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The High Public Cost of Low Wages

**Poverty-Level Wages Cost U.S. Taxpayers \$152.8 Billion Each Year
in Public Support for Working Families**

by Ken Jacobs, Ian Perry, and Jenifer MacGillvary

Even as the economy has at last begun to expand at a more rapid pace, growth in wages and benefits for most American workers has continued its decades-long stagnation. Real hourly wages of the median American worker were just 5 percent higher in 2013 than they were in 1979, while the wages of the bottom decile of earners were 5 percent *lower* in 2013 than in 1979.¹ Trends since the early 2000s are even more pronounced. Inflation-adjusted wage growth from 2003 to 2013 was either flat or negative for the *entire bottom 70 percent of the wage distribution*.² Compounding the problem of stagnating wages is the decline in employer-provided health insurance, with the share of non-elderly Americans receiving insurance from an employer falling from 67 percent in 2003 to 58.4 percent in 2013.³

Stagnating wages and decreased benefits are a problem not only for low-wage workers who increasingly cannot make ends meet, but also for the federal government as well as the 50 state governments that finance the public assistance programs many of these workers and their families turn to. Nearly three-quarters (73 percent) of enrollees in America's major public support programs are members of working families;⁴ the taxpayers bear a significant portion of the hidden costs of low-wage work in America.

This is the first report to examine the cost to the 50 states of public assistance programs for working families. We examine working families' utilization of the health care programs Medicaid and Children's Health Insurance Program (CHIP), as well as their enrollment in the basic household income assistance program Temporary Aid to Needy Families (TANF). Both of these programs operate with shared funding from the federal government and the states, and in this report we also examine the costs to the federal government of Medicaid/CHIP and TANF, as well as the Earned Income Tax Credit (EITC) and the food stamps program

(Supplemental Nutrition Assistance Program, or SNAP). Our analysis includes only the cash assistance portion of TANF, and it does not include costs for state Earned Income Tax Credits, child care assistance, or other state-funded means-tested programs. Overall, we find that between 2009 and 2011 the federal government spent \$127.8 billion per year on these four programs for working families and the states collectively spent \$25 billion per year on Medicaid/CHIP and TANF for working families for a total of \$152.8 billion per year. In all, more than half—56 percent—of combined state and federal spending on public assistance goes to working families.

DATA

We define working families as those that have at least one family member who works 27 or more weeks per year and 10 or more hours per week. To calculate the cost to the federal and state governments of public assistance programs for working families, we mainly rely on two sources of data: the March Supplement of the U.S. Bureau of Labor Statistics’ Current Population Survey (CPS) from 2010–2012 and administrative data from the Medicaid, CHIP, TANF, EITC, and SNAP programs for FY 2009–10. All amounts are adjusted to and reported in 2013 dollars. Medicaid figures exclude aged, blind, and disabled enrollees. Our calculation method is described in the appendix.

It is important to note that there have been significant changes in Medicaid enrollment since implementation of the Affordable Care Act (ACA), but these changes are not reflected in this analysis because the data is not yet available. A key provision of the ACA, adopted by 28 states and Washington D.C., expanded Medicaid coverage starting in 2014⁵ to low-income adults under age 65 including those without children living at home, with the federal government paying 100 percent of the cost through 2016. In addition, enrollment in “traditional” Medicaid—that is, among those who had been previously eligible—has also been boosted, in both expansion and nonexpansion states, due to the individual mandate to obtain health insurance, as well as increased outreach, awareness, and system improvements to Medicaid related to the ACA, particularly since the opening of the health care exchanges in October 2013.⁶ These costs will be shared by the federal government and the states as determined under traditional Medicaid formulas.

AGGREGATE-LEVEL FINDINGS

Enrollment

Table 1 shows the total enrollment as well as working families enrollment in the four major public assistance programs between 2009 and 2011. Among Medicaid/CHIP recipients, 34.1 million

Table 1: Annual Enrollment in Public Assistance Programs from Working Families, 2009–2011

Program	Total Program Enrollment	Enrollment from Working Families	Working Families’ Share of Enrollment
Medicaid/CHIP (individuals)	56,300,000	34,100,000	61%
TANF (individuals)	7,300,000	2,300,000	32%
EITC (families)	28,000,000	20,600,000	74%
SNAP (families)	29,000,000	10,300,000	36%

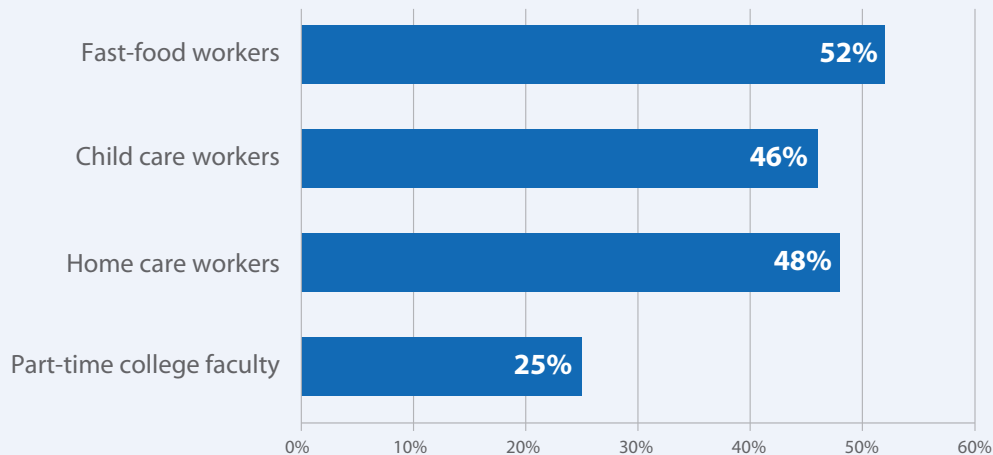
Source: Authors’ calculations from 2010–2012 March Current Population Survey (CPS) and administrative data from the Medicaid, CHIP, TANF, EITC, and SNAP programs.

Note: Enrollment data for Medicaid/CHIP and TANF are at the individual level. Enrollment data for EITC and SNAP are at the family level. A family is considered enrolled if at least one family member receives benefits under the program. Medicaid figures exclude aged, blind, and disabled enrollees.

Low-Wage Occupations and Public Assistance Rates

Reliance on public assistance can be found among workers in a diverse range of occupations. Three of the occupations with particularly high levels of public assistance program utilization that have been recently analyzed are front-line fast food workers,⁷ child care providers,⁸ and home care workers.⁹ Each of these have at or near 50 percent of their workforce in families with at least one family member relying on a public assistance program.

However, high reliance on public assistance programs among workers isn't found only in service occupations. Fully one-quarter of part-time college faculty and their families are enrolled in at least one of the public assistance programs analyzed in this report.¹⁰



Notes: Workers and/or their dependents were enrolled in at least one of these four programs: Medicaid/CHIP, TANF, EITC, SNAP. The home care category includes workers in two main occupations: home health aides and personal care aides.

were workers and their dependents; this comprises well over half (61 percent) of the program's overall enrollment. TANF, the smallest program, had 2.3 million recipients who were workers and their dependents, comprising almost one-third (32 percent) of all program enrollees. The 20.6 million working families receiving the Earned Income Tax Credit made up three-quarters (74 percent) of total EITC recipients. The SNAP program had 10.3 million working families receiving assistance, comprising 36 percent of the total program enrollment. There is significant overlap in enrollment in these programs, and we are not able to determine with this data the total number of enrollees in these four programs combined.

Expenditures

Aggregated Federal Spending

Table 2 (page 4) details the expenses at the federal level of the four public assistance programs, and the portions of the program expenditures that went

to working families. Overall, between 2009 and 2011 the federal government spent \$226.8 billion (in 2013 dollars) annually on these programs, with 56 percent—that is, \$127.8 billion—going to working families.

More than half (55 percent) of the federal Medicaid/CHIP annual expenditures—\$45.4 billion—went to workers and their dependents. Around one-quarter of federal TANF funds (\$1.6 billion annually) were used to assist working families. Fully four-fifths (81 percent) of yearly EITC costs went to working families. The SNAP program cost \$26.7 billion for working families, which is 38 percent of total federal expenditures on this program.

Aggregated State Spending

Overall, states collectively spent \$25 billion annually between 2009 and 2011 to fund public assistance health programs and provide cash assistance to working families (see Table 3, page 4). This represented over half (52 percent) of total state-level funding for the two programs.

Table 2: Annual Federal Cost for Public Assistance Programs for Working Families, 2009–2011 (\$ billions, 2013 dollars)

Program	Total Federal Cost	Federal Cost for Working Families	Working Families' Share of Federal Cost
Medicaid/CHIP	82.8	45.4	55%
TANF	5.9	1.6	27%
EITC	67.0	54.2	81%
SNAP	71.1	26.7	38%
All Programs	226.8	127.8	56%

Source: Authors' calculations from 2010–2012 March Current Population Survey (CPS) and administrative data from the Medicaid, CHIP, TANF, EITC, and SNAP programs.

Table 3: Annual Cost to States for Medicaid/CHIP and TANF for Working Families, 2009–2011 (\$ billions, 2013 dollars)

Program	Total State Cost	State Cost for Working Families	Working Families' Share of State Cost
Medicaid/CHIP	43.9	23.8	54%
TANF	4.6	1.2	27%
All Programs	48.4	25.0	52%

Source: Authors' calculations from 2010–2012 March Current Population Survey (CPS) and administrative data from the Medicaid, CHIP, and TANF programs.

As shown in Table 3, per year the states collectively spent \$43.9 billion on the health programs Medicaid and CHIP. Out of this, \$23.8 billion—54 percent—was used to fund these health programs for members of working families. Looking at TANF, \$1.2 billion (27 percent) of the \$4.6 billion cash assistance provided by the states went to working families.

STATE-BY-STATE FINDINGS

The aggregated findings on public assistance program enrollment, and the findings on expenditures by the federal government as well as the 50 states combined, offer a big picture of the hidden cost of low-wage work in America. Here we zero in on the cost to taxpayers of low-wage work in each individual state.

Enrollment

Table 4 (page 6) provides a state-by-state break out of the program enrollment numbers for Medicaid/CHIP, EITC, and SNAP. TANF data are not listed due to sample size constraints.

Expenditures

Federal Spending by State

Table 5 (page 7) breaks out the data in Table 2, showing the annual federal cost for the four public assistance programs by state. (Note that the numbers in Table 2 are presented in billions of dollars, while the numbers in Table 5 are presented in millions of dollars.) States with the highest percentage of their federal public assistance dollars going

Child Care Subsidies and Working Families

This report does not include all of the public assistance programs supported by federal and state dollars, because the data available on these other programs does not allow for the type of analysis we utilized. The largest programs not examined are those that provide funding for child care subsidies to low-income families. In 2013, total child care funding included:

- \$1.1 billion in federal TANF funds spent directly on child care
- \$2.5 billion in additional state TANF Maintenance of Effort (MOE)
- \$7.7 billion in state and federal Child Care and Development Block Grant (CCDBG) funds¹¹

Child care funding is overwhelmingly expended on working families. A 2014 Urban Institute study found that at least 83 percent of families receiving child care subsidies have a member of the family that works.¹²

Only a fraction of those eligible for child care subsidies currently receive them. According to a U.S. Department of Health and Human Service analysis of 2011 data,¹³ among children eligible under federal rules only 17 percent received subsidized care, and among children eligible under state rules just 29 percent received subsidized care. Increasing wages would allow for a broader distribution of the available funding across families in need of assistance.

to working families include Alabama, Colorado, Hawaii, Idaho, Iowa, Nebraska, New Hampshire, North Dakota, Oklahoma, Texas, and Utah.

Individual State Spending

Finally, Table 6 (page 8) breaks out the data in Table 3, showing each state's annual expenditures on Medicaid/CHIP and TANF for working families (2013 dollars). Here we see the cost of low-wage work borne by each individual state.

The states with the highest budgetary cost of low-wage work (over \$1 billion) were California (\$3,676 million), New York (\$3,309 million), Texas (\$2,069 million), Illinois (\$1,098 million), and Florida (\$1,027 million). States with the highest percentage of their public assistance funds going to working families—in each instance over 60 percent—were New Hampshire, Texas, Oklahoma, Colorado, Utah, Hawaii, Nebraska, and Iowa.

CONCLUSION

When jobs don't pay enough, workers turn to public assistance in order to meet their basic needs. These programs provide vital support to millions of working families whose employers pay less than a liveable wage. At both the state and federal levels, more than half of total spending on the public assistance programs analyzed in this report—Medicaid/CHIP, TANF, EITC, and food stamps—goes to working families.

Higher wages and increases in employer-provided health insurance would result in significant Medicaid savings that states and the federal government could apply to other programs and priorities.¹⁴ In the case of TANF—a block grant that includes maintenance of effort (MOE) provisions that require specified state spending—higher wages would allow states to reduce the portion of the program going to cash assistance while increasing the funding for other services such as child care, job training, and transportation assistance. Higher wages would also significantly reduce federal expenditures on the EITC and SNAP.¹⁵ Overall, higher wages and employer-provided health care would lower both state and federal public assistance costs, and allow all levels of government to better target how their tax dollars are used.

Table 4: Annual Enrollment in Public Assistance Programs from Working Families, by State, 2009–2011

	Medicaid/CHIP	EITC	SNAP
Alabama	444,000	435,000	215,000
Alaska	54,000	29,000	15,000
Arizona	792,000	408,000	257,000
Arkansas	334,000	223,000	96,000
California	6,771,000	2,346,000	930,000
Colorado	429,000	260,000	127,000
Connecticut	346,000	151,000	74,000
Delaware	120,000	57,000	32,000
District of Columbia	75,000	35,000	21,000
Florida	1,765,000	1,604,000	739,000
Georgia	945,000	860,000	389,000
Hawaii	158,000	89,000	53,000
Idaho	172,000	106,000	64,000
Illinois	1,613,000	820,000	495,000
Indiana	518,000	402,000	172,000
Iowa	326,000	161,000	117,000
Kansas	174,000	158,000	68,000
Kentucky	335,000	308,000	149,000
Louisiana	550,000	416,000	176,000
Maine	147,000	67,000	53,000
Maryland	536,000	318,000	131,000
Massachusetts	770,000	302,000	148,000
Michigan	998,000	599,000	449,000
Minnesota	487,000	241,000	114,000
Mississippi	305,000	289,000	134,000
Missouri	506,000	390,000	237,000
Montana	68,000	63,000	25,000
Nebraska	142,000	106,000	37,000
Nevada	147,000	172,000	66,000
New Hampshire	94,000	60,000	27,000
New Jersey	634,000	427,000	159,000
New Mexico	333,000	164,000	86,000
New York	2,900,000	1,343,000	674,000
North Carolina	923,000	712,000	390,000
North Dakota	42,000	31,000	15,000
Ohio	957,000	719,000	358,000
Oklahoma	474,000	280,000	145,000
Oregon	360,000	200,000	216,000
Pennsylvania	1,049,000	693,000	311,000
Rhode Island	90,000	59,000	33,000
South Carolina	377,000	377,000	178,000
South Dakota	68,000	50,000	24,000
Tennessee	694,000	493,000	296,000
Texas	3,113,000	2,163,000	982,000
Utah	241,000	156,000	66,000
Vermont	100,000	33,000	22,000
Virginia	512,000	453,000	168,000
Washington	646,000	317,000	289,000
West Virginia	141,000	118,000	64,000
Wisconsin	653,000	286,000	168,000
Wyoming	50,000	28,000	8,000

Source: Authors' calculations from 2010–2012 March Current Population Survey (CPS) and administrative data from the Medicaid, CHIP, EITC, and SNAP programs.

Note: Enrollment data for Medicaid/CHIP is at the individual level. Enrollment data for EITC and SNAP are at the family level. A family is considered enrolled if at least one family member receives benefits under the program.

TANF data are not listed due to sample size constraints.

Table 5: Annual Federal Cost for Public Assistance Programs for Working Families, by State, 2009–2011 (\$ millions, 2013 dollars)

	Federal Cost of Programs	Working Families' Federal Cost	Working Families' Federal Share
Alabama	\$4,152	\$2,501	60%
Alaska	\$608	\$268	44%
Arizona	\$6,596	\$3,745	57%
Arkansas	\$2,454	\$1,429	58%
California	\$23,631	\$13,736	58%
Colorado	\$2,303	\$1,444	63%
Connecticut	\$2,116	\$1,146	54%
Delaware	\$817	\$460	56%
District of Columbia	\$723	\$298	41%
Florida	\$13,399	\$7,776	58%
Georgia	\$8,600	\$5,045	59%
Hawaii	\$1,088	\$679	62%
Idaho	\$1,061	\$693	65%
Illinois	\$8,483	\$5,011	59%
Indiana	\$4,247	\$2,222	52%
Iowa	\$1,754	\$1,091	62%
Kansas	\$1,430	\$817	57%
Kentucky	\$3,892	\$1,893	49%
Louisiana	\$4,476	\$2,504	56%
Maine	\$954	\$456	48%
Maryland	\$3,493	\$1,954	56%
Massachusetts	\$4,509	\$2,285	51%
Michigan	\$7,870	\$3,934	50%
Minnesota	\$2,909	\$1,675	58%
Mississippi	\$3,233	\$1,755	54%
Missouri	\$4,196	\$2,426	58%
Montana	\$621	\$337	54%
Nebraska	\$893	\$546	61%
Nevada	\$1,391	\$752	54%
New Hampshire	\$539	\$344	64%
New Jersey	\$4,405	\$2,552	58%
New Mexico	\$2,617	\$1,506	58%
New York	\$18,734	\$9,756	52%
North Carolina	\$7,548	\$4,288	57%
North Dakota	\$306	\$189	62%
Ohio	\$9,065	\$4,544	50%
Oklahoma	\$2,943	\$1,851	63%
Oregon	\$2,928	\$1,548	53%
Pennsylvania	\$8,074	\$4,093	51%
Rhode Island	\$800	\$391	49%
South Carolina	\$3,986	\$2,028	51%
South Dakota	\$509	\$286	56%
Tennessee	\$7,024	\$3,945	56%
Texas	\$20,014	\$13,352	67%
Utah	\$1,663	\$1,095	66%
Vermont	\$521	\$285	55%
Virginia	\$3,980	\$2,236	56%
Washington	\$4,056	\$2,075	51%
West Virginia	\$1,421	\$636	45%
Wisconsin	\$3,299	\$1,793	54%
Wyoming	\$261	\$154	59%

Source: Authors' calculations from 2010–2012 March Current Population Survey (CPS) and administrative data from the Medicaid, CHIP, TANF, EITC, and SNAP programs.

Table 6: Annual State Cost for Medicaid/CHIP and TANF for Working Families, by State, 2009–2011 (\$ millions, 2013 dollars)

	Total State Cost	State Cost for Working Families	Working Families' Share of State Cost
Alabama	\$373	\$201	54%
Alaska	\$256	\$109	43%
Arizona	\$1,335	\$686	51%
Arkansas	\$255	\$149	59%
California	\$7,328	\$3,676	50%
Colorado	\$479	\$294	61%
Connecticut	\$902	\$486	54%
Delaware	\$321	\$172	54%
District of Columbia	\$147	\$55	38%
Florida	\$2,007	\$1,027	51%
Georgia	\$1,042	\$539	52%
Hawaii	\$244	\$149	61%
Idaho	\$121	\$69	57%
Illinois	\$1,895	\$1,098	58%
Indiana	\$539	\$258	48%
Iowa	\$318	\$191	60%
Kansas	\$224	\$107	48%
Kentucky	\$491	\$222	45%
Louisiana	\$459	\$236	51%
Maine	\$140	\$63	45%
Maryland	\$1,098	\$628	57%
Massachusetts	\$1,965	\$967	49%
Michigan	\$1,348	\$596	44%
Minnesota	\$1,071	\$617	58%
Mississippi	\$253	\$122	48%
Missouri	\$644	\$335	52%
Montana	\$79	\$42	54%
Nebraska	\$181	\$110	61%
Nevada	\$213	\$98	46%
New Hampshire	\$160	\$104	65%
New Jersey	\$1,294	\$726	56%
New Mexico	\$414	\$242	58%
New York	\$6,704	\$3,309	49%
North Carolina	\$1,063	\$540	51%
North Dakota	\$67	\$38	56%
Ohio	\$1,668	\$738	44%
Oklahoma	\$427	\$265	62%
Oregon	\$522	\$267	51%
Pennsylvania	\$1,872	\$979	52%
Rhode Island	\$199	\$97	49%
South Carolina	\$402	\$182	45%
South Dakota	\$89	\$48	54%
Tennessee	\$1,271	\$709	56%
Texas	\$3,223	\$2,069	64%
Utah	\$253	\$156	61%
Vermont	\$160	\$87	54%
Virginia	\$978	\$543	56%
Washington	\$993	\$505	51%
West Virginia	\$160	\$61	38%
Wisconsin	\$705	\$349	49%
Wyoming	\$92	\$52	57%
Total	\$48,443	\$25,017	52%

Source: Authors' calculations from 2010–2012 March Current Population Survey (CPS) and administrative data from the Medicaid, CHIP, and TANF programs.

Appendix: Methods

To calculate the cost to state governments of public assistance programs for working families (defined as having at least one family member who works 27 or more weeks per year and 10 or more hours per week), we mainly rely on two sources of data: the March Supplement of the U.S. Bureau of Labor Statistics' Current Population Survey (CPS) and administrative data from the Medicaid, CHIP, TANF, EITC, and food stamp programs. Medicaid figures exclude aged, blind, and disabled enrollees. The March Supplement, also known as the Annual Demographic Supplement, asks respondents about receipts of cash and non-cash transfer payments during the past year and includes questions about the programs we examined in this analysis.

To create the cost and enrollment estimates for Medicaid, CHIP, and TANF we use the CPS to calculate the share of program expenditures and the share of individual program enrollees who live in working families. We then apply those shares to the

state-by-state individual enrollment and program cost totals provided in the administrative data to obtain the number of enrollees and total expenditure on enrollees from working families. For Medicaid and CHIP, we calculate each state government's share of expenditures by applying the state's Federal Medical Assistance Percentage (FMAP). The TANF administrative data break out each state's TANF expenditures.

To create the cost and enrollment estimates for EITC and SNAP, we reweight the CPS so that its cost and enrollment totals match the administrative data. We then sum the number of enrolled families (defined as having at least one family member participating in a program) and the cost of their benefits to obtain the total program enrollment and cost. We then repeat this process using only working families (defined as above) to obtain our total enrollment and cost for working families. For further detail see the earlier report *Fast Food, Poverty Wages: The Public Cost of Low-Wage Jobs in the Fast-Food Industry*.¹⁶

Endnotes

¹ Authors' analysis of CEPR CPS ORG Extracts.

² Ibid.

³ IPUMS-CPS, 2003-1013 March CPS. University of Minnesota. www.ipums.org.

⁴ Sylvia Allegretto, Marc Doussard, Dave Graham-Squire, Ken Jacobs, Dan Thompson, and Jeremy Thompson (October 2013). *Fast Food, Poverty Wages: The Public Cost of Low-Wage Jobs in the Fast-Food Industry*. University of California, Berkeley, Center for Labor Research and Education and the University of Illinois at Urbana-Champaign Department of Urban & Regional Planning. laborcenter.berkeley.edu/pdf/2013/fast_food_poverty_wages.pdf

⁵ Four of the twenty-eight states implemented Medicaid expansion after January 1, 2014: Michigan (4/1/2014), New Hampshire (8/15/2014), Pennsylvania (1/1/2015), and Indiana (2/1/2015). kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

⁶ The *New York Times* reported in August 2014 that there were nearly one million traditional Medicaid/CHIP enrollees in nonexpansion states that year. Margot Sanger-Katz (August 11, 2014). Medicaid Rolls Are Growing Even in States That Rejected Federal Funds. *New York Times*. www.nytimes.com/2014/08/12/upshot/medicaid-rolls-are-growing-even-in-states-that-rejected-federal-funds.html

⁷ Allegretto et al., op. cit.

⁸ Marcy Whitebook, Deborah Phillips, and Collee Howes (2014). *Worthy work, STILL unlivable wages: The early childhood workforce 25 years after the National Child Care Staffing Study*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. www.irle.berkeley.edu/cscce/wp-content/uploads/2014/11/ReportFINAL.pdf. Data analysis for use of public assistance programs among child care workers was provided by Sylvia Allegretto, Ken Jacobs, Dave Graham-Squire, and Ian Perry.

⁹ National Employment Law Project (February 2015). *Giving Caregivers a Raise: The Impact of a*

\$15 Wage Floor in the Home Care Industry. www.nelp.org/page/-/Justice/Giving-Caregivers-A-Raise.pdf?nocdn=1. Note: Data analysis for use of public assistance programs among home care workers was provided by Sylvia Allegretto, Ken Jacobs, Dave Graham-Squire, and Ian Perry.

¹⁰ Data analysis by Sylvia Allegretto, Ken Jacobs, Dave Graham-Squire, and Ian Perry.

¹¹ Stephanie Schmit and Rhiannon Reeves (March 2015). *Child Care Assistance in 2013*. CLASP. www.clasp.org/resources-and-publications/publication-1/Spending-and-Participation-Final.pdf

¹² Note that this analysis used 2011 data and excluded child care assistance that is paid for directly by TANF without being transferred to CCDF. Gina Adams, Caroline Heller, Shaune Spaulding, and Teresa Derrick-Mills (October 2014). *Child Care Assistance for Parents in Education and Training*. Urban Institute. www.urban.org/UploadedPDF/413254-Child-Care-Assistance-for-Parents-in-Education-and-Training.pdf. Data is not available on the number of hours worked; as a result, not all of these families will meet the definition of working families in this report.

¹³ Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services (February 2015). Estimates of Child Care Eligibility and Receipt for Fiscal Year 2011. ASPE Issue Brief. aspe.hhs.gov/hsp/15/ChildCareEligibility/ib_Child-CareEligibility.pdf

¹⁴ Rachel West and Michael Reich (October 2014). *A Win-Win for Working Families and State Budgets*. Center for American Progress and University of California, Berkeley, Institute for Research on Labor and Employment. www.irle.berkeley.edu/research/minimumwage/min-wage-medicaid-report.pdf

¹⁵ Rachel West and Michael Reich (March 2014). *The Effects of Minimum Wages on SNAP Enrollments and Expenditures*. Center for American Progress and University of California, Berkeley, Institute for Research on Labor and Employment. www.irle.berkeley.edu/research/minimumwage/effects-of-minimum-wages-on-snap.pdf

¹⁶ Allegretto et al., op. cit.

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