



**Without Federal Support
for Health Insurance, Many
More Jobs Will Be Lost**



THE NATIONAL CENTER FOR
COVERAGE INNOVATION

AT **FAMILIESUSA**



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Families USA launched The National Center for Coverage Innovation (NCCI) to help state and federal policymakers and consumer leaders develop and implement innovative approaches to expand and improve health care coverage. NCCI’s mission will be complete when every family in America has health coverage that provides the financial security and affordable access to health care that people need to thrive.

NCCI relentlessly pursues creative, pragmatic solutions that expand and strengthen health coverage, seeking the bipartisan support that makes policy gains truly sustainable. NCCI advocates incremental reforms that tangibly benefit people’s lives in the near term while it collaborates with diverse state and national partners to build longer-term consensus around bolder transformation. NCCI combines cutting-edge thought leadership, analysis, and technical assistance with the full spectrum of proven advocacy tools that have helped Families USA build a 37-year track record of success improving the health and health care of our nation’s families at the federal, state, and community levels.

Results in Brief

- » A recent Families USA analysis estimated that 5.4 million workers were becoming uninsured due to job losses that occurred during the first three months of the COVID-19 pandemic. That estimated coverage loss would exceed the largest previous increase in the number of uninsured adults ever recorded.
- » Hospitals, clinics, doctors, and other health care providers now employ one in seven U.S. workers. A large decline in insurance coverage, which would cut revenue to the health care industry, could thus have significant economic consequences. The resulting staff layoffs at health care providers would trigger job loss in other industries as well, exacerbating the current downturn and undermining recovery.
- » Diminished revenue for health care providers has already taken a serious economic toll. According to data from the U.S. Bureau of Economic Analysis, **the health care industry's revenue losses accounted for 29% of the second quarter's record-breaking drop in gross domestic product, contributing more than any other industry to our country's economic decline.** More than 1 million workers lost health care jobs during the pandemic's first few months, a number exceeded only by unemployment in the restaurant industry.
- » This report estimates the further job losses that will result if projected reductions in health insurance eliminate additional revenue for health care providers. **We find that if unemployment remains roughly at May 2020 levels, the resulting loss of comprehensive health insurance would eliminate an estimated 1.5 million to 2.5 million jobs in health care and related industries.** More than half of these job losses (53%) would take place in seven states: Texas (losing as many as 362,000 jobs), California (331,000), Florida (209,000), New York (127,000), Illinois (108,000), Georgia (93,000), and Pennsylvania (93,000). **If unemployment rises significantly above levels experienced in May, as many as 4.7 million workers could lose their jobs** because of health insurance reductions.
- » Comprehensive health insurance provides families with access to essential health care, preventing illness, stopping disease transmission, and saving lives, with both COVID-19 and other health conditions. Such insurance also makes an important economic contribution by providing revenue that keeps the lights on at hospitals and other health care providers. **To avoid a new round of job losses that deepens the COVID-19 downturn and slows economic recovery, federal action that maintains comprehensive health insurance is essential.**

Introduction: The Importance of Health Insurance for Pandemic Response and Economic Recovery

A previous Families USA report found that, due to job losses from February to May of this year, an estimated 5.4 million laid-off workers would become uninsured, based on past coverage patterns associated with losing employment. This estimated coverage loss would be 39% greater than the highest annual increase in the number of uninsured adults ever recorded. Compared to pre-COVID-19 conditions, it would represent an increase of more than 20% in the total number of adults without any health insurance.¹ If the economy worsens, coverage losses are likely to grow.

Recent analysis documents three problems created by significant health insurance losses in the current environment:²

1. When uninsured patients do not know that they have contracted the coronavirus, they delay seeking care, even if they start to feel sick. Such delays put them in danger and accelerate the virus's spread to family members, friends, neighbors, co-workers, and customers.
2. Health problems unrelated to COVID-19 have grown in prevalence and severity. Comprehensive health insurance is essential for people with diabetes, high blood pressure, cancer, and other chronic illnesses to obtain prompt care that can prevent permanent damage to their health or even save their lives.
3. Nearly half of the country has lost employment income. Tens of millions of families now report an inability to buy necessary food and serious concerns about making rent or mortgage payments. Without health insurance, significant medical bills will further burden these families. Many may have to choose between obtaining essential health care and meeting other basic needs.

This new report focuses on a fourth result of major declines in health coverage: **Health coverage losses prolong and deepen the economic downturn.**

Reopening the U.S. economy depends on reducing COVID-19's incidence and stopping the virus's spread. Health insurance is crucial to that effort since it lets people seek diagnosis and care as soon as they begin feeling sick.

Health coverage is vital to economic recovery for another reason as well: Comprehensive health insurance directly supports employment. It is the foundation of America's health care sector, which makes up almost one-fifth of the entire U.S. economy.³

If fewer patients have health insurance, hospitals and other health care providers, many of which are important local employers, receive less reimbursement. **Revenue reductions can force providers to lay off staff, creating ripple effects that hurt the surrounding economy as well.**

To project the magnitude of total job losses resulting from health insurance reductions, we begin this paper by describing the health care industry's role during the COVID-19 recession thus far. We then estimate the number of workers in each state who could become newly unemployed because of revenue reductions triggered by health coverage losses, assuming a baseline unemployment rate of 15%, only slightly improved over levels in May 2020. The nominal unemployment rate was 13.3% for that month, but the U.S. Bureau of Labor Statistics explained that, correcting for errors, the true unemployment rate was approximately 16.4%.⁴

Appendix 1 (page 11) describes our methodology and explains the limitations of our analysis. Two uncertainties are particularly important, however, so we highlight them here as well. First, we base our analysis on economic conditions in May. The economy could improve or worsen in the coming months, which means

29% of the second quarter's huge drop in gross domestic product resulted from revenue losses experienced by the health care industry. No other industry came close to having health care's impact.

that job losses could be lower or higher than those we estimate here. Economic forecasters describe our country's near- and medium-term future as unusually uncertain, hinging in large part on progress combatting COVID-19.⁵ The recent renewed spread of COVID-19 in many states suggests that this report's assumption of continued overall economic conditions much like those in May is not unreasonably pessimistic.

Second, our analysis relies on health insurance projections based on past relationships between labor market conditions and health coverage. With today's pandemic-driven downturn, the coverage effects of increased unemployment may turn out to differ from those in the past.⁶ If so, our job loss estimates could ultimately prove too high or too low.

Despite these inherent uncertainties, our core finding seems hard to dispute. **Major health insurance reductions will cut revenue and trigger significant job losses in the health care industry and other businesses. Protecting comprehensive health insurance should be a priority for policymakers, even if their primary focus is now on economic recovery.**

The Health Care Industry's Part in the Current Economic Downturn

Health Care Revenue Losses Have Already Harmed the Economy

COVID-19's spread sharply cut many providers' revenue. Driven by such factors as stay-at-home orders, reservation of hospital beds for possible surges of COVID-19 cases, and patients' fear of contracting the disease while visiting health care providers, overall health care utilization dropped significantly during the pandemic's early months.

According to data from the U.S. Bureau of Economic Analysis, 29% of the second quarter's huge drop in gross domestic product resulted from revenue losses experienced by the health care industry (Table 1). No other industry came close to having health care's impact, which exceeded by 71% the contribution to GDP loss from food services and accommodations firms, the industry in second place.⁷ More than 1 million health care jobs disappeared between February and June — more layoffs than were reported for any other private economic sector except the restaurant industry.⁸

Figure 1. Percentage Changes in Gross Domestic Product, by Quarter and Contributing Factors: 2018-2020 (seasonally adjusted, at annual rates)



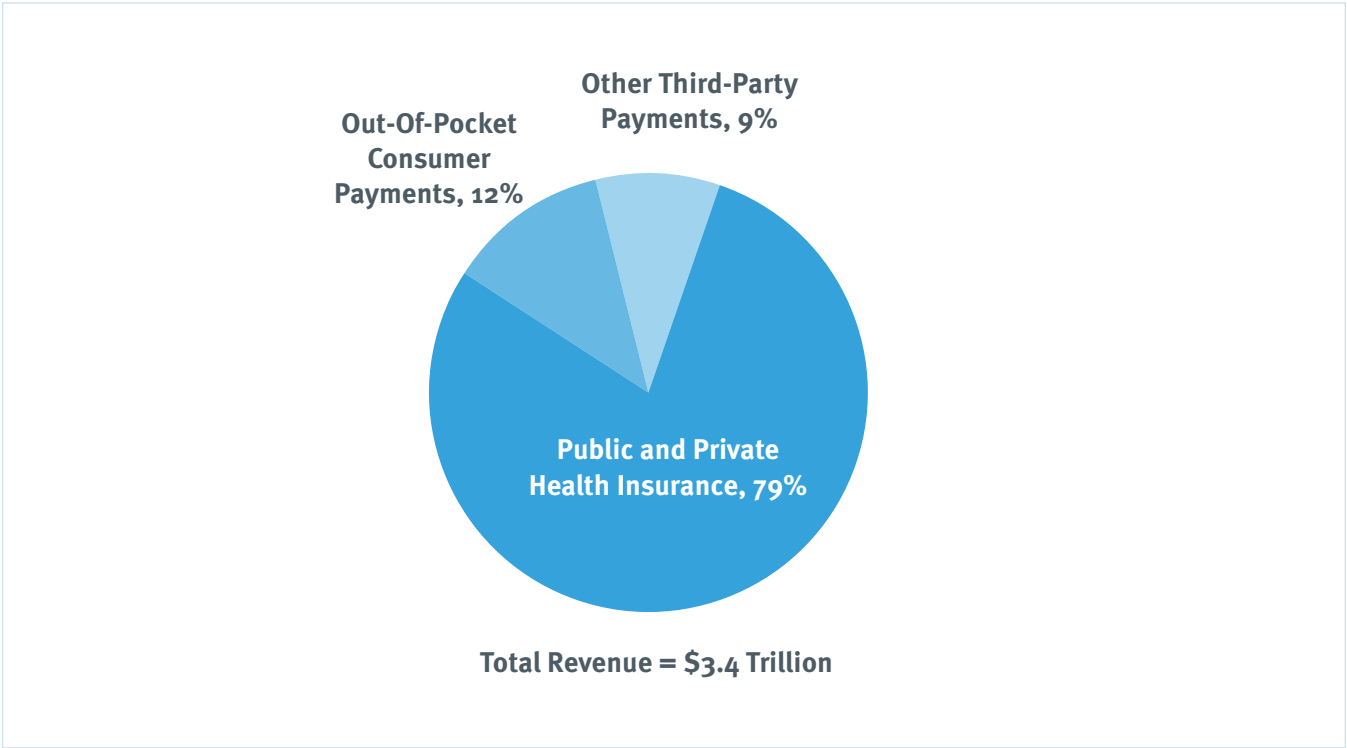
Source: The National Center for Coverage Innovation (NCCI) at Families USA analysis of U.S. Bureau of Economic Analysis (BEA), "Table 2. Contributions to Percent Change in Gross Domestic Product." Gross Domestic Product, 2nd Quarter 2020 (Advance Estimate) and Annual Update. BEA 20—37. July30, 2020. https://www.bea.gov/sites/default/files/2020-07/gdp2q20_adv.xlsx.

Millions of Health Care Jobs Are Vulnerable to Further Revenue Losses

With one in seven American workers employed in health care, numerous jobs remain at risk if Congress does not protect the comprehensive health coverage needed for doctors, hospitals, and clinics to remain open and fully staffed. **As of June 2020, 16.5 million people, or 14% of all private sector workers, were still employed in health care** — more than the number who worked in all of the country’s retail stores or all of its manufacturing plants.⁹

Health insurance provides 79 cents of every dollar in revenue received by hospitals, doctors, clinics, and other health care providers (Figure 2). If fewer patients have health insurance, the health care industry loses revenue, forcing additional job cuts. Employment outside health care will suffer as well if medical offices lay off more staff or close their doors, buying fewer goods and services in local economies. In the next section, we show the potential magnitude of those effects.

Figure 2. Projected Revenue Sources for Health Care Providers: 2020



Source: NCCI analysis of Office of the Actuary, Centers for Medicare & Medicaid Services, “Table 5. Personal Health Care Expenditures; Aggregate and Per Capita Amounts, Percent Distribution and Annual Percent Change by Source of Funds: Calendar Years 2012-2028,” NHE Projections 2019-2028 – Tables, last modified April 15, 2020, <https://www.cms.gov/files/zip/nhe-projections-2019-2028-tables.zip-0>.

Note: Other third-party payments include work site health care, other private revenues, the Indian Health Service, workers’ compensation, general assistance, maternal and child health, vocational rehabilitation, other federal programs, the Substance Abuse and Mental Health Services Administration, other state and local programs, and school health.

Results: Projected Health Insurance Losses Will Eliminate Millions of Jobs, Unless Congress Takes Action

Urban Institute researchers, assuming a 15% unemployment rate, projected two sets of coverage changes, based on two different data sources they used to analyze the relationship between economic conditions and coverage:*

- » One set of results estimated that 17.7 million people would lose employer-sponsored insurance (ESI), 8.2 million would move to Medicaid, 4.3 million would enroll in the individual market, and 5.1 million would become uninsured.
- » Under the other set, 30.1 million people would lose ESI, 14.3 million would obtain Medicaid, 7.3 million would receive individual market coverage, and 8.5 million would become uninsured.

In addition to national results, researchers estimated coverage changes by state. To determine the impact of those changes on employment, we calculated the net revenue loss for each state's health care industry and the job losses that would be required to accommodate that revenue decline, as Appendix 1 (page 11) explains in detail.

We found that health coverage changes projected to result from unemployment slightly lower than May levels would eliminate an estimated 1.5

million to 2.5 million jobs by cutting revenue to health care providers (Table 1).

A majority of all these estimated job losses (53%) would be concentrated in the first seven of the 10 hardest-hit states, which we list here in order of potential job losses (Table 2):

1. Texas, which could lose as many as 362,000 jobs
2. California: 331,000
3. Florida: 209,000
4. New York: 127,000
5. Illinois: 108,000
6. Georgia: 93,000
7. Pennsylvania: 93,000
8. New Jersey: 86,000
9. Michigan: 82,000
10. Ohio: 77,000

In states like Texas and Florida, state decisions not to expand Medicaid as allowed by the Affordable Care Act are estimated to significantly deepen health coverage losses, thus increasing the number of people projected to become unemployed as a result.

Appendix 2 (page 13) estimates the magnitude of job losses, by state and nationally, that could take place if economic conditions worsen and health

* As explained in Appendix 1, these researchers analyzed several different economic scenarios, one of which involved a 15% unemployment rate. With each scenario, they developed two sets of results. One set estimated relationships between labor market conditions and coverage based on American Community Survey (ACS) data from 2008 through 2018. The other estimated those relationships based on National Health Interview Survey (NHIS) data from 1998 through 2018. The ACS-based estimates controlled for individual-level characteristics that shift over time, but the NHIS-based estimates covered a much longer period with multiple business-cycle changes. Using ACS data rather than NHIS data yields estimates of fewer health insurance reductions.



insurance losses increase. **Depending on how high unemployment rates rise and how the relationship between economic conditions and health coverage unfolds, the number of workers who lose a job and join the ranks of the unemployed if Congress fails to protect comprehensive health insurance could reach 4.7 million** (Appendix Table 1).

Conclusion

No COVID-19 package yet signed into law addresses our country's recent and ongoing health insurance losses. Further delays in providing comprehensive coverage would undermine prospects for economic recovery, while simultaneously damaging families' health status and financial security.

The United States is simultaneously experiencing a deadly pandemic and a deep economic downturn. Both crises are likely to worsen unless Congress takes immediate and effective action to protect American health insurance.

For further information on Families USA's three priorities for congressional response to COVID-19 and more detail on the importance of comprehensive coverage, please visit:

COVID-19 Toolkit: <https://www.familiesusa.org/resources/digital-toolkit-covid-19-related-resources/>.

Comprehensive Insurance Fact Sheet: https://familiesusa.org/wp-content/uploads/2020/07/COV_255_Comprehensive-Insurance-Fact-Sheet.pdf.

Table 1. Job Losses Due to Health Insurance Reductions Projected to Result from a 15% Unemployment Rate, by State: 2020

State	Low End of Range	High End of Range
Alabama	25,000	42,000
Alaska	2,000	4,000
Arizona	23,000	39,000
Arkansas	20,000	35,000
California	195,000	331,000
Colorado	27,000	45,000
Connecticut	8,000	13,000
Delaware	Under 500	Under 500
District of Columbia	1,000	1,000
Florida	124,000	209,000
Georgia	56,000	93,000
Hawaii	2,000	4,000
Idaho	5,000	8,000
Illinois	64,000	108,000
Indiana	30,000	51,000
Iowa	12,000	20,000
Kansas	8,000	13,000
Kentucky	8,000	13,000
Louisiana	24,000	41,000
Maine	5,000	9,000
Maryland	20,000	32,000
Massachusetts	32,000	54,000
Michigan	49,000	82,000
Minnesota	16,000	26,000
Mississippi	11,000	18,000
Missouri	33,000	56,000

State	Low End of Range	High End of Range
Montana	3,000	6,000
Nebraska	6,000	10,000
Nevada	16,000	27,000
New Hampshire	6,000	11,000
New Jersey	51,000	86,000
New Mexico	10,000	18,000
New York	76,000	127,000
North Carolina	41,000	68,000
North Dakota	3,000	4,000
Ohio	47,000	77,000
Oklahoma	24,000	41,000
Oregon	5,000	7,000
Pennsylvania	55,000	93,000
Rhode Island	3,000	4,000
South Carolina	29,000	50,000
South Dakota	4,000	7,000
Tennessee	7,000	9,000
Texas	215,000	362,000
Utah	16,000	26,000
Vermont	1,000	1,000
Virginia	24,000	40,000
Washington	7,000	10,000
West Virginia	7,000	11,000
Wisconsin	27,000	46,000
Wyoming	2,000	4,000
USA	1,487,000	2,492,000

For data sources and methods, see Appendix 1 (page 11) to this report.

Note: Totals may not equal the sum of each column because of rounding. Job loss estimates, at each end of the range shown above, are based on two different estimates of health insurance changes that could result from a 15% unemployment rate.

Table 2. Potential Job Losses Due to Health Insurance Reductions Projected to Result from a 15% Unemployment Rate, by State in Order of Magnitude: 2020

Rank	State	Job Losses
1	Texas	362,000
2	California	331,000
3	Florida	209,000
4	New York	127,000
5	Illinois	108,000
6	Georgia	93,000
7	Pennsylvania	93,000
8	New Jersey	86,000
9	Michigan	82,000
10	Ohio	77,000
11	North Carolina	68,000
12	Missouri	56,000
13	Massachusetts	54,000
14	Indiana	51,000
15	South Carolina	50,000
16	Wisconsin	46,000
17	Colorado	45,000
18	Alabama	42,000
19	Louisiana	41,000
20	Oklahoma	41,000
21	Virginia	40,000
22	Arizona	39,000
23	Arkansas	35,000
24	Maryland	32,000
25	Minnesota	26,000
26	Nevada	27,000

Rank	State	Job Losses
27	Utah	26,000
28	Iowa	20,000
29	Mississippi	18,000
30	New Mexico	18,000
31	Kansas	13,000
32	Kentucky	13,000
33	Washington	10,000
34	Connecticut	13,000
35	Tennessee	9,000
36	West Virginia	11,000
37	New Hampshire	11,000
38	Nebraska	10,000
39	Oregon	7,000
40	Maine	9,000
41	Idaho	8,000
42	South Dakota	7,000
43	North Dakota	4,000
44	Montana	6,000
45	Rhode Island	4,000
46	Alaska	4,000
47	Hawaii	4,000
48	Wyoming	4,000
49	District of Columbia	1,000
50	Vermont	1,000
51	Delaware	Under 500

For data sources and methods, see Appendix 1 (page 11) to this report.

Note: These job loss estimates represent the high end of the range displayed in Table 1.

Appendix 1: Methodology

Sources

We began with estimates of health insurance changes by state from Urban Institute researchers Bowen Garrett and Anuj Gangopadhyaya.¹⁰ Those estimates varied by assumed unemployment rates (15%, 20%, and 25%) and estimated relationships between employment and coverage. Garrett and Gangopadhyaya based one set of relationships on American Community Survey (ACS) data from 2008 through 2018. They based the other on National Health Interview Survey (NHIS) data from 1998 through 2018. The former results yielded smaller estimated health insurance changes in response to a specified increase in unemployment. We used the former to produce the low end of the range of estimated job losses shown in Table 1 and the latter to produce the high end.

To estimate average 2020 payments to providers from ESI, the individual market, and Medicaid, we began with National Health Expenditure (NHE) projections of 2020 personal health expenditures (PHE) published by the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary.¹¹ For ESI, we adjusted national projections to each state based on data from the Medical Expenditure Panel Survey – Insurance Component showing average premiums for worker-only coverage in 2018, the most recent year for which such data were available.¹² For the individual market, we adjusted the NHE’s national PHE projections to each state based on CMS risk-adjustment reports for each state’s individual market, showing average premiums and average medical loss ratios by state in 2019.¹³ For the two states that lacked such risk-transfer data (Massachusetts and Vermont), we used CMS’ public use files for 2020 open enrollment¹⁴ to compare average premiums in each of those state’s exchanges to the national average. We adjusted the

NHE’s national Medicaid estimates of 2020 PHE, which include all eligibility categories, to the cost of coverage for nonelderly, nondisabled adults, based on the Kaiser Family Foundation’s (KFF) estimate of the ratio between per capita costs for such adult coverage and overall per capita costs in Medicaid in fiscal year 2014, the most recent year for which data are available.¹⁵ We also used the KFF data to adjust the resulting national estimate to estimates of average adult Medicaid PHE for each state.

We based our estimates for each state’s pre-COVID-19 total health care gross domestic product (GDP) and total health care employment on the most recent available data from the U.S. Bureau of Economic Analysis (BEA), limiting the analysis to ambulatory medical care and hospital care, excluding nursing homes and other long-term care as well as retail health care sales.¹⁶ We updated all values to 2020 by trending forward proportionate employment changes shown in U.S. Bureau of Labor Statistics data, changes in broader industry economic activity shown in BEA reports through 2019, NHE’s projected changes in PHE, and overall trends with each state’s total GDP and employment as reported by BEA.

We used Employment Policy Institute (EPI) research findings to estimate the relevant “multiplier effect” — that is, the relationship between employment changes in health care and in other industries.¹⁷

Analysis

We calculated changed payments from insurers to each state’s health care providers based on (1) projected changes to the number of people with ESI, individual market coverage, and Medicaid, under the Urban Institute’s estimates, and (2) average per capita PHE for each such coverage category within each state. Based on the resulting net reduction in total spending on health care providers in each state

and the estimated 2020 ratio of GDP to employment in each state's ambulatory care and hospital sectors combined, we calculated the number of health care jobs that would need to be eliminated to accommodate the estimated reduced revenue under each assumed set of health insurance changes. Using the EPI multiplier for the health care industry, we calculated the number of jobs outside the health care industry that would be lost in response to decreased health care employment.

Limitations

The job loss estimates provided in the body of the report are best viewed as reasonable indicators of approximate impact, rather than precise predictions, for several reasons:

- » The health coverage projections on which we relied were based on past relationships between labor market conditions and health coverage. The current, pandemic-caused slowdown may prove unique in how it unfolds and how health coverage is affected.¹⁸
- » No single source provided all the data needed to estimate job losses by state.
- » The only employment effects shown are for hospitals and ambulatory care. BEA does not provide GDP estimates for retail health care sales by state, including for prescription drugs. That limitation prevented us from extending our analysis to this part of the health care industry. BEA's national employment data show that health and personal care retail stores employed 1.2 million people in 2018 compared with 14.2 million who worked in ambulatory care and hospitals combined.¹⁹
- » Future unemployment levels are inherently uncertain, as noted earlier. Appendix 2 (page 13) shows what could happen under estimated health insurance losses triggered by unemployment rates significantly higher than 15%. However, the economy may improve later this year, which would lower health insurance losses below the levels on which our estimates were based.
- » We estimated job losses assuming an even distribution across health care workers at all income levels. In fact, job losses during the COVID-19 recession appear to have been disproportionately concentrated among lower-income workers. According to the Federal Reserve, 39% of job losses in March 2020 involved people with incomes at or below \$40,000;²⁰ the most recent available ACS data show that, in 2018, only 23% of employed people had family income below that threshold.²¹ If low-income workers continue to experience especially high rates of job loss, and if that trend applies to the health care industry, the employment reductions required to accommodate the revenue declines estimated to result from health insurance losses will exceed the number of lost jobs shown here.

Our methodology did not permit estimation of projected job losses by race and ethnicity. The Bureau of Labor Statistics provides ongoing estimates of labor market conditions by race, ethnicity, sex, and other characteristics.²² More comprehensive, retrospective annual data are available from the U.S. Census Bureau's American Community Survey and other sources.²³

Appendix 2. Job Losses with Scenarios Based on Multiple Unemployment Rates and Data Sources for Estimating Coverage Effects of Unemployment

The estimates in the body of this report show the additional job losses that we find could result from the Urban Institute's health coverage estimates that assumed an unemployment rate of 15%. Appendix Table 1 shows job loss estimates we derived from

each set of health insurance projections produced by Urban Institute researchers, including those involving scenarios with baseline unemployment rates of 20% and 25%. The 1.5 million to 2.5 million job losses described in the body of the report could go as high as 4.7 million lost jobs, depending on unemployment levels and the relationship between economic conditions and health coverage (Appendix Table 1).

Appendix Table 1. Job Losses Resulting from Health Insurance Reductions, under Various Assumptions about Unemployment Rates and Data Sources Used to Estimate the Relationship between Employment and Coverage: 2020

State	15% Unemployment*		20% Unemployment		25% Unemployment	
	ACS	NHIS	ACS	NHIS	ACS	NHIS
Alabama	25,000	42,000	36,000	62,000	48,000	81,000
Alaska	2,000	4,000	3,000	6,000	5,000	8,000
Arizona	23,000	39,000	34,000	56,000	44,000	73,000
Arkansas	20,000	35,000	29,000	50,000	38,000	65,000
California	195,000	331,000	284,000	481,000	372,000	631,000
Colorado	27,000	45,000	38,000	64,000	49,000	82,000
Connecticut	8,000	13,000	11,000	19,000	15,000	24,000
Delaware	Under 500	Under 500	1,000	1,000	1,000	1,000
District of Columbia	1,000	1,000	1,000	2,000	2,000	3,000
Florida	124,000	209,000	180,000	301,000	234,000	393,000
Georgia	56,000	93,000	81,000	133,000	106,000	174,000
Hawaii	2,000	4,000	4,000	6,000	5,000	8,000
Idaho	5,000	8,000	7,000	11,000	8,000	14,000
Illinois	64,000	108,000	93,000	157,000	122,000	206,000
Indiana	30,000	51,000	43,000	72,000	56,000	94,000
Iowa	12,000	20,000	16,000	27,000	21,000	35,000
Kansas	8,000	13,000	12,000	19,000	15,000	25,000
Kentucky	8,000	13,000	12,000	19,000	15,000	24,000
Louisiana	24,000	41,000	36,000	61,000	47,000	80,000
Maine	5,000	9,000	7,000	12,000	9,000	15,000
Maryland	20,000	32,000	28,000	46,000	36,000	60,000
Massachusetts	32,000	54,000	45,000	76,000	59,000	99,000
Michigan	49,000	82,000	70,000	119,000	92,000	155,000
Minnesota	16,000	26,000	22,000	36,000	28,000	47,000

State	15% Uemployment*		20% Unemployment		25% Unemployment	
	ACS	NHIS	ACS	NHIS	ACS	NHIS
Mississippi	11,000	18,000	17,000	27,000	22,000	36,000
Missouri	33,000	56,000	47,000	79,000	61,000	103,000
Montana	3,000	6,000	5,000	8,000	6,000	10,000
Nebraska	6,000	10,000	8,000	13,000	10,000	17,000
Nevada	16,000	27,000	24,000	40,000	31,000	52,000
New Hampshire	6,000	11,000	9,000	15,000	11,000	19,000
New Jersey	51,000	86,000	73,000	123,000	96,000	160,000
New Mexico	10,000	18,000	15,000	26,000	20,000	34,000
New York	76,000	127,000	109,000	183,000	143,000	239,000
North Carolina	41,000	68,000	59,000	98,000	77,000	128,000
North Dakota	3,000	4,000	4,000	6,000	5,000	7,000
Ohio	47,000	77,000	66,000	111,000	86,000	144,000
Oklahoma	24,000	41,000	35,000	58,000	45,000	76,000
Oregon	5,000	7,000	7,000	11,000	9,000	14,000
Pennsylvania	55,000	93,000	79,000	133,000	103,000	174,000
Rhode Island	3,000	4,000	4,000	6,000	5,000	8,000
South Carolina	29,000	50,000	42,000	72,000	56,000	94,000
South Dakota	4,000	7,000	6,000	10,000	8,000	13,000
Tennessee	7,000	9,000	9,000	14,000	12,000	18,000
Texas	215,000	362,000	308,000	518,000	400,000	674,000
Utah	16,000	26,000	22,000	37,000	28,000	47,000
Vermont	1,000	1,000	1,000	1,000	1,000	1,000
Virginia	24,000	40,000	34,000	56,000	44,000	73,000
Washington	7,000	10,000	10,000	14,000	13,000	19,000
West Virginia	7,000	11,000	10,000	16,000	13,000	22,000
Wisconsin	27,000	46,000	38,000	64,000	49,000	82,000
Wyoming	2,000	4,000	4,000	6,000	4,000	8,000
USA	1,487,000	2,492,000	2,135,000	3,580,000	2,784,000	4,666,000

Sources and methods: See Appendix 1 (page 11).

Note: Totals may not equal the sum of each column because of rounding. These job loss estimates were developed by The National Center for Coverage Innovation (NCCI) at Families USA based on the sources described in Appendix 1 (page 11), including health insurance results from Bowen Garrett and Anuj Gangopadhyaya, “How the COVID-19 Recession Could Affect Health Insurance Coverage,” Urban Institute, May 4, 2020, https://www.urban.org/sites/default/files/publication/102157/how-the-covid-19-recession-could-affect-health-insurance-coverage_0.pdf. This table’s columns labeled “ACS” show the job loss estimates NCCI developed based on Garrett and Gangopadhyaya’s findings that incorporated their estimates of the relationship between employment and coverage using American Community Survey data from 2008 through 2018. Columns labeled “NHIS” show the job loss estimates NCCI developed based on Garrett and Gangopadhyaya’s findings that incorporated their estimates of the relationship between employment and coverage using National Health Interview Survey data from 1998 through 2018.

* Scenario used for job loss estimates in the body of the report. The columns labeled here as “ACS” and “NHIS” are labeled there as “Low end of range” and “High end of range,” respectively.

Endnotes

¹ Stan Dorn, *The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History*, Families USA, revised July 17, 2020, https://familiesusa.org/wp-content/uploads/2020/07/COV-254_Coverage-Loss_Report_7-17-20.pdf.

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³ National health expenditures now comprise 18% of the U.S. gross domestic product. Office of the Actuary (OACT), Centers for Medicare & Medicaid Services (CMS), “Table 1. National Health Expenditures and Selected Economic Indicators, Levels and Annual Percent Change: Calendar Years 2012-2028,” *NHE Projections 2019-2028 – Tables*, April 15, 2020, <https://www.cms.gov/files/zip/nhe-projections-2019-2028-tables.zip-0>.

⁴ U.S. Bureau of Labor Statistics, “The Employment Situation — May 2020,” U.S. Bureau of Labor Statistics, June 5, 2020, https://www.bls.gov/news.release/archives/empsit_06052020.htm; U.S. Bureau of Labor Statistics, “Frequently Asked Questions: The Impact of the Coronavirus (COVID-19) Pandemic on the Employment Situation for May 2020,” June 5, 2020, <https://www.bls.gov/cps/employment-situation-covid19-faq-may-2020.pdf>.

⁵ Congressional Budget Office, “An Update to the Economic Outlook: 2020 to 2030,” July 2020, <https://www.cbo.gov/system/files/2020-07/56442-CBO-update-economic-outlook.pdf>; U.S. Federal Reserve, “Table 1. Economic Projections of Federal Reserve Board Members and Federal Reserve Bank Presidents, under Their Individual Assumptions of Projected Appropriate Monetary Policy, June 2020,” *Minutes of the Federal Open Market Committee, June 9–10, 2020*, June 10, 2020, <https://www.federalreserve.gov/monetarypolicy/files/fomcprojtabl20200610.pdf>; U.S. Federal Reserve, *Minutes of the Federal Open Market Committee, June 9–10, 2020*, June 10, 2020, <https://www.federalreserve.gov/monetarypolicy/files/fomcminutes20200610.pdf>; Organisation for Economic Co-operation and Development, *OECD Economic Outlook, Volume 2020 Issue 1*, no. 107, June 2020, https://read.oecd-ilibrary.org/economics/oecd-economic-outlook/volume-2020/issue-1_0d1d1e2e-en#page5; International Monetary Fund, “World Economic Outlook Update, June 2020: A Crisis Like No Other, an Uncertain Recovery,” June 24, 2020, <https://www.imf.org/~media/Files/Publications/WEO/2020/Update/June/English/WEOENG202006.ashx?la=en>.

⁶ For example, one recent Urban Institute study, using a different methodology than that employed by the Garrett and Gangopadhyaya study, found lower levels of projected coverage losses. Jessica

Banthin et al., “Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation,” Urban Institute, July 13, 2020, <https://www.rwjf.org/en/library/research/2020/07/changes-in-health-insurance-coverage-due-to-the-covid-19-recession--preliminary-estimates-using-microsimulation.html>. Banthin et al. took into account the characteristics of workers losing their jobs during early months in the COVID-19 pandemic and economic downturn to conduct a microsimulation that estimated coverage effects.

⁷ U.S. Bureau of Economic Analysis, Gross Domestic Product, 1st Quarter 2020 (Second Estimate); Corporate Profits, 1st Quarter 2020 (Preliminary Estimate),” BEA-20-23, May 28, 2020, https://www.bea.gov/sites/default/files/2020-05/gdp1q20_2nd.XlsX, BEA 20-19, April 29, 2020, https://www.bea.gov/system/files/2020-05/gdp1q20_adv.pdf.

⁸ The number of health care jobs shown here as lost (1 million) and the number shown later in the report as continuing through June (16.5 million) both include ambulatory care services, hospitals, nursing and residential care facilities, and retail sales at health and personal care stores. If one considers total retail employment an economic sector comparable to health care, then health care job losses would fall to third place, behind restaurants and total retail employment, the latter of which declined by 1.2 million between February and June 2020. U.S. Bureau of Labor Statistics, “Data Retrieval: Employment, Hours, and Earnings (CES),” last modified February 2, 2018, <https://www.bls.gov/webapps/legacy/cesbtb1.htm>.

⁹ See seasonally adjusted preliminary estimates for June 2020 in U.S. Bureau of Labor Statistics, “Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail,” *The Employment Situation — June 2020*, U.S. Bureau of Labor Statistics, July 2, 2020, <https://www.bls.gov/news.release/empsit.t17.htm>.

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¹⁶ U.S. Bureau of Economic Analysis (BEA), “SAEMP25N Total Full-Time and Part-Time Employment by NAICS Industry: 2018,” *Regional Data*, September 24, 2019, <https://www.bea.gov/data/employment/employment-by-state>; U.S. BEA, “SAGDP2N Gross Domestic Product (GDP) by State: 2017,” April 7, 2020, <https://www.bea.gov/data/gdp/gdp-state>.

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¹⁸ See Banthin, et al., “Changes in Health Insurance.”

¹⁹ U.S. BEA, “Employment by NAICS Industry.”

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This publication was written by:

Stan Dorn,
Director of the National Center for Coverage Innovation,
Families USA

The following Families USA staff contributed to this publication (in alphabetical order):

Kimberly Alleyne, Senior Director, Communications
Justin Charles, Digital Media Associate
Katie Corrigan, Chief of Staff
Nichole Edralin, Senior Manager, Design and Publications
Eliot Fishman, Senior Director of Health Policy
Amber Hewitt, Director of Health Equity
Lisa Holland, Senior Communications Manager
Lisa Hunter, Senior Director of Strategic Partnerships
Frederick Isasi, Executive Director
Hannah Markus, National Center for Coverage Innovation Intern
Adina Marx, Communications Associate
Lauren Rosenbaum, Director of Strategic Partnerships
Jen Taylor, Senior Director of Federal Relations

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1225 New York Avenue NW, Suite 800 | Washington, DC 20005 | 202-628-3030 | info@familiesusa.org
FamiliesUSA.org | [facebook / FamiliesUSA](https://www.facebook.com/FamiliesUSA) | [twitter / @FamiliesUSA](https://twitter.com/FamiliesUSA)