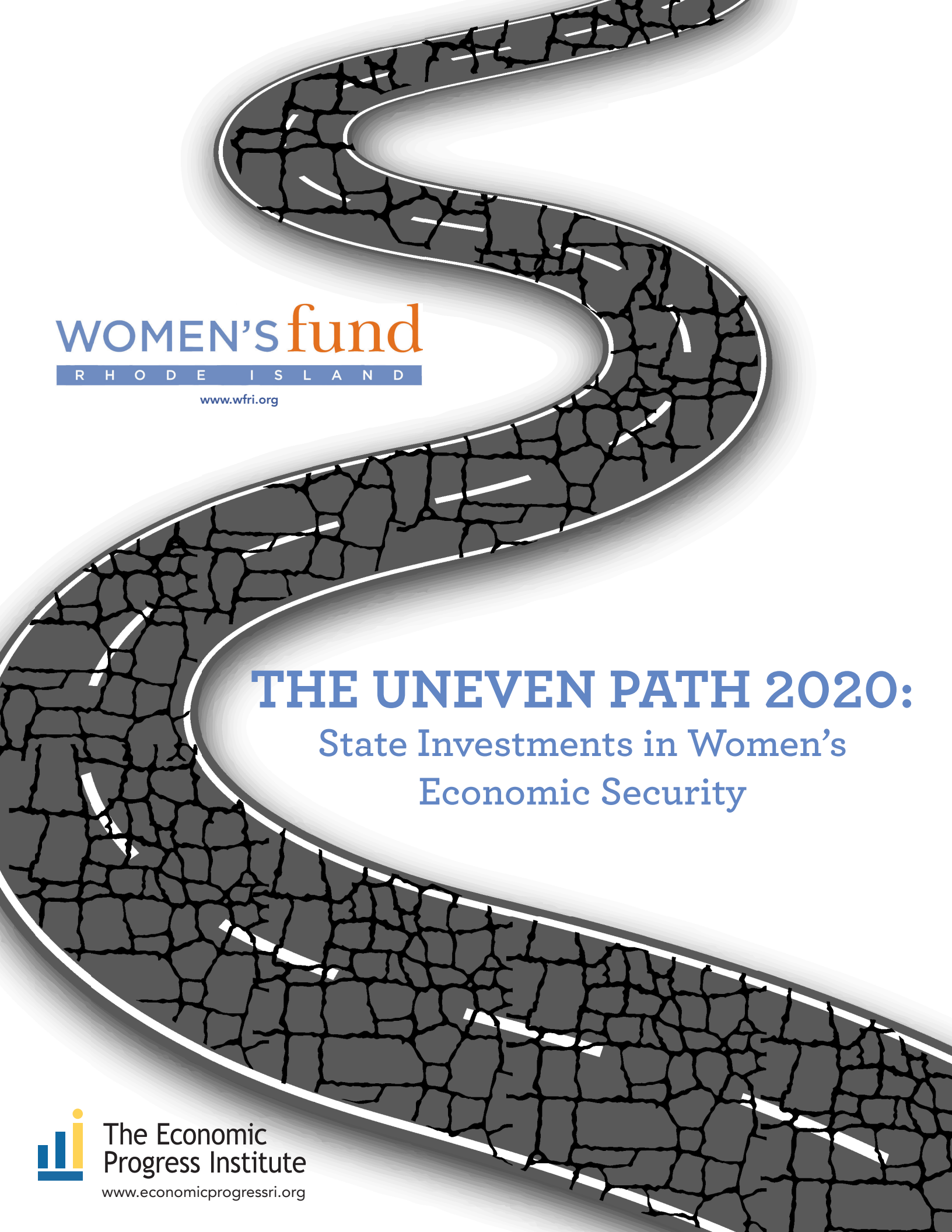


WOMEN'S fund
RHODE ISLAND
www.wfri.org

THE UNEVEN PATH 2020:

State Investments in Women's Economic Security

The Economic Progress Institute
www.economicprogressri.org

OVERVIEW

Economic insecurity is at the root of many of the problems women* and girls face in Rhode Island. In 2018, roughly one in eight (12.4%) of Rhode Island's working-age women lived below the poverty line, ranking Rhode Island 16th out of the 50 states.[1] Among developed countries, the US ranks low on most measures of women's economic security, health, and well-being.[2] Being unable to access health care or affordable, quality child care, buy nutritious food, or obtain adequate housing can place women and their children in serious jeopardy. Increased investments in women are proven to lead to better family outcomes, which in turn reduces poverty significantly, helps strengthen community, and promotes economic growth. The federal and state governments can help promote women's economic security by supporting programs that help women gain skills for family-supporting jobs as well as programs that help families close the gap between income and expenses.

Ten years ago, in 2009, the Women's Fund and the Economic Progress Institute (then the Poverty Institute) reviewed the major work-support programs that help women make ends meet for themselves and their families. That "Uneven Path" report showed how state investments in the Child Care Assistance Program (CCAP), RI Works cash assistance, and health insurance had eroded over the previous ten years, particularly during the recession when Rhode Island lawmakers cut many programs to save state resources. As a result, thousands of Rhode Island women and children lost access to these important programs.

In this updated report, we review the status of these programs and expand the focus to provide information about women in two professions in which they comprise the majority of the workforce: child care and caregiving (certified nursing assistants, home health workers, and others).

This new report shows that from 2009 to present, there has been some progress in strengthening programs that women and children rely on, but much more remains to be done. Thousands of women gained health insurance coverage thanks to the federal Affordable Care Act, but disparities in access to care and health outcomes persist for women of color. Some progress has also been made in improving access to and payment for child care assistance, with an increase in total spending (federal and state) for the Child Care Assistance Program. However, the investment of state dollars has been virtually frozen, with the state appropriating only the bare minimum of general revenue it needs to draw down federal funds. The news is less positive for the RI Works Program, the program that provides basic income support for families with young children and workforce readiness services for parents. Total spending (federal and state) for RI Works has declined by 62% since 2009 and no state funds have been appropriated over the past ten years. The benefit payment is $6/child/day, an amount that hasn't been adjusted in close to thirty years.

The state budget is a reflection of our state priorities and too often programs that support women and their children are the first on the chopping block and the hardest to expand, as reflected in the 2009 report and this update. Institutional and systemic racism and gender bias contribute to this dynamic. For the same reasons, the sectors predominantly comprised of women, including caregiving and child care, offer wages too low to support economic independence. We include examples where long-standing racial and gender biases have informed program policy.

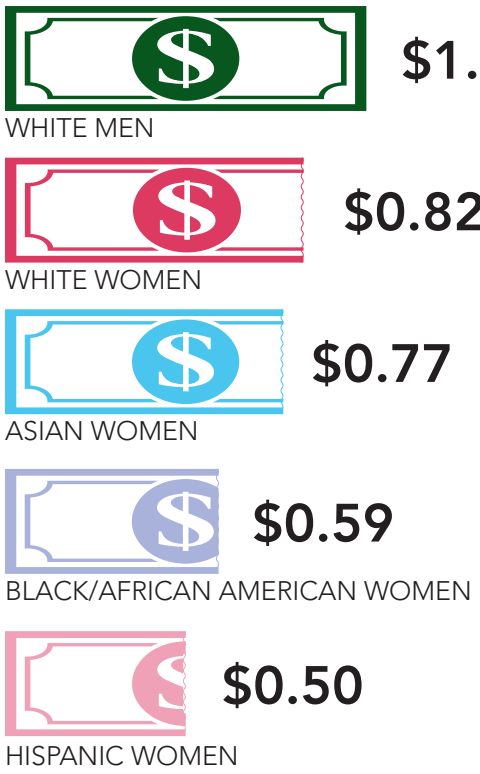
*The term "women" in this report refers to all women, femmes, transgender, gender fluid, non-conforming, and non-binary individuals, as well as any person who resonates with, or is impacted by, the policies discussed in this document. This report reflects the binary nature in which data is collected.

DEMOGRAPHIC & ECONOMIC INFORMATION

In Rhode Island, women account for 52% of the total population. Among adults age 20 – 64, the gender break-down is fairly even. Women are a higher percentage of older populations: 57% of people aged 65 or older and 70% of people aged 85 or older are women.

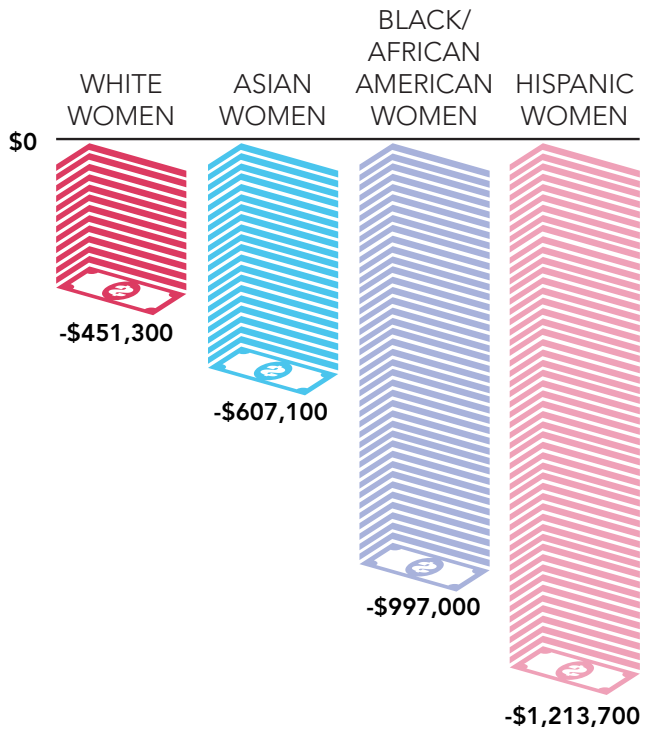
In 2019, women in Rhode Island earn an overall average of 84 cents for every dollar earned by men, when comparing among all races and ethnicities.[3] Factoring in race/ethnicity highlights deeper disparities in women's earnings compared to the earnings of white men (the highest wage earners on average), disparities that grow over a woman's lifetime.

Rhode Island Women's Earnings by Race/Ethnicity Compared to White Non-Hispanic Men



Source: U.S. Census Bureau, ACS 5-Year data. 2012-2016.

Rhode Island Lifetime Wage Loss Based on Current Disparities in Median Wages by Race/Ethnicity and Gender



Source: U.S. Census Bureau, ACS 5-Year data. 2012-2016. Data based on comparison of median wage of each demographic group with median wage of non-Hispanic White men over 40 year career and inflation-adjusted for 2018 dollars.

CAREGIVING & CHILDCARE WORKFORCE

Women make up the vast majority of the workforce in the caregiving and childcare industries, yet for the most part jobs in these sectors do not pay family-sustaining wages. The caregiving workforce includes certified nursing assistants (CNAs), Medication Aides, Direct Support Professionals, Personal Care Aides, and Home Health Aides. In addition to comprising the majority of the paid caregiver workforce, women are the majority of unpaid caregivers, providing a range of services that allow adult family members and loved ones to live safely at home. This section looks at unpaid and paid caregiving, highlighting positive policies enacted over the past ten years. It also outlines the economic challenges faced by women who work as paid caregivers and child care providers and highlights state policy changes that could improve economic security for women working in these sectors.

CAREGIVING

Informal (Unpaid) Caregiving

Women provide the majority of informal (unpaid) care to spouses, parents and other adult family members and loved ones. These caregivers help with dressing, bathing, eating, toileting, laundry and other Activities of Daily Living (ADLs). They also are care managers, medication managers, and advocates. Nationally, an estimated 66% of unpaid caregivers are women.[4]

There are an estimated 167,000 unpaid caregivers in Rhode Island.[5] Using the national percentage as a guide, we estimate that around 110,220 of these unpaid caregivers are women.

Nationally, the majority of unpaid caregivers are also in the labor force and face the stress of balancing work and caregiving. Half (51%) of employed caregivers are workers age 50 and older.[6] A survey of caregivers in Rhode Island revealed that most (66%) were employed full- or part-time while providing care for a spouse, parent or other loved one, and over three-quarters (77%) had to take time off, a leave of absence from work, change to part-time employment, or give up work entirely to provide care.[7] One national study showed that as many as 75% of caregivers struggle with symptoms characteristic of anxiety and depression.[8]

Family caregiving has a disproportionate economic impact on women. Women are more likely than men to give up their paid employment (12% vs. 3%) or take less demanding work (16% vs. 6%), and more likely to lose benefits from paid employment (7% vs. 3%) to meet caregiving demands.[9]

The Temporary Caregiver Insurance (TCI) program, enacted into law in Rhode Island in 2013, addresses some of the challenges that workers face when they need to take time to care for a sick or disabled family member. TCI provides that workers can take up to four weeks of leave and receive around 60% of their

wages to care for a family member (or to bond with a newborn). Rhode Island was third in the nation to enact paid leave, but as other states have enacted their own programs, both the amount of time and the amount of wage replacement exceed that available under the Rhode Island law. Proposed amendments to expand TCI have been submitted in recent General Assembly sessions.

TCI is an important solution for workers who need to take time to care for a family member on a short-term basis but is not sufficient for the thousands of workers who must balance work and caregiving for parents or other family members over the long term. The recently enacted Independent Provider model for caregiving, discussed below, helps address this need.

Paid Caregiving

In Rhode Island and across the United States, women far outnumber men in the composition of the direct care workforce: as Certified Nursing Assistants (CNAs), Case Managers, Medication Aides, Direct Support Professionals, Personal Care Aides, and Home Health Aides.

Direct care workers find employment both in institutional settings, especially nursing homes, and in private home settings. For both types of direct care employment, women in Rhode Island make up the large majority: 90% of workers in nursing homes and 83% in-home care settings.[10]

2016 Direct Care Workers in Rhode Island

	CNAs	Home Health Aides	Personal Care Aides
Female	88%	88%	82%
Male	12%	12%	18%
Total Employment	**9,279**	**4,076**	**4,623**
Median 2018 Wage	$14.42	$14.71	$12.93

From EOHHS, *Healthcare Workforce Transformation: Preparing the workforce for a healthy Rhode Island: Compendium of Occupations Critical to Healthcare Workforce Transformation*, May 2017 and Bureau of Labor Statistics, May 2018 State occupational Employment and Wage Estimates, Rhode Island.

Wages have been increasing slightly over the past several years due to sustained advocacy by direct care workers and families to increase Medicaid funding for this work. The 2017 budget included an increase of close to $20 million in federal and state Medicaid funds; in 2018 the budget included $5 million in total funds for home care workers and the 2019 budget added a total of $6.4 million to increase rates paid to home care providers, home nursing care providers and hospice providers. The budget also implemented an annual inflation-based increase to the base pay rate.

Women of color, who make up 47% of Rhode Island's healthcare support workforce are significantly disadvantaged by caregiving pay inequities.[11]

> Unfortunately, direct care jobs do not provide economic stability to women of color and their families—they are generally more likely to live in poverty and rely on public benefits than their counterparts, and they have smaller family incomes to rely on for support. In this context, improving the economic well-being of women of color in direct care would improve their quality of life, and it would help attract workers to this important occupation, as well as help retain them.[12]

Continuing to increase wages for direct care workers is vital not only to economic security for them and their families but to ensuring that our state has sufficient workers employed in this critical occupation.

Independent Provider: A new model of paying for caregiving

In 2018, the General Assembly passed legislation establishing an Independent Provider (IP) program to expand options for Medicaid-enrolled seniors and people with disabilities to have the support they need to live at home. Funding to start the program was provided in 2019 and the program 'went live' in October 2019.

The IP model allows seniors and people with disabilities who need non-medical homecare services to hire their own caregivers, either from a registry of providers or their family members or friends, instead of having staff from a homecare agency. Thus, an adult caring for her elderly parent who needs daily help with meals, bathing, dressing and other activities of daily living could be paid for this work and reduce or stop her other employment without losing income. IP providers are paid a contracted $13/hour. Paid caregivers who want to work as independent providers can sign up to be on a registry, once they have completed training and meet other program requirements. The IP Model has been successful in many other states and is expected to lead to the further professionalization of the paid caregiving workforce while also providing consumers with additional options for choosing caregivers and easing the burdens and stresses currently placed on unpaid caregivers.

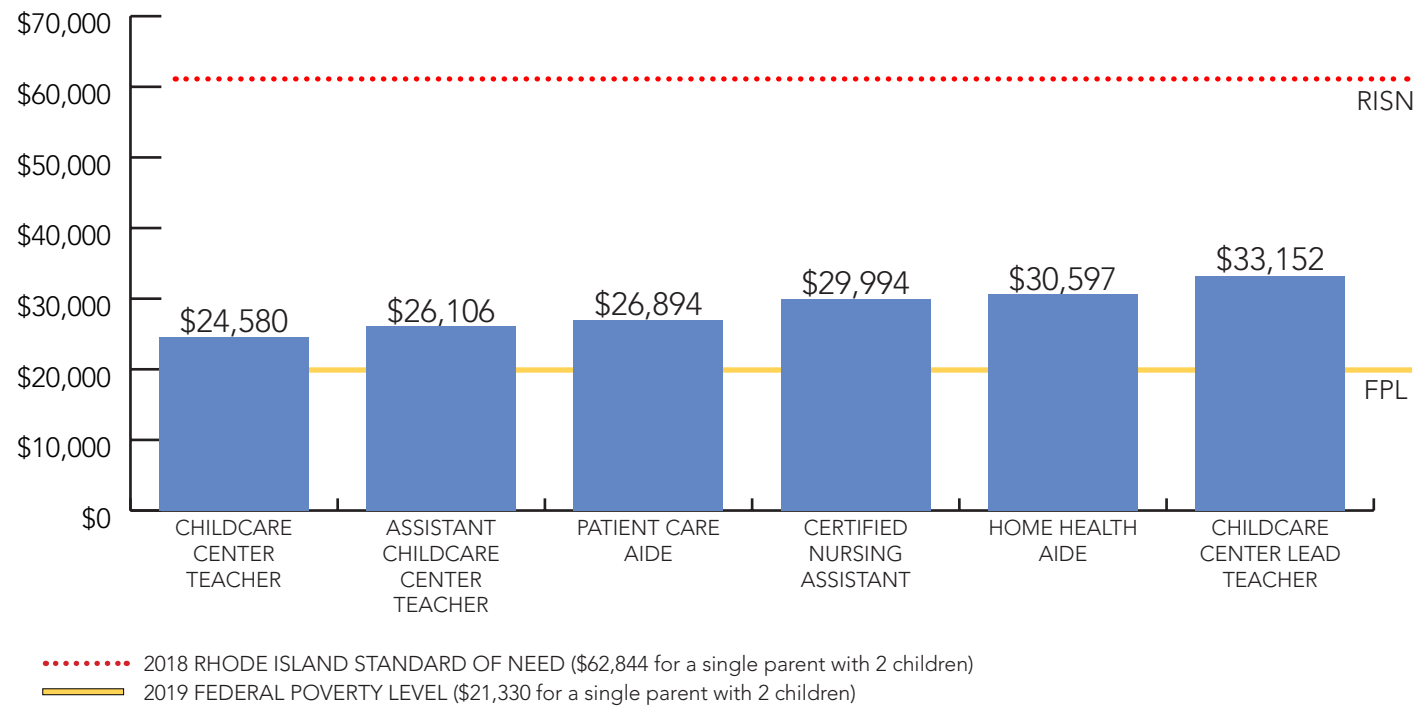
THE CHILDCARE WORKFORCE

The 2019 Rhode Island B-5 Child Care Needs Assessment Report indicated that child care staff of varying levels of experience are overwhelmingly women.[13]

Family child care providers and child care center staff are nearly 100% women. Child care center directors, lead teachers, and assistant teachers are predominantly White (81%, 86%, 74% respectively), compared to Black (5%, 5%, 9% respectively) and Hispanic (9%, 7%, 14% respectively), with other races (5%, 2%, 3% respectively) comprising the balance. Family Child Care providers are predominantly Hispanic.[14]

As spelled out in the sections above, women are the majority of the child care and caregiver workforce in Rhode Island. The chart below shows that earnings in these sectors do not provide sufficient wages for families to make ends meet. Earnings are not much above the federal poverty level ($21,330 for a family of three) and are less than half of the Rhode Island Standard of Need (RISN), a biennial analysis by the Economic Progress Institute showing what a parent needs to earn to raise a toddler and school-age child. For a single adult working in these sectors, wages in all jobs are above the poverty level ($12,490), while some are below the RISN ($27,044).[15] Since these sectors are supported by federal and state funds, state agencies and the General Assembly can improve economic security for workers by continuing to increase provider reimbursement rates and by including these sectors in economic development and workforce training strategies. For example, creating career pathways with stackable credentials in these sectors– for a teacher assistant to gain certification to become a teacher or for a CNA to gain skills to become a nurse.

Rhode Island Caregiving Jobs Do Not Pay Enough to Make Ends Meet (Average Annual Wages)



Sources: Bureau of Labor Statistics, May 2018 State Occupational Employment and Wage Estimates, Rhode Island. Rhode Island PDG B-5 Workforce Needs Assessment Final Report. 2019.

RHODE ISLAND WORKS

> The general public in the United States has long linked welfare and race. This association has played a major role in attitudes toward the welfare system and in the politics of welfare reform. Attitudes toward welfare spending are correlated with racial attitudes and opposition to welfare among White voters has been shown to be related to attitudes toward race.[16]

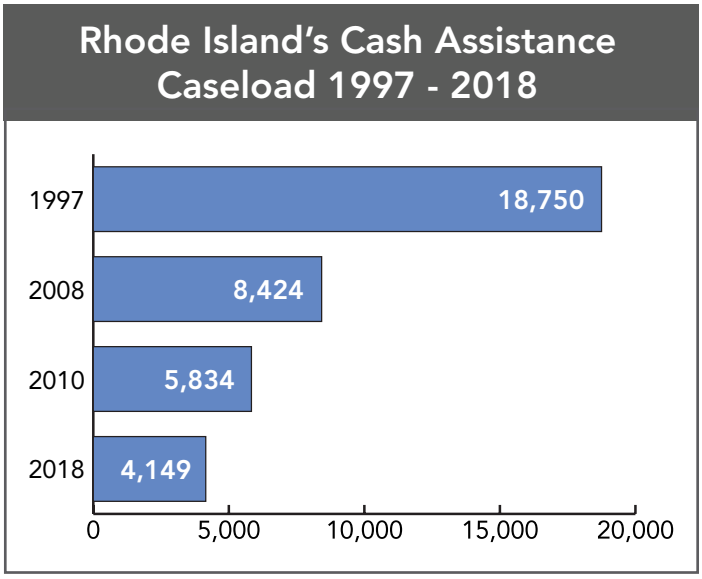
This section explains Rhode Island Works (RI Works), the state's current welfare program, enacted in 2007. It points out how institutionalized racism has influenced policies and financial investment (or lack thereof) in this safety net program for families with children under age 18, at both the federal and state levels. The majority of adults (87%) enrolled in RI Works are women.[17] The program provides minimal cash assistance for families and is the gateway to employment readiness services for parents. Many of the parents currently enrolled in the program have barriers to employment, including limited literacy and work experience, domestic violence, lack of English language proficiency and behavioral and physical health challenges. These parents often require time and assistance to gain skills prior to entering the workforce, as well as support once they obtain a job.

Families receiving benefits live with very low incomes: a mother with two children receives $554/month. Living on such limited income exposes children to excessive levels of hardship and stress, which research shows can negatively affect their health and undermine their development, limiting their future economic and social mobility.[18]

The state receives $96 million in federal Temporary Assistance to Needy Families (TANF) block grant funds for the RI Works program and the state must prove to the federal government that it is spending at least $64 million annually of its funds for these and other low-income families with children. But, as discussed below, only one-quarter of the federal funds are used to support RI Works families and there are no state funds spent on these children and parents.

The federal overhaul of the welfare program in 1996, enacted changes that reflected the racism that had pervaded the social assistance program for mothers with young children since its inception in the 1930s. This ultimately led to the 1960s stereotype of a welfare recipient: a large family headed by a single African American woman who was 'dependent on the system' and had no interest in working. Thirty years later, TANF, the first major revision of the social assistance program, reflected the racist ideology that Black mothers were less deserving of aid, and an irrational fear that access to assistance would decrease their employment. It incorporated policies focused on behavioral modification, work requirements, and time limits. The TANF law was a major withdrawal of the federal government from support for families in poverty: federal funding that matched a state's investment was replaced with a fixed block grant to the states. A state's success under TANF is measured by declines in the caseload, and not by whether children are lifted out of poverty.

When the first state program following federal passage of the TANF program, the Family Independence Program (FIP), was enacted there were close to 18,500 families in Rhode Island receiving benefits. FIP was one of the more family-friendly welfare programs in the country. From 1998 to 2008, the caseload steadily declined, with many parents taking advantage of education and training provided through FIP to gain skills to enter the workforce.



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996-2015 and RI Bridges Database, December 2016-2018.

The 2008 RI Works program repealed many of the child-protective and work-preparation features of FIP: legal permanent residents were made ineligible for benefits, a forty-eight month time limit replaced the sixty month time limit, an additional periodic time limit was imposed, children were subject to the time limits for the first time, and access to education and training was severely limited. With the transition to the Rhode Island Works Program, over 3,000 families lost benefits and there was no tracking to determine what happened to these children and their parents. The caseload continued to decline over the next 10 years, and reached a low of approximately 4,100 families in 2018, despite the lack of a similar decline in the childhood poverty rate. Narratives that center emphasis on declining caseloads as proof of less dependency are rooted in racist beliefs that 'lazy' families in poverty are taking resources from 'hard-working' members of society and detract from the reality that all Rhode Islanders benefit from a thriving state safety net system.

Most of the families receiving benefits are small: the majority (77%) include one or two children. Single-parent families are the majority of families, accounting for nearly 60% of the cases and there are a small number of two-parent households (3%). The remaining (39%) households are 'child-only' in which the children, but not the adult receive assistance. The majority (63%) of these 'child-only' families are ones in which the parent has a severe disability and receives federal SSI benefits. Others are families in which the child is being raised by a caretaker relative or families in which the parent does not qualify for benefits due to a lack of eligible immigration status. These vulnerable families do not receive any assistance from DHS other than the cash benefit. Children in these families are not eligible for child care which means pre-schoolers do not have access to early learning opportunities. Social caseworkers do not meet with families to review child or parent well-being and need for supportive services. These families are essentially on their own.

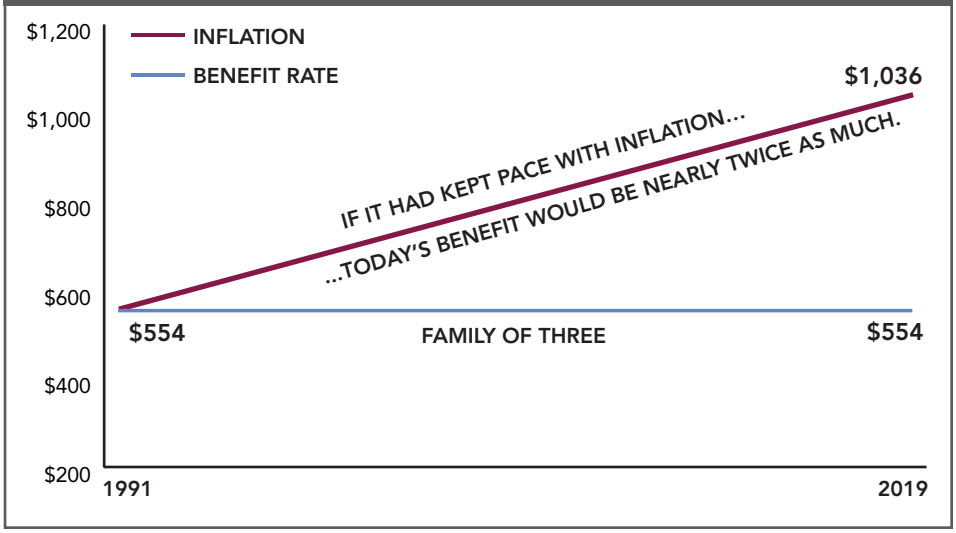
Families depending on the RI Works program for support are living in extreme poverty. The monthly cash payment, $554 for a family of 3, is barely one-third (31.2%) of the federal poverty level. The $6 per person/per day these families receive puts them below the "deep poverty" threshold defined by the federal government.

The inadequate benefit level can be traced back to the racism that pervaded the enactment of programs to protect widows and their children. In passing the Social Security Act of 1935, Congress created what became a two-tiered system. Social Security benefits provided support for widows and their children,

based on the husband's earnings. However, the majority of professions that were covered in the Act were occupations for Whites, while jobs filled primarily by African Americans (domestic work, farm work) were excluded. White widows, the "deserving poor," could support their children through the benefits derived from the Social Security benefits earned by their husbands, but African American widows were not similarly eligible. Excluding African American mothers from receiving assistance served the added purpose of maintaining a menial and exploitable caste of laborers in the workforce. The law mandated that Social Security benefits be increased to keep pace with inflation. In contrast, the second-tier program, Aid to Dependent Children (the original welfare program), did not mandate a benefit increase and adjustments were left to states' discretion.[19] Failure by states to regularly adjust the benefit level for families receiving cash assistance is one example of the racist history of the program impacting today's policies.

The benefit level for cash assistance in Rhode Island has not been raised in nearly 30 years. Had it kept pace with inflation, the current payment for a family of three would be over $1,000. Many other states, including all other New England states, have increased the benefit payment over the past ten years. Rhode Island's benefit is the lowest in New England, $79/month lower than in Massachusetts and $144 lower than in Connecticut, for a family of three.[20]

The Rhode Island Works Benefit Hasn't Been Adjusted in Almost 30 Years



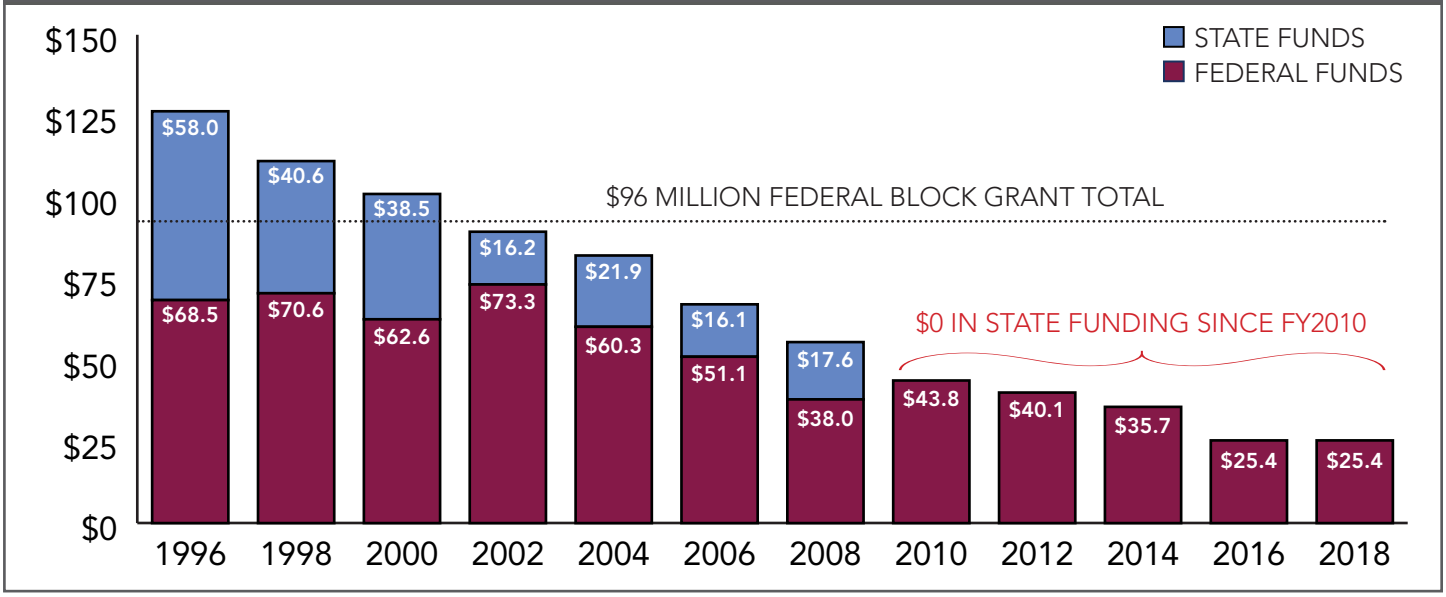
Source: CPI Inflation Calculator, Bureau of Labor and Statistics.

Families can receive benefits for only forty-eight months. Until recently, families were also subject to a periodic time limit of twenty-four months in any sixty-month period. As of January 1, 2020, the twenty-four month time limit will no longer apply, the first pro-family change to the RI Works law since its passage.

However, the life-time limit of forty-eight months means that Rhode Island still provides families assistance for 12 months less than the federal government allows, arbitrarily shortening the amount of time Rhode Islanders can receive assistance to support their families. Rhode Island has the shortest time limit among the New England states.

As shown in the chart on the next page, after enactment of the Family Independence Program in 1996, state funds were appropriated to help pay for the monthly cash benefit for eligible families, and a significant share of federal funds were also used. But as of 2010, state funds were 'zeroed out' and the portion of the $96 million federal block grant supporting RI Works families has also steadily declined.

Rhode Island Spending on Benefits (in millions)
State Funds End in FY2010, Federal Funds Continue to Decline



Source: Data compiled by Rhode Island KIDS COUNT.

In 2010, almost half (46%) of the federal block grant was allocated for cash assistance. In stark contrast, by 2018, the $25.4 of federal funds for these families in dire economic need represented just over one-quarter (27%) of the total funds. Federal block grant funds are also used to pay for child care for working families, for children in the care of the Department of Children Youth and Families (DCYF) and for other programs. Rhode Island's combined state and federal spending for the cash benefit is less than half the national average: 10% compared to the national average of 23%. The state's investment in activities to help parents prepare for work also lags the national average: 7% compared to a national average of 11%. The state could start to use general revenue and/or more of the TANF block grant to improve the economic well-being of families by increasing the grant amount and investing more funding in employment-readiness services.

The impacts of historic and present racism, that impede access to education, jobs, housing, and other restrictions, result in people of color living in poverty at higher rates. They are thus more likely to need public benefits, including cash assistance. While White families make up the majority of RI Works recipients, Black and Latinx families are represented at higher rates than their White counterparts when considering each race's share of the population. The misperception of the program as one that serves primarily Black and Latinx families contributes to the failure to make the necessary investments to support the children and their parents who need this assistance, and policies that ensure that children will thrive.

CHILD CARE ASSISTANCE

Between 2013 and 2017, the majority of children living in Rhode Island had one or both parents in the labor force. Of children in two-parent families, 71% had both parents in the labor force.[21] This means that these children spent at least some time in child care. To balance work and family obligations, working parents require access to quality child care – a safe place where children can learn and grow while parents are on the job. The cost of child care, however, can be prohibitive and can easily become the largest expense in a family's budget. Women most often are the ones who adjust their schedules and make compromises when the needs of children and other family members collide with work.[22]

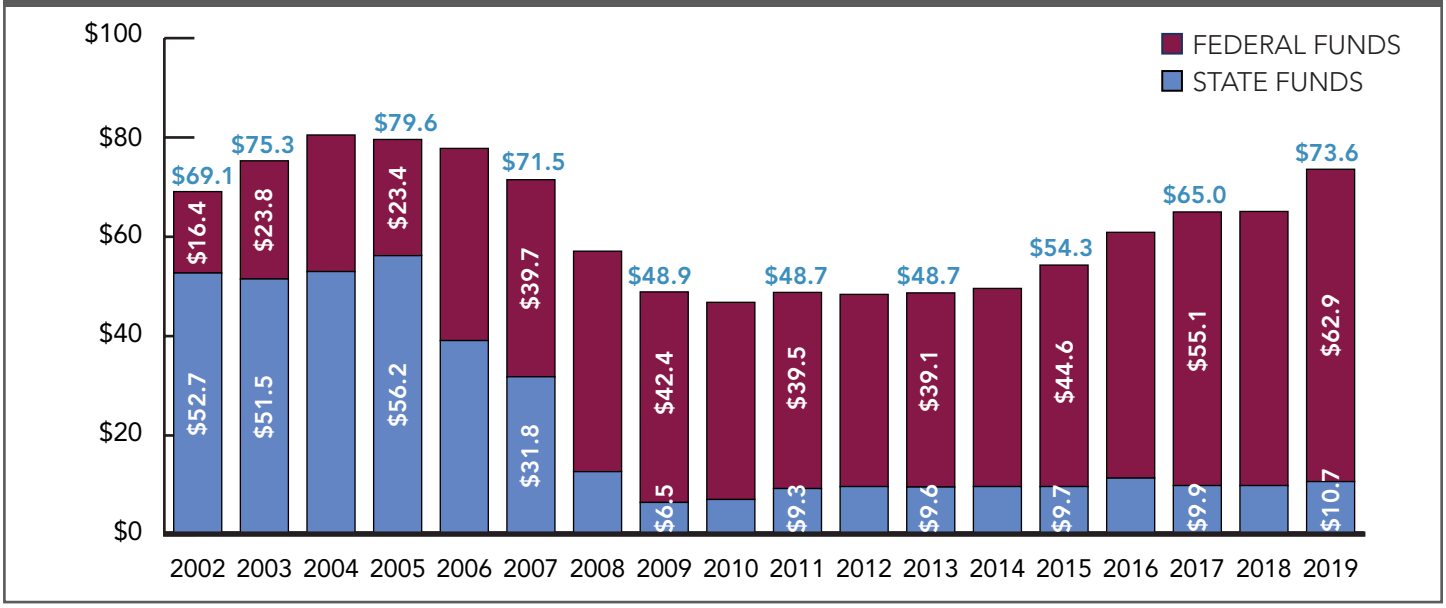
For a single mother of a toddler and a school-aged child, child care costs can consume up to one-third of her family's budget — more than housing or food.[23] The average cost of child care for an infant in a child-care center in Rhode Island is $13,093/year and the average cost for a toddler is $10,903/year.[24] The cost of infant child care for a year is more than the average cost of tuition at Rhode Island state colleges.

The Starting RIte Child Care Assistance Program (CCAP) was enacted in 1997 to expand access to quality child care for working families by raising the income eligibility limit so more families could qualify for subsidized care, increasing the rates the state paid providers for children enrolled in CCAP so more providers would accept children using the subsidy as well as to support the child care system as a whole, and raising the age of eligibility for children from 12 to 15, so that youth could have a safe place to be after school. A family in which a parent was working at least 20 hours/week was entitled to CCAP if she met the program income limits.

During the first 10 years, the income eligibility limit increased from 185% of the Federal Poverty Level (FPL) to 225% of FPL, or from $39,461 to $47,993 for a family of three. Additionally, reimbursements to child care providers were adjusted annually based on a survey of rates charged by all child care providers, ensuring that what the state paid was competitive with market rates.

As shown in the chart on the next page, beginning in 2007, state investments in CCAP were reduced, until the state was spending only the amount required under the federal law to be able to draw down federal child care funds. The state 'savings' were achieved by reducing the age of eligibility from 15 to 13, freezing rates paid to providers, and rolling back eligibility to 180% FPL from 225% FPL (to $38,394 from $47,993 for a family of three), lower than the eligibility limit had ever been.

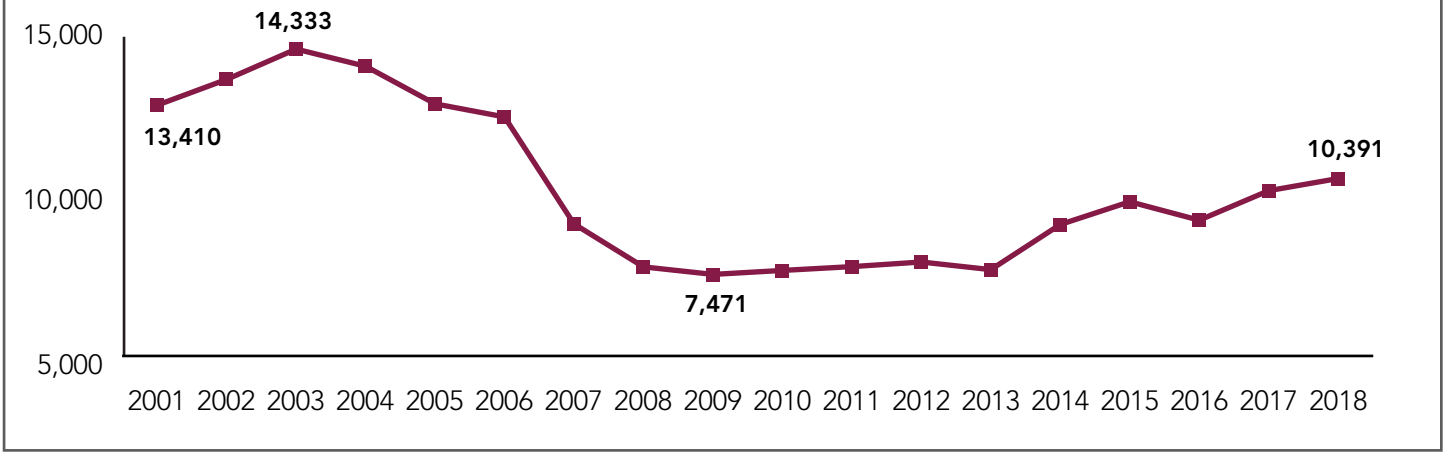
Rhode Island Child Care Assistance Program Financing by State Fiscal Year (in millions of dollars)



Data compiled by Rhode Island KIDS COUNT.
Source: Rhode Island House Fiscal Office. SFY2002-2018 are final expenditures, SFY2019 is budget as enacted.

As shown below, these cuts resulted in a significant drop in the number of children enrolled in CCAP. The roll-back of eligibility in 2007 alone, caused 1,600 children to lose coverage and the lower eligibility limit meant fewer modest income families could qualify for assistance from then on. Failure to pay a market-rate-based reimbursement to providers had many repercussions: Programs struggled to cover expenses, retain qualified teachers, and provide enriching learning opportunities for children. Some providers closed their doors to children using the subsidy, others opted to charge private pay families a higher rate to offset the cost of accepting children using CCAP.[25]

Number of Children Receiving Child Care Subsidies in Rhode Island 2001 - 2018



Data compiled by Rhode Island KIDS COUNT
Source: Rhode Island Department of Human Services, December 2001 - December 2015, September 2016, December 2017 - December 2018. Data for December 2016 was not available.

Since 2013, the state has made improvements in the child care program that have benefited both families and providers. State law was amended to implement an "exit income" so that parents enrolled in CCAP would be able to stay enrolled until income reached 225% FPL ($47,993 for a family of 3). This allows a parent to increase earnings through more hours, a raise or job change without jeopardizing her subsidy. However, the 'entry income' has not been increased and remains the lowest among the New England States.[26] In addition, the program was expanded to allow a parent to use CCAP if she is enrolled in a short-term (up to six months) training program for 20 hours/week (in addition to the existing eligibility criteria of working 20 hours/week).

Rhode Island Child Care Assistance Annual Entry and Exit Income Limits

Family Size	2	3	4
Entry Limit (180% FPL)	$30,438	$38,394	$46,350
Exit Limit (225% FPL)	$38,048	$47,993	$57,938

Provider rates have been increased, tied to a tiered-payment system based on quality. In 2018, the Rhode Island General Assembly passed legislation increasing and establishing tiered quality rates for children under age 6 in childcare centers, raising rates for infants and toddlers in childcare centers by up to 31% and for preschoolers by up to 21%. Infant and toddler rates in 5-star centers now meet the federal benchmark for equal access to quality. Unfortunately, the rates for preschoolers and school-age children in centers and for all children in family child care are still too low to support access to high-quality child care.[27]

Rhode Island receives funding from two federal child care sources, the Child Care & Development Block Grant (CCDBG) and the Child Care Entitlement to States (CCES). It received a $5.1 million boost in these federal funds in 2018, that supported the increase in rates paid for infants and toddlers and implemented federal requirements that families be enrolled for one-year periods. The other federal source of funding is the Temporary Assistance to Needy Families (TANF) block grant, which is also the main source of funding for the RI Works safety net program. When the state uses TANF funds for child care for working families, it means there are fewer dollars to help the children and parents receiving cash assistance.

In 2019, total federal and state investment in CCAP is barely above what it was in 2007 when the state implemented cuts in eligibility and payment and radically reduced the state share of child care costs. If the state invested the $32 million it contributed in 2007, the additional $20 million could be used for a variety of improvements to the program: to boost the entry limit to 225% FPL to help more moderate-income families afford child care, to increase rates paid to providers, to enhance quality of care or to provide child care assistance to parents who want to attend post-secondary education to enhance their skills.

HEALTH CARE

Publicly funded health insurance is an important benefit for Rhode Islanders who do not have access to affordable insurance at work and those who are not in the workforce. Publicly funded insurance includes: Medicare for people age 65 and older; Military coverage, and Medicaid. Medicaid traditionally provided coverage to pregnant women, children, parents, seniors with low-incomes, and people with disabilities (who may also be enrolled in Medicare).

The Affordable Care Act (ACA) enacted in 2010 authorized states to provide Medicaid to a new category beginning in 2014: adults with low incomes age 19 – 64. While all individuals are categorically eligible for Medicaid, the income eligibility rules vary by population. The chart above shows the different income limits for adults. (The income limit for children is 266% FPL.)

Rhode Island Medicaid Income Limits for Adults

Population	Income Limit as percent of Federal Poverty Level	Annual Income Limit
Single adult	138%	$17,236
Pregnant woman	258%	$43,628
Parent (one child)	141%	$23,843
Senior (65+) and person with disability	100%	$12,490

The ACA also expanded access to health insurance by providing federal tax credits to help lower the cost of premiums for private health insurance purchased through a Health Insurance Exchange. The income limit for the tax credits is 400% of the federal poverty level. HealthSource RI (HSRI) is the state's Health Insurance Exchange. HSRI also processes eligibility for Medicaid, so Rhode Islanders have one-stop shopping for these publicly funded health insurance programs.

The ACA put in place new rules governing health insurance that particularly benefited women: women cannot be charged higher premiums than men in their age group; health plans cannot deny coverage because of pre-existing conditions (including pregnancy); and plans must cover essential health benefits, including maternity care.

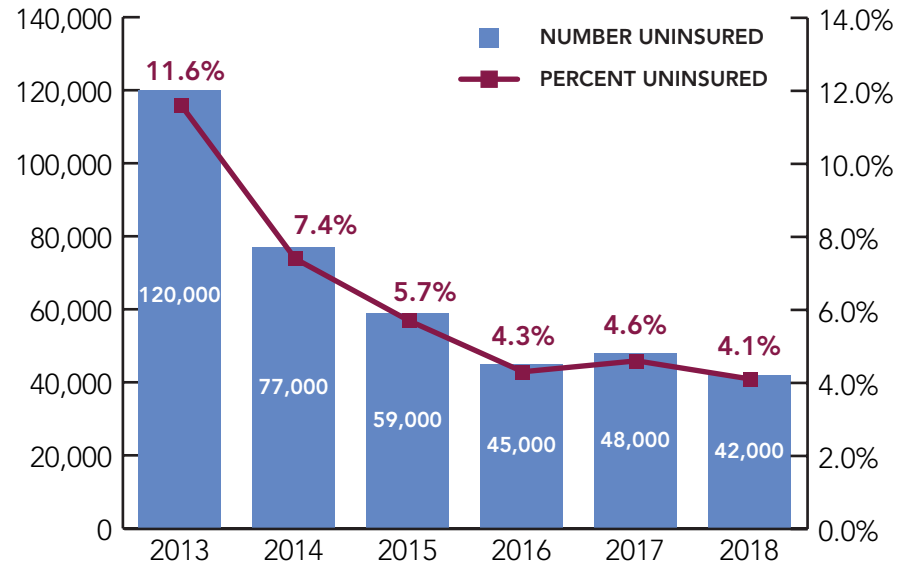
One setback for parents, after enactment of the ACA, was that eligibility for Medicaid/RIte Care was rolled back from 175% of the poverty level ($37,328 for a family of 3) to 141% ($30,075). The General Assembly's rationale for rolling back eligibility for parents was that they could purchase coverage through HSRI, even though this meant that the parent would now need to pay for coverage when it previously was provided at no cost. In addition, children and parents might need to be in different health plans, since not all plans offered on HSRI also participate in Medicaid and vice-versa.

The ACA provided access to private insurance for 33,000 residents, most (81%) of whom receive tax credits to help pay for coverage. They are part of the fifty percent of residents who have private coverage, the rest of whom have coverage through their jobs. Eighteen percent of Rhode Islanders are insured through Medicare, with more women (20.2%) than men (15.7%) relying on this coverage. More women (25.2%) than men (23%) depend on the other large public health care program, Medicaid, for their insurance.[28]

Overall, Medicaid provides health coverage and long-term care services to over 300,000 Rhode Islanders, including: pregnant women; children and their families; seniors; adults with disabilities; children with special healthcare needs; and adults age 19 – 64.

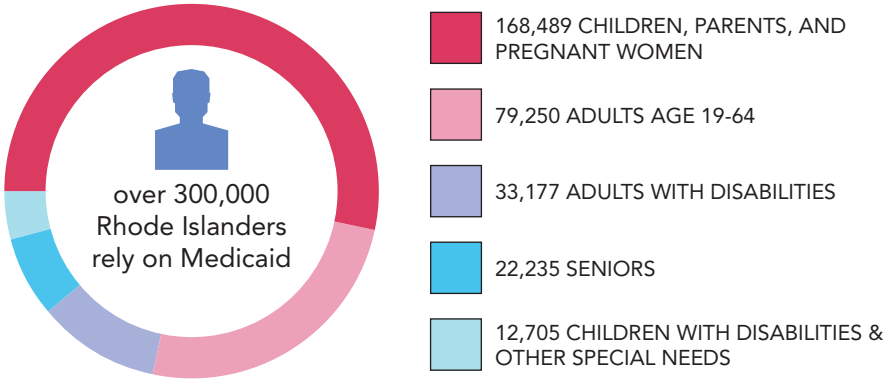
Around 42,000 Rhode Islanders are uninsured. The rate is lower for women (2.6%) than for men (4.8%). The majority are non-elderly adults without children who are in good health who work full or part-time. The major reasons for not having health insurance is the high cost of employer- sponsored coverage and ineligibility for Medicaid, which may be due to lack of required immigration status (e.g. a green card holder is not eligible for 5 years), or the income limit.[29]

Rhode Island's Uninsured Rate Dropped Significantly After Affordable Care Act



Source: US Census Bureau, 2018 American Community Survey, 1-Year Estimates.

Who Medicaid Covers in Rhode Island



Source: Executive Office of Health and Human Services. RI Medicaid Expenditure Report SFY 2018

Significantly more women (77%) than men make up the population of parents enrolled in Medicaid/RIte Care and women represent over two-thirds (68%) of the seniors enrolled in Medicaid coverage.

Having a health insurance card allows for more access to health care than if a person is uninsured, but having a health insurance card does not guarantee access to health care or access to culturally appropriate services.

Long-standing disparities persist in maternal and child health. In general, Whites and Asians have better maternal and child health outcomes than other racial/ethnic groups in the state. A higher percentage of non-white women receive delayed prenatal care, compared to white women and the state as a whole.[30]

Black women have the highest percentage of infants with low birth-weight, compared to other groups. Black babies have the highest rate of infant mortality, compared to other groups. Doula services have been shown to help improve maternal health outcomes, especially among Black women. These services are not currently offered to women enrolled in Medicaid, and the state should include them as a covered service.

Disparities in Maternal Healthcare by Race/Ethnicity in Rhode Island

Race/Ethnicity	Rate of Delayed Prenatal Care (2013-2017)	Preterm Birth Rates (2013-2017)	Rate of Low Birth Weight (2013-2017)
Black	21.8%	11.3%	11.2%
Hispanic	17.1%	9.3%	8.0%
Asian	15.5%	7.7%	7.3%
Native American	15.3%	13.2%	12.3%
White	12.2%	8.0%	6.4%

Source: Data compiled by Rhode Island KIDS COUNT.

CONCLUSION

The path to women's economic security requires policies that promote equality and adequate earnings in the workplace and investments in programs that help families make ends meet. As outlined in this report, following ten years of retrenchment, Rhode Island has taken some steps in a positive direction over the recent ten-year period, including enacting paid leave, implementing an independent provider program for long term care, and expanding Medicaid for single adults. However, in far too many areas the state has failed to sufficiently fund programs that help women support their families. Shifting budget priorities to better support women will ensure that our families, communities and state can thrive.

For policy recommendations, see the Uneven Path 2019 Executive Summary document.

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