollees with ESI	Medicaid Enrollees Working Full Time	Average Hours Worked Per Week (Past 12 Months)
Alabama	329,578	78,267	24%	91%	34.9
Alaska	90,018	41,360	22%	87%	34.8
Arizona	744,952	326,969	16%	91%	35.5
Arkansas	350,656	136,243	13%	93%	36.5
California	5,281,866	2,425,913	11%	89%	34.5
Colorado	524,576	249,608	15%	88%	34.6
Connecticut	423,034	212,059	11%	85%	33.6
Delaware	100,152	47,716	15%	89%	34.4
District of Columbia	89,258	32,951	12%	88%	34.1
Florida	1,367,451	536,388	17%	91%	35.8
Georgia	628,795	210,989	23%	89%	35.2
Hawaii	139,154	56,462	26%	80%	31.7
Idaho	173,489	85,301	18%	88%	34.8
Illinois	1,199,417	495,931	14%	88%	33.9
Indiana	640,469	271,562	15%	90%	35.0
Iowa	289,005	142,075	17%	87%	34.6
Kansas	164,548	59,345	23%	87%	34.2
Kentucky	687,572	275,867	15%	94%	36.6
Louisiana	723,036	285,729	13%	92%	36.2
Maine	142,991	52,884	20%	88%	33.8
Maryland	614,977	277,634	15%	90%	35.1
Massachusetts	892,518	434,844	16%	87%	33.8
Michigan	1,244,377	499,868	17%	90%	34.8
Minnesota	543,862	302,857	16%	86%	33.4
Mississippi	247,979	57,874	28%	94%	36.9
Missouri	343,902	117,499	20%	88%	34.2
Montana	111,698	49,678	14%	84%	33.8
Nebraska	117,344	48,963	22%	88%	34.7
Nevada	314,366	118,111	20%	93%	36.7
New Hampshire	96,002	41,889	16%	89%	34.6
New Jersey	806,267	333,177	13%	89%	33.6
New Mexico	372,382	162,940	14%	90%	35.0
New York	2,947,073	1,283,735	10%	87%	33.4
North Carolina	736,513	274,317	21%	90%	34.7
North Dakota	35,532	17,689	21%	92%	35.5
Ohio	1,305,190	576,346	13%	90%	34.8
Oklahoma	263,497	95,046	25%	93%	36.2

<b>Oregon</b>	544,206	238,360	18%	85%	33.3
<b>Pennsylvania</b>	1,333,128	532,452	18%	89%	34.5
<b>Rhode Island</b>	141,422	65,423	14%	89%	33.7
<b>South Carolina</b>	378,538	145,591	20%	91%	35.6
<b>South Dakota</b>	41,720	16,018	14%	77%	31.1
<b>Tennessee</b>	561,369	201,613	21%	93%	35.8
<b>Texas</b>	1,441,812	536,646	24%	91%	36.4
<b>Utah</b>	164,513	67,937	24%	88%	32.4
<b>Vermont</b>	81,951	38,975	10%	90%	35.4
<b>Virginia</b>	632,704	271,963	16%	89%	35.0
<b>Washington</b>	788,162	325,835	19%	86%	33.8
<b>West Virginia</b>	271,013	94,032	15%	90%	34.9
<b>Wisconsin</b>	518,560	228,052	17%	86%	33.6
<b>Wyoming</b>	24,352	10,951	31%	86%	35.1
<b>US Total</b>	32,006,946	13,489,934	15%	89%	34.6

Source: 2021 ACS data

**Appendix Table 2. Sex and Age of Medicaid Enrollees Who Were Employed Ages 19-64 by State, 2021**

State	Medicaid Enrollees	Medicaid Enrollees Currently Working	Among Medicaid Enrollees Currently Working				
			Ages 19-34	Ages 35-49	Ages 50-64	Male	Female
Alabama	329,578	78,267	52%	30%	18%	36%	64%
Alaska	90,018	41,360	42%	39%	19%	52%	48%
Arizona	744,952	326,969	49%	32%	20%	47%	53%
Arkansas	350,656	136,243	48%	33%	19%	42%	58%
California	5,281,866	2,425,913	45%	33%	22%	49%	51%
Colorado	524,576	249,608	49%	33%	19%	48%	52%
Connecticut	423,034	212,059	45%	32%	23%	44%	56%
Delaware	100,152	47,716	47%	30%	23%	46%	54%
District of Columbia	89,258	32,951	43%	31%	26%	38%	62%
Florida	1,367,451	536,388	44%	38%	18%	43%	57%
Georgia	628,795	210,989	49%	33%	18%	36%	64%
Hawaii	139,154	56,462	43%	34%	23%	46%	54%
Idaho	173,489	85,301	44%	37%	18%	49%	51%
Illinois	1,199,417	495,931	47%	34%	19%	42%	58%
Indiana	640,469	271,562	49%	35%	16%	41%	59%
Iowa	289,005	142,075	49%	32%	19%	43%	57%
Kansas	164,548	59,345	53%	31%	16%	43%	57%
Kentucky	687,572	275,867	49%	34%	17%	44%	56%
Louisiana	723,036	285,729	50%	33%	17%	36%	64%
Maine	142,991	52,884	45%	34%	21%	50%	50%
Maryland	614,977	277,634	48%	31%	20%	40%	60%
Massachusetts	892,518	434,844	41%	36%	23%	45%	55%
Michigan	1,244,377	499,868	48%	33%	19%	44%	56%
Minnesota	543,862	302,857	46%	34%	19%	44%	56%
Mississippi	247,979	57,874	53%	29%	18%	35%	65%
Missouri	343,902	117,499	50%	33%	17%	39%	61%
Montana	111,698	49,678	50%	29%	21%	45%	55%
Nebraska	117,344	48,963	55%	26%	19%	43%	57%
Nevada	314,366	118,111	46%	37%	17%	47%	53%
New Hampshire	96,002	41,889	46%	32%	22%	42%	58%
New Jersey	806,267	333,177	44%	34%	22%	45%	55%
New Mexico	372,382	162,940	50%	35%	15%	46%	54%
New York	2,947,073	1,283,735	41%	34%	24%	46%	54%
North Carolina	736,513	274,317	55%	32%	13%	38%	62%
North Dakota	35,532	17,689	43%	40%	17%	38%	62%
Ohio	1,305,190	576,346	48%	35%	17%	40%	60%
Oklahoma	263,497	95,046	53%	36%	11%	46%	54%
Oregon	544,206	238,360	49%	33%	18%	45%	55%
Pennsylvania	1,333,128	532,452	47%	33%	20%	41%	59%
Rhode Island	141,422	65,423	49%	28%	23%	44%	56%

<b>South Carolina</b>	378,538	145,591	51%	33%	15%	36%	64%
<b>South Dakota</b>	41,720	16,018	59%	32%	9%	40%	60%
<b>Tennessee</b>	561,369	201,613	50%	37%	13%	39%	61%
<b>Texas</b>	1,441,812	536,646	50%	33%	17%	42%	58%
<b>Utah</b>	164,513	67,937	49%	35%	16%	49%	51%
<b>Vermont</b>	81,951	38,975	38%	36%	26%	48%	52%
<b>Virginia</b>	632,704	271,963	45%	36%	19%	42%	58%
<b>Washington</b>	788,162	325,835	48%	34%	18%	46%	54%
<b>West Virginia</b>	271,013	94,032	50%	32%	18%	38%	62%
<b>Wisconsin</b>	518,560	228,052	50%	33%	17%	42%	58%
<b>Wyoming</b>	24,352	10,951	49%	40%	12%	43%	57%
<b>US Total</b>	32,006,946	13,489,934	47%	34%	20%	44%	56%

Source: 2021 ACS data

**Appendix Table 3. Race and Ethnicity of Medicaid Enrollees Who Were Employed Ages 19-64 by State, 2021**

State	Medicaid Enrollees	Medicaid Enrollees Currently Working	Among Medicaid Enrollees Currently Working					
			Latino	Non-Latino White	Non-Latino Black	AANHPI	AI/AN	Multi-racial or Other
Alabama	329,578	78,267	4%	45%	44%	1%	1%	6%
Alaska	90,018	41,360	9%	51%	1%	14%	19%	7%
Arizona	744,952	326,969	46%	35%	7%	2%	4%	5%
Arkansas	350,656	136,243	8%	62%	20%	2%	0%	7%
California	5,281,866	2,425,913	57%	21%	6%	12%	0%	4%
Colorado	524,576	249,608	31%	53%	6%	3%	0%	6%
Connecticut	423,034	212,059	32%	40%	17%	5%	0%	5%
Delaware	100,152	47,716	14%	46%	28%	3%	0%	9%
District of Columbia	89,258	32,951	14%	9%	69%	3%	0%	6%
Florida	1,367,451	536,388	36%	35%	22%	3%	0%	4%
Georgia	628,795	210,989	9%	36%	43%	6%	0%	5%
Hawaii	139,154	56,462	13%	17%	2%	43%	0%	24%
Idaho	173,489	85,301	16%	76%	2%	2%	1%	4%
Illinois	1,199,417	495,931	23%	42%	25%	5%	0%	5%
Indiana	640,469	271,562	10%	66%	17%	3%	0%	5%
Iowa	289,005	142,075	9%	78%	6%	2%	1%	4%
Kansas	164,548	59,345	16%	65%	9%	3%	1%	7%
Kentucky	687,572	275,867	4%	79%	9%	2%	0%	6%
Louisiana	723,036	285,729	5%	43%	45%	2%	0%	5%
Maine	142,991	52,884	4%	85%	5%	0%	1%	5%
Maryland	614,977	277,634	13%	33%	41%	7%	0%	6%
Massachusetts	892,518	434,844	27%	44%	11%	7%	0%	11%
Michigan	1,244,377	499,868	6%	63%	21%	3%	0%	6%
Minnesota	543,862	302,857	8%	63%	16%	7%	1%	5%
Mississippi	247,979	57,874	3%	44%	50%	1%	0%	3%
Missouri	343,902	117,499	4%	69%	19%	2%	0%	5%
Montana	111,698	49,678	4%	80%	1%	0%	9%	6%
Nebraska	117,344	48,963	14%	69%	9%	3%	1%	5%
Nevada	314,366	118,111	35%	34%	14%	9%	1%	7%
New Hampshire	96,002	41,889	5%	80%	4%	2%	0%	9%
New Jersey	806,267	333,177	33%	37%	19%	7%	0%	3%
New Mexico	372,382	162,940	60%	22%	1%	1%	13%	3%
New York	2,947,073	1,283,735	29%	37%	15%	13%	0%	5%
North Carolina	736,513	274,317	13%	46%	32%	2%	1%	6%
North Dakota	35,532	17,689	5%	80%	6%	1%	7%	2%
Ohio	1,305,190	576,346	5%	63%	22%	3%	0%	6%
Oklahoma	263,497	95,046	12%	57%	12%	3%	6%	10%
Oregon	544,206	238,360	20%	65%	2%	4%	1%	7%
Pennsylvania	1,333,128	532,452	15%	58%	17%	5%	0%	6%
Rhode Island	141,422	65,423	31%	51%	7%	3%	1%	8%

<b>South Carolina</b>	378,538	145,591	7%	48%	39%	1%	0%	5%
<b>South Dakota</b>	41,720	16,018	8%	77%	3%	1%	8%	4%
<b>Tennessee</b>	561,369	201,613	5%	62%	25%	2%	0%	6%
<b>Texas</b>	1,441,812	536,646	48%	27%	18%	4%	0%	3%
<b>Utah</b>	164,513	67,937	13%	75%	3%	3%	3%	5%
<b>Vermont</b>	81,951	38,975	2%	84%	2%	4%	0%	8%
<b>Virginia</b>	632,704	271,963	10%	45%	32%	5%	0%	7%
<b>Washington</b>	788,162	325,835	21%	56%	6%	9%	1%	7%
<b>West Virginia</b>	271,013	94,032	2%	86%	4%	1%	0%	6%
<b>Wisconsin</b>	518,560	228,052	13%	64%	13%	4%	1%	4%
<b>Wyoming</b>	24,352	10,951	5%	86%	1%	0%	5%	4%
<b>US Total</b>	32,006,946	13,489,934	27%	44%	16%	6%	1%	5%

Source: 2021 ACS data

**Appendix Table 4. Demographic Characteristics of Estimated Medicaid/CHIP Enrollees with Employer Sponsored Insurance or an Affordable Offer Following the End of the Continuous Eligibility Provision**

	Enrolled in ESI	With Affordable Offer
<b>Total</b>	3,718,853	302,908
<b>Sex</b>		
Male	2,028,466 (55%)	136,139 (45%)
Female	1,690,388 (45%)	166,770 (55%)
<b>Age</b>		
0-17	933,684 (25%)	31,766 (10%)
18-24	602,413 (16%)	70,338 (23%)
25-34	960,912 (26%)	63,531 (21%)
35-44	595,606 (16%)	41,976 (14%)
45-54	459,468 (12%)	82,818 (27%)
55-64	148,618 (4%)	13,614 (4%)
65+	19,286 (1%)	-
<b>Race</b>		
Hispanic/Latino	992,677 (27%)	115,718 (38%)
White non-Latino	1,843,544 (50%)	120,256 (40%)
Black non-Latino	469,678 (13%)	31,766 (10%)
AANHPI non-Latino	141,811 (4%)	24,959 (8%)
Multi-racial, other*	272,277 (7%)	11,345 (4%)
<b>State Medicaid Expansion Status</b>		
Expansion State	2,481,126 (67%)	166,770 (55%)
Non-Expansion State	1,237,727 (33%)	136,139 (45%)
<b>MAGI as percent of poverty at end of PHE**</b>		
<100%	136,139 (4%)	81,683 (27%)
100 - 138%	71,473 (2%)	-
>138 - 150%	121,390 (3%)	-
>150 - 200%	424,299 (11%)	28,362 (9%)
>200 - 250%	612,624 (16%)	91,894 (30%)
>250 - 300%	519,596 (14%)	13,614 (4%)
>300 - 350%	376,650 (10%)	10,210 (3%)
>350 - 400%	315,388 (8%)	14,748 (5%)
>400%	1,141,295 (31%)	62,397 (21%)

Source: Analysis based on 2015 and 2016 data from the 2014 Survey of Income and Program Participation adjusted for Medicaid and CHIP enrollment as of November 2022.

Note: \*Percentages are computed based on unrounded numbers.

\*\*Modified Adjusted Gross Income (MAGI) is adjusted gross income (AGI) plus untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest. It is the basis for determining Medicaid income eligibility for most children, pregnant women, parents, and adults

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