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Kansas Workers and Industries Stand to Benefit from Medicaid Expansion: Top Occupations of Kansans Who Would Receive Coverage Through Medicaid Expansion

Most of those who would benefit if Kansas expanded Medicaid health coverage are working adults.[1] More than six out of 10 — **64%** of those who would be eligible for coverage through Medicaid expansion work in occupations that Kansas residents rely on *every day,* supporting industries that are the foundation of the state's economy.

Over 100,000 working Kansans would qualify for Medicaid if the state expanded the program.[2] These are workers in low wage jobs that either do not offer health insurance coverage, or offer coverage that is not affordable. Since these workers do not receive health insurance through their employers, they are either uninsured or must purchase health insurance in the individual market, where insurance premiums are often cost-prohibitive, even for those who qualify for subsidies.[3] Expanding Medicaid would allow those more than 100,000 working Kansans to obtain affordable, quality health coverage.

Among working Kansans who would benefit from Medicaid expansion, the most common occupations are food preparation and serving occupations, sales and related occupations, and office and administrative support occupations.

- The largest share (15.6%) of adults who would benefit under Medicaid expansion work in food preparation and serving occupations, which include cooks, bartenders, restaurant servers, and dishwashers.
- The second largest share (11.2%) of working adults who would benefit from Medicaid expansion work in sales and related occupations, which include cashiers, retail salespeople, travel agents, and real estate brokers.
- The third largest share (9.8%) of working adults who would benefit from Medicaid expansion work in office and administrative support occupations, which include telephone operators, bank tellers, receptionists, and secretaries.
- Other common occupations among adults who would benefit from Medicaid expansion include building and grounds cleaning and maintenance occupations (such as housekeepers, janitors, groundskeepers, and pest control workers) and transportation and material moving occupations (such as bus drivers, train conductors, truck and tractor operators, and shipping and packaging workers).

Medicaid expansion could help these working Kansans live healthier lives and be more productive employees. Health insurance coverage increases access to preventive care and treatment of acute and chronic conditions, which improves workers' health and, in turn, results in fewer sick days and improved performance at work.[4]

The table below lists the most common occupations of working adults who would benefit if Kansas expanded Medicaid.

Occupations and Number of Eligible Adults*	Percentage of All Eligible Working Adults
Food Preparation and Serving Occupations — 15,826 (such as cooks, bartenders, restaurant servers, and dishwashers)	15.6%
Sales and Related Occupations — 11,384 (such as cashiers, retail salespeople, travel agents, and real estate brokers)	11.2%
Office and Administrative Support Occupations — 9,886 (such as telephone operators, bank tellers, receptionists, and secretaries)	9.8%
Building and Grounds Cleaning and Maintenance Occupations — 8,998 (such as housekeepers, janitors, groundskeepers, and pest control workers)	8.9%
Transportation and Material Moving Occupations — 8,971 (such as bus drivers, train conductors, truck and tractor operators, and shipping and packaging workers)	8.8%
Construction and Extraction Occupations — 8,716 (such as carpenters, electricians, roofers, and plumbers)	8.6%
Production Occupations — 6,734 (such as bakers, meat and poultry processors, machinists, and power plant workers)	6.6%
Personal Care and Service Occupations — 5,403 (such as hair stylists, child care workers, tour guides, and fitness instructors)	5.3%
Education, Training, and Library Occupations — 4,790 (such as teachers, librarians, and museum workers)	4.7%
Healthcare Support Occupations — 4,112 (such as nurses, dental and medical assistants, and massage therapists)	4.1%
All other — 16,581	16.4%

***Source**: These data are based on Families USA's analysis of information from the American Community Survey from 2013–2017, which was conducted by the U.S. Census Bureau. Data are based on an analysis of Kansas residents ages 19–64 with family incomes up to 138% of poverty ($29,435 for a family of three in 2019) who either are uninsured or who purchase insurance from the individual market.

Note: Our calculations define Kansas adults with incomes up to 138% of poverty who either lack health insurance or have purchased health insurance from the individual market, and who are currently working or have worked in the last 12 months. This population is equal to 63.7% of the 159,263 adults who could benefit if the state expanded health coverage. It excludes people who have been out of the workforce for 5 years or more, including people with disabilities, retirees, non-working spouses, students and dependents ages 19–24 (22.7% of the 159,263 adults who could benefit from expanded health coverage) and those we define as "unemployed," who had not worked in 1 to 5 years (13.6% of the 159,263 adults who could benefit from expanded health coverage).

Endnotes

[1] Currently, childless adults in Kansas are not eligible for Medicaid. Parents are only eligible for Medicaid if their annual income does not exceed 38% of the Federal Poverty Level (FPL), or $9,785 for a family of four. Medicaid expansion in Kansas would allow parents and childless adults with annual incomes up to 138% FPL ($35,535 for a family of 4) to gain Medicaid coverage.

[2] Based on analysis of data from the U.S. Census Bureau's American Community Survey, looking at uninsured Kansans ages 19 to 64 with incomes up to 138% of poverty. For more information, see the Methodology section.

[3] According to a study published in *Health Affairs* in January 2018, "For adults with family incomes of 100–138 percent of poverty, living in a Medicaid expansion state was associated with a 4.5-percentage-point reduction in the probability of being uninsured, a $344 decline in average total out-of-pocket spending, a 4.1-percentage-point decline in high out-of-pocket spending burden (that is, spending more than 10 percent of income), and a 7.7-percentage-point decline in the probability of having any out-of-pocket spending relative to living in a nonexpansion state."

Blavin, Fredric, Michael Karpman, Genevieve M. Kenney, and Benjamin D. Sommers. "Medicaid Versus Marketplace Coverage For Near-Poor Adults: Effects On Out-Of-Pocket Spending and Coverage." *Health Affairs* 37, no. 2 (January 2018): 299–307. doi:10.1377/hlthaff.2017.1166.

[4] Insurance coverage, including Medicaid, is strongly related to better health outcomes for adults and children. For a comprehensive review of the literature on the impact of insurance on health, see Bernstein, Jill, Deborah Chollet, and Stephanie Peterson. "How Does Insurance Coverage Improve Health Outcomes?" Mathematica. April 30, 2010. https://www.mathematica-mpr.com/our-publications-and-findings/publications/how-does-insurance-coverage-improve-health-outcomes.

For evidence of the link between Medicaid expansion and improved quality of care and health, see

Sommers, Benjamin D., Bethany Maylone, Robert J. Blendon, E. John Orav, and Arnold M. Epstein. "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults." The Commonwealth Fund (May 2017). https://www.commonwealthfund.org/publications/journal-article/2017/may/three-year-impacts-affordable-care-act-improved-medical-care.

For a discussion of the link between workers' health and productivity, see

"Workplace Health Promotion." Centers for Disease Control and Prevention (March 2019). https://www.cdc.gov/workplacehealthpromotion/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fworkplacehealthpromotion%2Findex.htm and

Loeppke, Ronald, Michael Taitel, Vince Haufle, Thomas Parry, Ronald C. Kessler, and Kimberly Jinnett. "Health and Productivity as a Business Strategy: A Multiemployer Study." *Journal of Occupational and Environmental Medicine 51, no. 4 (April 2009): 411–428. DOI:*10.1097/jom.0b013e3181a39180.

For evidence of the positive effect of insurance coverage on worker productivity, see

Collins, Michelle M. Doty, Alice Ho, and Alyssa L. Holmgren. "Health and Productivity Among U.S. Workers." The Commonwealth Fund (August 2005). https://pdfs.semanticscholar.org/5d85/c14f90760df3992b2ed5200de97acfe80876.pdf and

Dizioli, Allan, and Roberto B. Pinheiro. "Health Insurance as a Productive Factor." Munich Personal RePEc Archive (June 2012). https://mpra.ub.uni-muenchen.de/39743/1/MPRA_paper_39743.pdf.

Methodology

Data source: To analyze employment status and occupations held by individuals who could be helped by the Medicaid expansion, Families USA used the Public Use Microdata Sample (PUMS) database. This database is derived from the American Community Survey, an ongoing public survey conducted by the U.S. Census Bureau. It is designed to give communities the current information they need to plan and invest. Both national and state data are available. Among the data collected is information on respondents' household income, age, health insurance status, work status, and occupation. Families USA used data for 2013–2017. Using a 5-year sample provides a more accurate picture of the population than a 1-year sample. More information about the American Community Survey is available at https://www.census.gov/acs/www/about_the_survey/american_community_survey/.

How we sorted and interpreted the data: To identify the population that could benefit from the Medicaid expansion in Kansas, Families USA sorted the sample to capture responses of individuals with a household income up to 138% of the federal poverty level who were between ages 19 and 64 and who either

were uninsured or purchased insurance directly from an insurance company. Sorting based on these criteria excludes individuals who are currently covered by the state's Medicaid program or other public insurance programs, or through a current or former employer or union. It gave us a sample that represents the population that will benefit the most from a Medicaid expansion.

Survey respondents were classified as "working" if they reported working within the last 12 months. This enabled us to capture seasonal workers, contractors, self-employed respondents, and others who work but whose work schedule may not be consistent throughout the year. Respondents were classified in the occupation they reported that they currently or last held.

Survey respondents were classified as "not working" if they reported working 1 to 5 years ago, over 5 years ago, or never worked.

Occupation codes reported: The American Community Survey groups respondents into occupations using the occupation codes from the Standard Occupational Classification System Manual. Occupations profiled in our report are those with the largest number of respondents from the sample. The job example types associated with each occupation are also drawn from the Standard Occupational Classification System Manual, which lists jobs under each occupation classification. The jobs listed above are included solely for the purpose of illustrating the types of jobs that fall into each occupation category.

Assumptions: Our analysis does not take into consideration citizenship status or immigration history, in part because there are doubts about the accuracy of the PUMS data set in capturing this information. Because qualified legal immigrants have a 5-year mandatory disqualification period (known as the "5-year bar"), and undocumented immigrants are ineligible for non-emergency Medicaid in Kansas, our estimates may include some individuals who ultimately would not benefit from a Medicaid expansion.

Our analysis uses a weighting factor to convert analysis from responses into population-level statistics. These population-level weights were provided by the PUMS data set. We did not make any additional adjustments to the data.

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