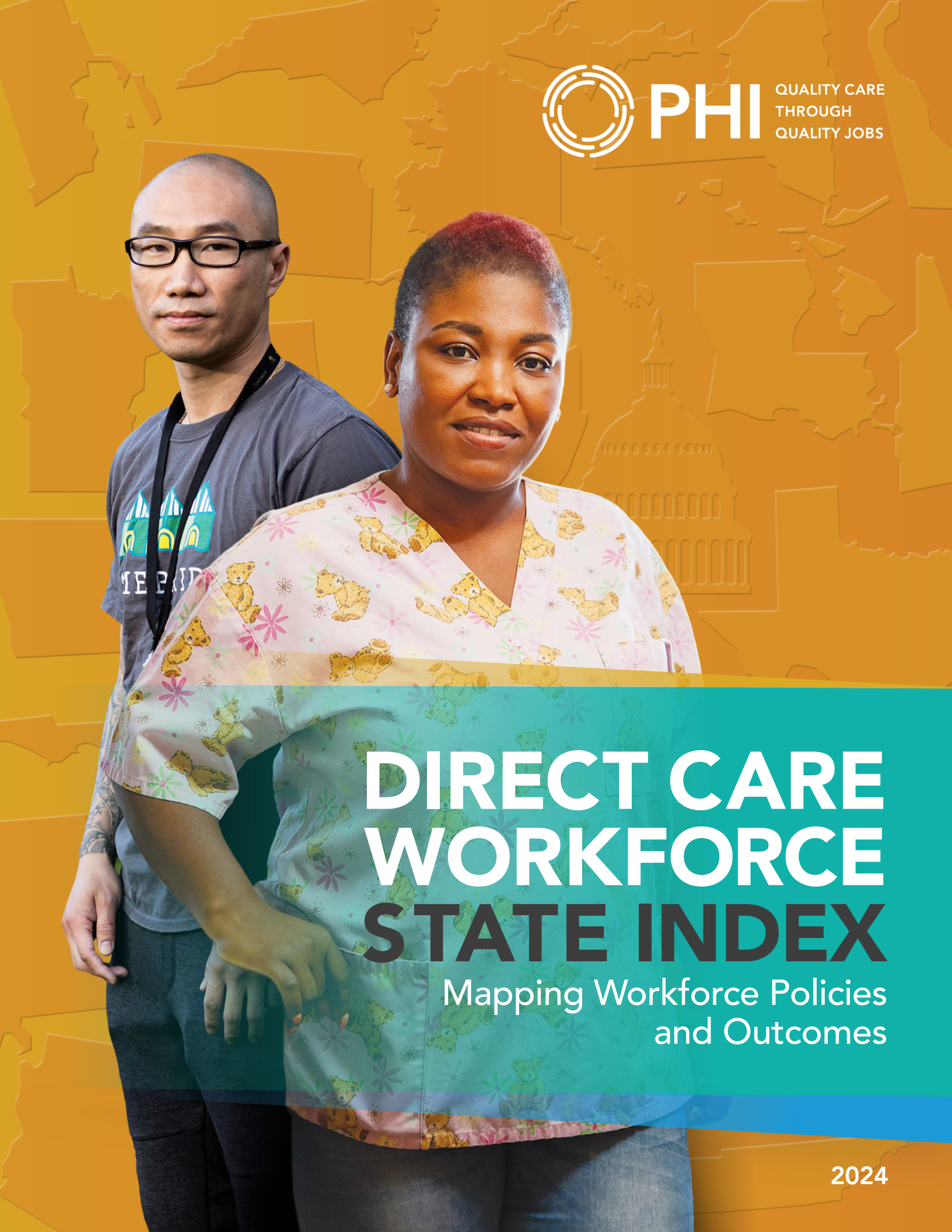
PHI
QUALITY CARE THROUGH QUALITY JOBS



DIRECT CARE WORKFORCE STATE INDEX

Mapping Workforce Policies and Outcomes

2024

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Introduction

More than 4.8 million direct care workers—including personal care aides, home health aides, and nursing assistants—provide support to older adults and people with disabilities across the United States.[1] Their work is essential, yet their jobs are rife with challenges that force many direct care workers out of the field—even as demand for direct care services continues to grow. In recent years, leveraging federal funds from the American Rescue Plan Act (ARPA) and other sources, many states have made critical investments in direct care job quality and workforce recruitment and retention.[2] Still, much more must be done to address the ongoing workforce crisis that is devastating the long-term services and supports (LTSS) sector.

PHI's Direct Care Workforce State Index can help.

Launched in 2023 and updated in 2024, this data-driven online tool maps out key steps that states have taken to address the direct care workforce crisis—and identifies opportunities for improvement. The State Index can be used by state leaders, advocates, researchers, and others to understand how states are supporting their direct care workers, draw comparisons across states, and drive the changes that are needed. This report provides an overview of the State Index, summarizes findings across each component of the State Index, and highlights key developments for direct care workers across the state policy landscape. The report ends with a call to action for policy change across states to improve direct care job quality and stabilize this essential workforce.

NATIONAL SNAPSHOT OF THE DIRECT CARE WORKFORCE [3]

4.8 million
Direct Care Workers (2022)

85%
Female (2022)

64%
People of Color (2022)

28%
Immigrants (2022)

$15.43
Median Hourly Wage (2022)

$25,015
Median Annual Earnings (2022)

37%
Living in or Near Poverty (2022)

49%
Accessing Public Assistance (2022)

48%
Recent Direct Care Workforce Growth (2012-2022)

861,000
Projected New Direct Care Jobs (2022-2032)

8.9 million
Projected total direct care job openings (2022-2032)

Overview of PHI's Direct Care Workforce State Index

As well as offering comparable statistics on the size, demographics, and expected growth of the direct care workforce in each state, PHI's Direct Care Workforce State Index scores and ranks all 50 states and the District of Columbia (D.C.) based on two composite measures: **the worker-supportive policies index** and **the direct care workforce economic index**.

WORKER-SUPPORTIVE POLICIES INDEX

The worker-supportive policies index incorporates policies that are specific to the direct care workforce *and* "universal" labor policies, meaning those that are designed to support all workers.

The direct care workforce policies in the State Index include: training standards for each direct care occupation, wage pass-through policies, and state funding for matching service registries.

The universal labor policies include: state minimum wage laws, Medicaid expansion, paid leave, union-supportive legal environments, state-level earned income tax credits, and protections for LGBTQ+ workers.

DIRECT CARE WORKFORCE ECONOMIC INDEX

The second composite measure comprising the State Index—the direct care workforce economic index—includes several indicators of direct care workers' compensation and economic stability. These indicators are: direct care worker median wages, wage competitiveness, median annual earnings, poverty rates, housing-cost burden, and health insurance coverage.

The State Index ranks states according to these two composite measures and their overall score.

The data informing the State Index are drawn from PHI's existing research and resources, including analysis for PHI's Workforce Data Center and other PHI publications, and from external resources, including other data and research, state administrative and legislative documents, and other sources. Most data were collected, compiled, updated, and/or published in 2023 to 2024, with some exceptions. Please see the Methods Appendix (page 21) for more details on each indicator used in the State Index, along with its date, source, and scoring method.

Visit the State Index to:

- Obtain a snapshot of how each state and D.C. ranks overall and according to their worker-supportive policies and workforce outcomes measures.
- Click on an individual state to view key workforce characteristics in that state, such as the current and projected size and demographics of the workforce.
- Scroll down to view how that state performs on each component of the full index, such as wage competitiveness or paid family and medical leave policies.
- Click a specific measure to compare all states' performance on that measure.
- Download each state profile to save and share.

Findings from the PHI Direct Care Workforce State Index

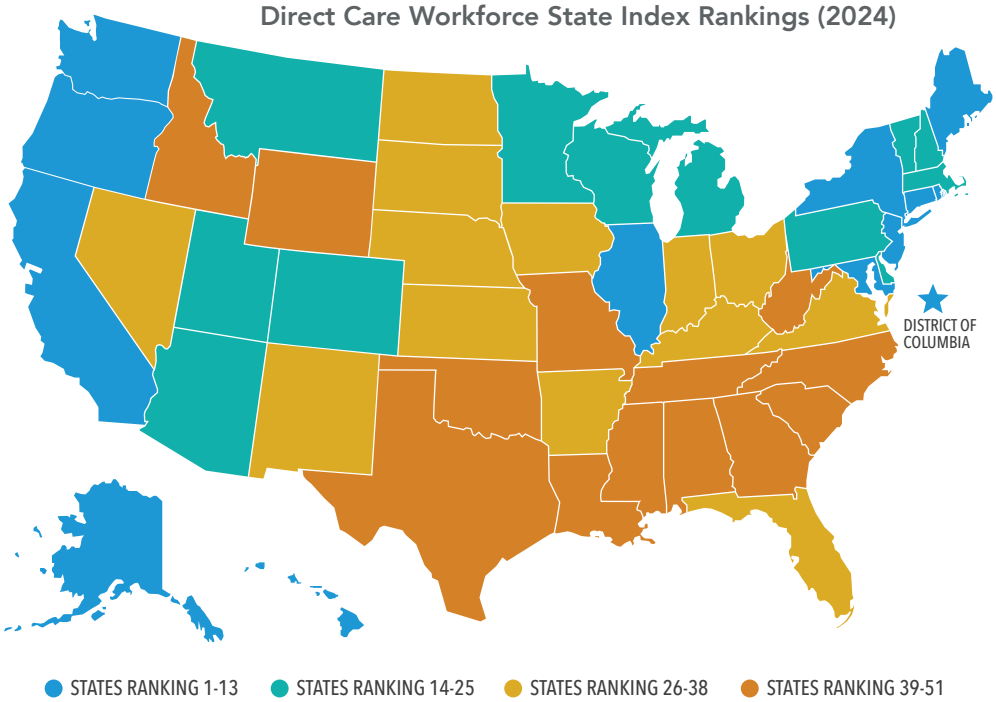
In the overall 2024 rankings for the State Index, the top five states are Washington (1), Rhode Island (2), Oregon (3), Maine (4), and New Jersey (5). The lowest-ranked states are Tennessee (47), Louisiana (48), Alabama (49), Mississippi (50), and Texas (51).

In addition to ranking first overall, Washington also tops the Worker-Supportive Policies Index, which includes state-level labor policies that are specific to direct care workers and that apply to all workers. The highest-ranking states in the Worker-Supportive Policies Index are Washington (1), New Jersey (2), Oregon (3), California (4), and D.C. and Rhode Island (tied for 5)—while North Carolina (47), Texas (48), Tennessee (49), Mississippi (50), and Alabama (51) are ranked the lowest.

In the Direct Care Workforce Economic Index, which combines several measures of direct care workers' compensation and economic stability, Rhode Island (1), Alaska (2), New Hampshire (3), Maine (4), and Hawaii (5) rank the highest, while Mississippi (47), New Mexico (48), Missouri (49), Texas (50), and Louisiana (51) rank the lowest.

The rest of this report describes in more detail the policy and economic indicators that comprise the State Index—discussing why each indicator matters, summarizing the findings from across states, and spotlighting specific state examples.

Direct Care Workforce State Index Rankings (2024)



OVERALL RANKING

1	WASHINGTON
2	RHODE ISLAND
3	OREGON
4	MAINE
5	NEW JERSEY
6	DIST. OF COLUMBIA
7	MARYLAND
8	HAWAII
9	CONNECTICUT
10	NEW YORK
11	ALASKA
12	CALIFORNIA
13	ILLINOIS
14	MASSACHUSETTS
15	VERMONT
16	COLORADO
17	MONTANA
18	NEW HAMPSHIRE
19	MINNESOTA
20	DELAWARE
21	MICHIGAN
22	WISCONSIN
23	PENNSYLVANIA
24	ARIZONA
25	UTAH
26	KANSAS
27	NEBRASKA
28	IOWA
29	OHIO
30	NEVADA
31	NORTH DAKOTA
32	NEW MEXICO
33	SOUTH DAKOTA
34	INDIANA
35	VIRGINIA
36	FLORIDA
37	ARKANSAS
38	KENTUCKY
39	IDAHO
40	WEST VIRGINIA
41	WYOMING
42	MISSOURI
43	OKLAHOMA
44	NORTH CAROLINA
45	SOUTH CAROLINA
46	GEORGIA
47	TENNESSEE
48	LOUISIANA
49	ALABAMA
50	MISSISSIPPI
51	TEXAS

WORKER-SUPPORTIVE POLICIES INDEX

Direct Care Workforce Policies

Included in the State Index are direct care workforce policies that are specifically targeted at improving direct care workers' training, compensation, and access to employment.

DIRECT CARE WORKER TRAINING STANDARDS

"Training standards" are the minimum state-level requirements for direct care workers' entry-level and ongoing training. These standards may cover minimum hours of training, required content or competencies, testing expectations, instructor qualifications, and other factors.

Why Training Standards Matter

By setting training standards, states can play a role in ensuring that direct care workers are prepared with the skills, knowledge, and confidence to succeed in their complex roles. Requirements related to training hours and competencies can account for the physical, social, and emotional demands of direct care jobs and the increasing acuity and diversity of LTSS recipients. Standards that support training portability (such as recognized credentials and centralized training registries) can enhance career mobility for individual workers and increase workforce retention. Overall, rigorous training standards recognize and reflect the value of this essential workforce.

The State Index includes a training policy indicator for each of the three main occupational groups within the direct care workforce, as follows.

Policy Indicator: Home Health Aide Training Standards Exceed the Federal Minimum

Federal regulations require that home health aides employed by Medicare-certified home health agencies receive at least 75 hours of entry-level training, including 16 hours of supervised practical training, plus 12 hours of continuing education every year. Among other actions, states can demonstrate their commitment to quality training by surpassing these federal minimum requirements.

The State Index shows that 17 states and D.C. had established higher training standards as of 2016, including 11 states that require 76 to 110 hours of training and seven states that require 120 or more hours.

Policy Indicator: Nursing Assistant Training Standards Exceed the Federal Minimum

Nursing assistants employed by Medicare and Medicaid-certified nursing homes must also complete 75 hours of entry-level training and 12 hours of ongoing training annually, according to federal minimum regulations. The State Index shows that 30 states plus D.C. had set training standards that exceed the federal minimum as of 2016, including 17 states that require 80 to 105 hours of training and 14 that require 120 hours or more.

Policy Indicator: Personal Care Aide Training Provisions in Place

Unlike home health aides and nursing assistants, personal care aides are not subject to any federal standards for entry-level and ongoing training. The State Index therefore includes a 10-point scale to quantify states' efforts to set their own training standards.

The 10-point scale includes:

- consistent requirements across all Medicaid programs (not including self-direction programs, where consumers hire their own workers)
- training requirements for personal care aides employed by agencies serving private-pay clients
- training requirements for personal care aides hired through self-direction programs
- specified number of training hours within any of these requirements
- specified competencies within any of these requirements
- portable credentials (to allow personal care aides to carry their training with them, rather than having to re-train with each new employer)
- a centralized registry of training credentials
- specified instructor qualifications within any of these requirements
- a state-sponsored or state-endorsed curriculum[5]
- any continuing education requirements in place

The State Index shows that states range widely in the number of personal care aide training standards provisions they have passed as of 2024. Seven states have no training standards, 18 states have one to five training provisions in place, and 26 states have more than five. Specifically, 25 states and D.C. have training requirements for private-pay PCAs; 41 states and D.C. have requirements for some or all Medicaid programs; 18 states have consumer-directed training standards; 25 states and D.C. have specified training hours; 32 states and D.C. have continuing education requirements in place; 35 states and D.C. have competency assessment requirements; 24 states and D.C. have portable credentials; 14 states and D.C. have a centralized training registry; 30 states and D.C. have instructor requirements; and 12 states and D.C. have state-sponsored curricula.

TRAINING STANDARDS SPOTLIGHT: MAINE

Maine requires personal care aides (known in the state as "personal support specialists" or PSSs) across Medicaid programs to complete 50 hours of entry-level training on a set of specified topics and complete a competency evaluation. Training is documented in a centralized training registry to facilitate portability between employers. In parallel, Maine has also enacted modest training requirements for personal care aides (also known as "attendants") who are hired directly by consumers through self-direction programs. Starting in July 2024, Maine will also require all personal care agencies to obtain state licensure, which may extend the training requirements to private-pay personal care aides as well.

WAGE PASS-THROUGH POLICIES

"Wage pass-through policies" require Medicaid-reimbursed LTSS providers to designate a specified amount of their reimbursement rate for direct care worker wages and/or other compensation.

Why Wage Pass-Throughs Matter

Wage pass-through policies can help boost wages for direct care workers, potentially improving workforce recruitment and retention.[6] For example, a study from January 2024 found that wage pass-through policies were associated with a decrease in the wage gap between direct care workers and workers in other industries with similar entry-level requirements.[7] Across 15 states that implemented a wage pass-through policy between 2010 and 2018, there was an average decrease of $0.29 per hour in the wage gap between home health and personal care aides and comparable workers in other industries. In 2009, direct care workers in those 15 states earned on average $3.54 per hour less than workers in comparable jobs prior to the implementation of wage pass-through policies, and this wage gap shrank to $3.25 per hour in 2019 for those states once they had implemented a wage pass-through policy in that period.

Policy Indicator: Dollar-Amount or Percentage Wage Pass-Through Policies in Place

There are broadly two types of wage pass-through policies: dollar-amount and percentage wage pass-through policies. A dollar-amount pass-through policy requires Medicaid-reimbursed employers to pay direct care workers a specified base wage or to increase wages or total compensation by a specified dollar amount. A percentage wage pass-through requires employers to spend a specified proportion of their Medicaid reimbursements on direct care worker wages and/or other compensation.

The State Index shows that 22 states had a wage pass-through policy in effect as of 2023—with considerable variation in terms of coverage (occupations, settings, and employers) and implementation timeline. Ten states had active dollar-amount pass-through policies and 12 states had percentage-based pass-through policies.

WAGE PASS-THROUGH SPOTLIGHT: OREGON

In 2021, Oregon passed a percentage wage pass-through policy. The new policy set a starting wage of $15 per hour for direct care workers providing home and community-based services (HCBS), which then increased to $15.50 per hour in 2023.[8] The policy applies to home care agencies, assisted living and residential care communities, and memory care facilities. Oregon also passed a wage pass-through policy applying to certified nursing assistants in nursing homes, which set a starting wage of $17 per hour, and increased that wage to $17.50 per hour in 2023.[9] Employers who meet the criteria for these programs–meaning that they submit documentation of the starting wages and increased wages and other required documentation–receive a 10 percent add-on to the Medicaid rate.[10]

MATCHING SERVICE REGISTRIES

"Matching service registries" are publicly funded online platforms that help self-directing home care consumers and direct care workers (often known as "independent providers") find one another.

Why Matching Service Registries Matter

Matching service registries vary in design, function, and scale, but in all cases, they are designed to facilitate successful matches between home care consumers and direct care workers on the basis of consumers' care needs and preferences as well as workers' skills, experience, and availability. These registries serve a critical need, as Medicaid-funded self-direction programs are growing in size,[11] but self-directing consumers are struggling (just like provider organizations) to recruit and retain workers due to the workforce shortage.

Policy Indicator: State or Regional Matching Service Registries in Operation

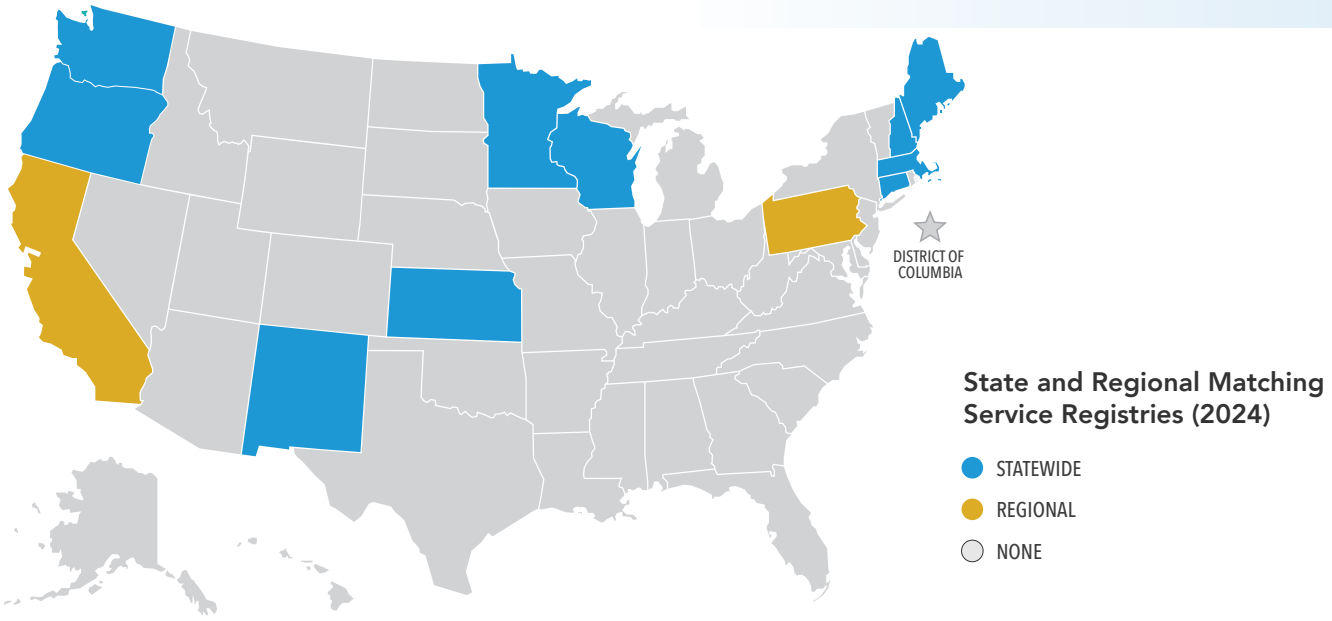
When the State Index launched in early 2023, 10 states offered matching service registries. With the 2024 update, two new states have added matching service registries—New Mexico and Wisconsin. Given that several states have multiple registries, there are 20 public and nonprofit matching service registries in total across the country, including 11 that are statewide and nine that are regional.

MATCHING SERVICE REGISTRY SPOTLIGHT: CARINA

In addition to the new statewide matching service registries in New Mexico and Wisconsin, an existing statewide registry has recently expanded into Oregon. Carina launched in Washington in 2016 through a partnership between the state and SEIU 775, the home care union, and expanded into Oregon in September 2023.[12]

Carina's vision is "a care economy that strengthens our communities by respecting and supporting workers, families, and people who need care."

Carina's user-friendly platform integrates training certification data, enables consumers and workers to set up profiles and offer/apply for job postings, and hosts secure messaging between consumers and workers.[13]



Universal Labor Policies

Universal labor policies are state policies that support most workers' abilities to access health insurance, take paid time off, collectively bargain, achieve greater economic stability, and be protected from workplace discrimination.

STATE MINIMUM WAGE LAWS

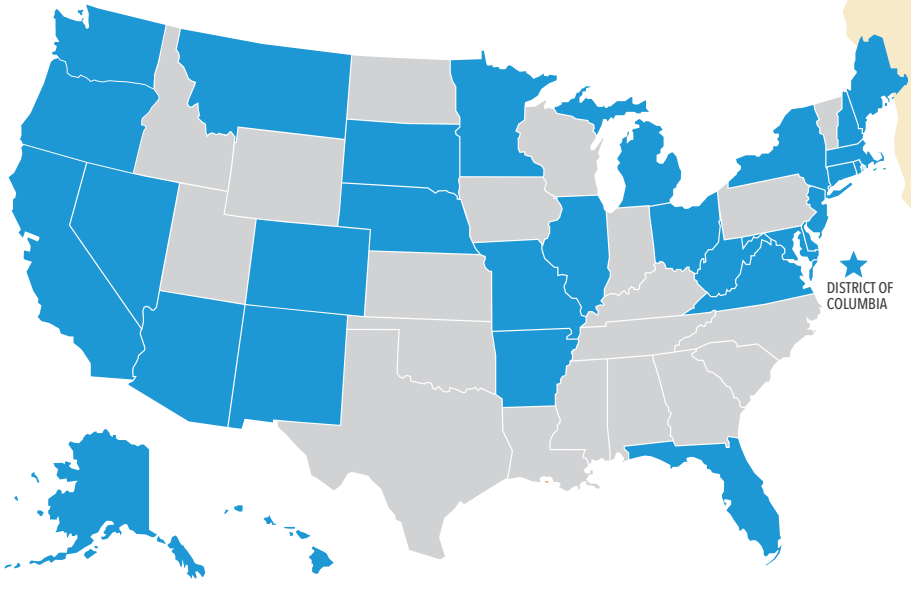
According to the provisions of the Fair Labor Standards Act (FLSA), the federal government sets a minimum wage that pertains to most employers across states.[14] However, many states set their own minimum wage laws at a higher level.

Why State Minimum Wage Laws Matter

The federal minimum wage is only $7.25 per hour—an amount that has not changed since 2009. Therefore, state minimum wage laws can play a critical role in raising the wage floor for direct care workers and other low-wage occupational groups. A study on nursing home workers across states found that higher minimum wage laws are associated with increased income and improved retention.[15] The study also found that higher state minimum wages are associated with fewer inspection violations, lower rates of preventable health conditions, and lower mortality rates for nursing home residents.

Policy Indicator: State Minimum Wage Exceeds Federal Minimum

As of 2024, 30 states and the District of Columbia have set a minimum wage that exceeds the federal minimum wage, ranging from $8.75 per hour in West Virginia to $17 per hour in D.C. Many states have also built regularly scheduled increases into their minimum wage laws.



STATES WITH MINIMUM WAGES ABOVE THE FEDERAL MINIMUM

MINIMUM WAGE LAWS SPOTLIGHT: CALIFORNIA

In 2024, California's state minimum wage rose to $16 per hour for all workers. However, thanks to California Senate Bill 525 (SB 525), which was signed into law by Governor Gavin Newsom in October 2023, the minimum wage for health care workers–including some direct care workers–will be raised to $25 per hour over the next few years.[16]

MEDICAID EXPANSION

The Affordable Care Act (ACA) expanded Medicaid coverage to nearly all adults with incomes up to 138 percent of the federal poverty level, providing states with enhanced federal matching funds to cover their expanded populations.[17] Although originally a requirement under the ACA, Medicaid expansion became optional for states through a U.S. Supreme Court ruling in 2012.

Why Medicaid Expansion Matters

Due to low wages, often part-time and unstable work hours, and limited employer-provided benefits, nearly a third (31 percent) of all direct care workers rely on Medicaid for their health insurance.[18] In "non-expansion states," many direct care workers fall into the Medicaid coverage gap, meaning that they earn too much to qualify for Medicaid but not enough to qualify for federal subsidies in the health insurance marketplace.[19]

Medicaid expansion—which would close the coverage gap for these workers—is associated with a range of better outcomes, including lower mortality rates; improved coverage and access to care among populations with cancer, chronic disease, and disabilities; and enhanced employment and educational outcomes.[20]

Policy Indicator: Medicaid Expansion

As of 2024, 40 states plus D.C. have adopted Medicaid expansion. Recent expansion states include South Dakota and South Carolina in 2022 and North Carolina in 2023.[21]

PAID SICK LEAVE AND FAMILY AND MEDICAL LEAVE

The State Index includes both paid sick leave and paid family and medical leave laws. Paid sick leave policies allow workers to accrue a specified number of hours to address their own or a family member's health needs (or for other reasons, in some cases). Paid family and medical leave laws allow eligible workers to take extended paid time off for their own medical needs, to bond with a new child, to care for a family member, or (in some cases) for other covered reasons.

Why State Paid Leave Laws Matter

The federal Family and Medical Leave Act (FMLA) enables eligible workers to take unpaid leave for specified family and medical reasons, but many low-wage workers are excluded from FMLA coverage[22]—and there are no federal requirements for paid family and medical leave or for paid sick leave.

Paid leave is particularly crucial for direct care workers, who—as primarily women and people of color—are disproportionately at risk of taking unpaid leave or exiting the labor force for health-related or caregiving reasons.[23]

Nearly a third of direct care workers have children under the age of 18 at home and 25 percent are unpaid family caregivers for an older adult or person with a disability.[24] Paid leave would allow these workers to care for their families without jeopardizing their income. Moreover, as clearly demonstrated during the COVID-19 pandemic, workers also need paid sick leave to support their own health—including by taking time off to recover from illness, rather than having to risk exposing their residents/clients and colleagues at work.[25]

Policy Indicator: State Paid Sick Leave Law in Place

The State Index shows that 16 states have a paid sick leave policy as of 2024. Most recently, Minnesota passed a new paid sick leave policy[26] and California expanded their paid sick leave policy to cover more employers and to require covered employers to provide more paid sick leave hours.[27] Implementation begins in 2024 for both states.

Policy Indicator: State Paid Family and Medical Leave Law in Place

Thirteen states plus D.C. (14 total) have a paid family and medical leave policy in place.

Delaware and Maryland both passed paid family and medical leave policies in 2022, and Maine and Minnesota passed theirs in 2023. Eight of those states and D.C. have adopted a "sliding scale" wage-replacement approach, meaning that low-wage workers receive a higher percentage of their wages when on leave than do higher earners. The remaining four states have a fixed replacement rate, meaning that all eligible workers receive the same proportion of their wage replaced. Higher wage replacement rates are crucial for low-wage workers such as direct care workers, who may not be able to make ends meet on less than their full wage replacement (such as Rhode Island's relatively lower replacement rate of 60 percent, for example).[28]

PAID FAMILY AND MEDICAL LEAVE SPOTLIGHT: CONNECTICUT

Connecticut's paid family and medical leave policy replaces 95 percent of wages for low-wage workers versus 60 percent of wages for higher-wage workers.[29] The nearly-100 percent replacement rate for low-wage workers is higher than replacement rates for low-wage workers in other states, and the replacement rate of 60 percent for higher-income workers is higher than the comparable rate in many other states.[30]

EARNED INCOME TAX CREDITS

The federal earned income tax credit (EITC) provides a refundable tax credit to low- and moderate-income taxpayers, with the amount of credit dependent on the taxpayer's income and number of children.[31] In addition, some states have passed their own EITC measures. These state-level tax credits are usually calculated as a percentage of the federal EITC and allow eligible individuals to receive both the state and federal tax credit.[32] Like the federal EITC, some state EITC measures are refundable, meaning that taxpayers may receive a refund if their credit exceeds the amount of tax they owe. Other states have passed non-refundable EITC measures, meaning that the credit cannot exceed the taxpayer's state income tax bill (i.e., the amount of tax owed).

Why Do Earned Income Tax Credits Matter?

Earned income tax credits supplement low wages and help lift some workers above the poverty line—making EITC a critical policy lever for supporting direct care workers, 13 percent of whom live at or below 100 percent of the federal poverty line and 37 percent of whom live at or below 200 percent.[33] According to the Internal Revenue Service (IRS), the federal EITC delivered about $57 billion to working families in 2023,[34] with prior research showing that the credits are mainly spent on necessities including food and housing, and in some cases education and career development.[35]

Policy Indicator: State Offers Earned Income Tax Credits

The State Index shows that 31 states and D.C. offered a state-level EITC in 2023, including 26 states plus D.C. (27 total) with a refundable EITC and 5 states with a non-refundable EITC.

Notably, 10 states and D.C.—most since 2022—have structured their EITCs to cover immigrant families, meaning (in this case) those that have Individual Taxpayer Identification Numbers (ITINs) rather than Social Security numbers.[36] Immigrant families with ITINs are excluded from EITCs in other states. Expanding state EITC eligibility to include immigrant families is especially important for the direct care workforce, given that at least 27 percent of direct care workers in the U.S. are immigrants.[37] Additionally, eight states plus D.C. have expanded EITC eligibility to workers without dependent children in the home and to workers who fall outside of the age eligibility range of 25 to 64 years old.[38]

STATE EARNED INCOME TAX CREDIT SPOTLIGHT: HAWAII AND D.C.

In 2023, Hawaii expanded the state EITC by increasing its value from 20 percent to 40 percent of the federal EITC–effectively doubling the credit.[39] The previous year, Hawaii had made the tax credit both refundable and permanent. As another leading example, D.C. has set its EITC at 70 percent of the federal EITC for most eligible families, with plans to increase to 100 percent by 2026. Together, Hawaii and D.C. model several best practices for state EITC programs: making them permanent, fully refundable, and generous in relation to the federal EITC.

UNION-SUPPORTIVE LEGAL ENVIRONMENT

States play a key role in either supporting or undermining workers' access to union coverage and collective bargaining. Specifically, so-called "right-to-work laws" create barriers to unionization by prohibiting unions in those states from collecting dues from non-members who are covered by a union contract. Conversely, states that have not enacted such barriers offer more supportive environments for unionization.

Why Do Union-Supportive Legal Environments Matter for Direct Care Workers?

Across occupations and industries, union density is associated with higher wages, greater access to employer-provided benefits, and enhanced worker voice on the job—for both union and non-union workers. The benefits of union coverage are particularly salient for low-wage workers, as unionization is associated with larger wage gains for low-wage occupations compared to higher-paying occupations.[40] National research has shown that wages for direct care workers who are covered by a union contract are nearly eight percent higher than those for non-union workers.[41]

In contrast, "right-to-work" laws are associated with lower wages and earnings and increased wage inequality, with significant long-term consequences at both the state and individual levels.[42]

Policy Indicator: Union-Supportive Legal Environment

Twenty-four states plus D.C. (25 total) offer union-supportive legal environments, meaning that they do not have "right-to-work" laws on the books.

UNION-SUPPORTIVE SPOTLIGHT: MICHIGAN

In 2023, Michigan became the first state in 58 years to repeal a damaging right-to-work law as part of a "Restoring Workers' Rights" package of bills, thus strengthening workers' ability to collectively organize.[43] When signing the bills into law, Governor Gretchen Whitmer stated that "we are coming together to restore workers' rights, protect Michiganders on the job, and grow Michigan's middle class."[44]

PROTECTIONS FOR LGBTQ+ WORKERS

Federal law prohibits employment discrimination on the basis of sexual orientation or gender identity under Title VII of the Civil Rights Act.[45] However, state-level LGBTQ+ non-discrimination laws are also needed to strengthen protections for LGBTQ+ people.

Why Do Protections for LGBTQ+ Workers Matter?

Workplace discrimination and harassment are widespread for LGBTQ+ people, especially for transgender workers. In a 2021 study, more than one in three LGBTQ+ respondents reported experiencing workplace discrimination and harassment in the last five years.[46] Employment discrimination can harm workers' economic security as well as their physical and mental health, and can decrease productivity and increase absenteeism and turnover.[47] Protections against employment discrimination are important for LGBTQ+ direct care workers, who may be particularly vulnerable due to isolated and/or unsafe working conditions and inadequate support and supervision on the job.[48]

Policy Indicator: State-Level LGBTQ+ Protections in Place

The first iteration of PHI's State Index included a measure of whether states had a policy prohibiting discrimination based on sexual orientation or gender identity by private employers. In the 2024 update, this measure was expanded to include protections against employment discrimination by public employers as well.

The updated data show that 35 states plus D.C. (36 total) have protections against LGBTQ+ employment discrimination by public employers, private employers, or both.

To note, while not included in the State Index, state protections for LGBTQ+ workers can also be expanded to cover housing, health care, public spaces, and more. States adopting more expansive measures—such as California, Maine, D.C., and several others—are categorized as "working toward innovative equality" in the recent Human Rights Campaign State Equality Index.[49]

LGBTQ+ EMPLOYMENT PROTECTIONS SPOTLIGHT: COLORADO

In 2022, Colorado updated its employment discrimination law to extend protections based on sexual orientation and other characteristics to domestic workers, among other changes.[50]

This change was notable because domestic workers, an occupational category that includes many direct care workers, were historically excluded from employment protections at the federal and state levels.[51]

DIRECT CARE WORKFORCE ECONOMIC INDEX

Direct Care Workforce Economic Index

The variations in the policy landscape captured by the Direct Care Workforce State Index shape economic outcomes for direct care workers, as detailed in this section of the report.

WAGES, EARNINGS, & POVERTY STATUS

The updated State Index shows that state median wages for direct care workers ranged from $10.78 in Louisiana to $18.55 in Washington State in 2022 (the most recent year of available data). Due to low wages combined with the prevalence of part-time and unstable work hours, direct care worker median annual earnings ranged from $17,398 in New Mexico to only as high as $34,203 in D.C.

These low annual earnings translate to high rates of poverty for direct care workers. The percentage of direct care workers living in or near poverty (defined as less than 200 percent of the federal poverty level) ranged from 18 percent in New Hampshire to 54 percent in Louisiana. Notably, even those who earn above 200 percent of the federal poverty level may still not make a living wage, depending on the cost of living in their state.[52]

WAGE COMPETITIVENESS

"Wage competitiveness" refers to the difference between direct care worker median wages and median wages for occupations with similar or lower entry-level requirements, such as retail and food service occupations. (Please see the Methods Appendix for more details.)

The larger the wage gap in favor of these competing industries, the more that long-term care employers struggle to recruit and retain direct care workers (since these employers have less flexibility to increase wages than private industry employers, given the often-tight margins on public reimbursement rates for long-term care services).

According to the State Index update, wages are least competitive in Texas, where the median hourly wage for direct care workers is $5.29 less than the median hourly wage in competitive occupations. Wages are the most competitive in Oregon, where the median hourly wage for direct care workers is just under $1.50 less than the median hourly wage in competing industries.[53]

HOUSING COST BURDEN

State variations in the cost of living can also impact direct care workers' overall economic wellbeing, with housing costs as a key example. In Oregon, even though direct care workers' wages are reasonably competitive with other industries, more than a third (35 percent) of direct care workers are still housing cost-burdened, meaning that they spend more than 30 percent of their earnings on rent or mortgage payments.

This is actually higher than the percentage of direct care workers who are housing cost-burdened in Texas (33 percent), even though Texas has the least competitive median wage for direct care workers.

Overall, the percentage of direct care workers who are housing cost-burdened ranges from 21 percent in West Virginia to 44 percent in New Jersey, followed closely by New York at 43 percent.

HEALTH INSURANCE COVERAGE

Health insurance is another important indicator of overall economic (in)stability. Washington, D.C. has the lowest proportion of direct care workers who lack any form of health insurance, at four percent, while Texas has the highest proportion at 36 percent. Texas has not adopted Medicaid expansion, which accounts in part for such a high rate of uninsurance among direct care workers.

The five states with the lowest proportion of uninsured direct care workers have all adopted Medicaid expansion. After D.C., these states are Delaware, Iowa, Massachusetts, and Rhode Island (all with just five percent of workers lacking health insurance).

However, Oklahoma and Missouri have also expanded Medicaid, but still have high proportions of uninsured direct care workers (27 percent and 22 percent, respectively). This finding underscores the importance of examining the unique constellation of policies and worker outcomes in each state in order to identify the most promising points of intervention.

Conclusion

As this report on the PHI Direct Care Workforce Policy Index shows, states have made notable progress toward supporting and strengthening the direct care workforce, but there is still a long way to go. Even the highest-ranking states in the State Index—those which have implemented a robust range of supportive workforce policies—have room for improvement.

There is no state in the country where the average direct care worker is thriving financially, or even earning the same amount per hour as their counterparts in other entry-level occupations. For example, even in Washington State, which ranks first in the State Index, direct care workers earned $2.69 per hour less than workers in comparable jobs in other industries in 2022 (the most recent year of available data), and about a quarter of Washington's direct care workers live in households below 200 percent of the federal poverty level.

The overall rankings and individual data points in the State Index provide a road map for action—signposting where states are and where they can go next in their efforts to support and strengthen the direct care workforce. To boost wages, states can raise their minimum wages and consider setting a higher wage floor for healthcare workers, as California did in 2023. States can also implement wage pass-throughs to raise wages for direct care workers and close the wage gap with competitive industries, a critical step toward improving recruitment and retention. For example, D.C. currently has the highest minimum wage in the country (at $17.00 per hour), but also has one of the highest wage gaps between direct care and competitive occupations (at nearly $4.50 per hour). Therefore, a sustainably-funded wage pass-through may be the best strategy to increase direct care workers' wages to a level that is both livable—in a region with a high cost of living like D.C.—*and* competitive.

Other policy strategies underscored by the State Index include strengthening training standards, funding matching service registries, expanding Medicaid, establishing paid leave policies and earned income tax credits, repealing anti-union laws, and increasing employment protections for LGBTQ+ and other workers.

Still, the State Index is far from comprehensive. There is a wealth of other opportunities, not currently covered by the State Index, to invest in the direct care workforce.

As just a few examples, states can:

- Establish long-term care social insurance programs to support access to care and quality jobs (currently only in place in Washington State[54]);
- Implement state-level workforce advisory groups and/or workforce standards boards (like the Nursing Home Workforce Standards Board that was recently created by statute in Minnesota[55]); and
- Introduce new policies to mitigate the risk of benefits cliffs, which occur when a small increase in wages is offset by an equal or greater loss of public assistance (like expanding eligibility requirements and providing transition funding in the case of benefit loss[56]), among many other policy options.

In Summary

PHI's Direct Care Workforce State Index provides a critical lens on the current policy landscape and economic realities that direct care workers face in different states—and these findings can be used to compel the tailored and transformative changes that are needed.

METHODS APPENDIX

The Direct Care Workforce State Index provides a composite score for each state based on two sub-indexes: the "Worker-Supportive Policy Index" and the "Direct Care Workforce Economic Index." The indicators that comprise each of these sub-indexes are described in the tables below, along with the year of data, source of data, and scoring method.

WORKER-SUPPORTIVE POLICY INDEX

This index is based on a composite score reflecting both direct care workforce policies and universal labor policies. Each state's total score is based on an average of two averages, i.e., the average scores for all direct care workforce policies and for all universal labor policies.

Direct Care Workforce Policies

Direct care workforce policies are defined as state policies that improve direct care worker compensation, training, and access to employment. Each of these policy indicators are equally weighted in the sub-index based on standardized scores.

INDICATOR	DATA YEAR	DATA SOURCE	SCORING	NOTES
Personal Care Aide Training Standards Key Provisions	2024	PHI analysis of PCA training standards resources.	This indicator comprises the following 10 personal care aide training provisions. For this indicator, states received 10 points for each provision (for a possible total of 100): 1. Consistent Requirements Across Medicaid 2. Private-Pay Training Requirements 3. Requirements in Consumer-Directed Programs 4. Any Training Hours Specified 5. Any Competency Assessment Specified 6. Portable Credentials 7. Central Training Registry 8. Requirements for Instructor Qualifications 9. State-Sponsored Curriculum 10. Continuing Education Requirements in Place	Nine out of the ten PCA training standards provisions were coded as 0=not present 1=present. The provision "Consistent Requirements Across Medicaid" was coded as follows: 0=no requirements; 1/3= requirements for some Medicaid programs; 2/3= requirements for all Medicaid programs but with variation in the requirements; 1=universal requirements across all Medicaid programs.

INDICATOR	DATA YEAR	DATA SOURCE	SCORING	NOTES
Home Health Aide Training Standards Exceed Federal Minimum	2016	PHI. "Home Health Aide Training Requirements by State." Accessed March 5, 2024. https://www.phinational.org/advocacy/home-health-aide-training-requirements-state-2016/.	States are scored on whether they have set a higher minimum training hours standard for home health aides (100=yes, 0=no).	
Nursing Assistant Training Standards Exceed Federal Minimum	2016	PHI. "Nursing Assistant Requirements by State." Accessed March 5, 2024. https://www.phinational.org/advocacy/home-health-aide-training-requirements-state-2016/.	States are scored on whether they have set a higher minimum training hours standard for nursing assistants in nursing homes (100=yes, 0=no).	
Dollar-Amount Wage Pass-Through Policy (Current)	2024	PHI review of wage pass-through resources (please contact info@PHInational.org for more details). [57]	States are scored on whether they have a dollar-amount wage pass-through in place (100=yes, 0=no).	Wage pass-through policies are treated as one indicator in State Index calculations, where 100 = dollar-amount wage pass-through, 50 = percentage wage pass-through, and 0 = no wage pass-through. Dollar-amount wage pass-through policies are scored higher in the State Index because they are clearer and less variable than percentage-based wage pass-through policies–which may fluctuate based on changing Medicaid reimbursement rates. Some wage pass-through policies were specific to a certain segment of the direct care workforce, such as personal care aides. We did not take this information into account when scoring states' wage pass-through policies
Percentage Wage Pass-Through Policy (Current)	2024	PHI review of wage pass-through resources (please contact info@PHInational.org for more details).[58]	States are scored on whether they have a percentage wage pass-through in place (50=yes, 0=no).	See note above.
State-Funded Matching Service Registry	2024	PHI. "Matching Service Registries." Accessed March 4, 2024. http://www.phinational.org/advocacy/matching-service-registries.	States are scored on whether they have a matching service registry in place (100=yes, 0=no).	

Universal Labor Policies

Universal labor policies are state policies that are intended to support all workers' abilities to access health insurance, take paid time off, collectively bargain, achieve greater economic stability, and access and maintain employment without discrimination. Each of these policy indicators is equally weighted in the sub-index based on standardized scores.

INDICATOR	DATA YEAR	DATA SOURCE	SCORING
Minimum Wage Exceed Federal Minimum Wage	2024	U.S. Department of Labor. 2024. *Consolidated Minimum Wage Table*. https://www.dol.gov/agencies/whd/mw-consolidated#9.	States are scored on whether they have set a higher minimum wage at the state level (100=yes, 0=no).
Medicaid Expansion	2023	KFF. "Status of State Action on the Medicaid Expansion Decision." Last modified December 1, 2023. https://www.kff.org/affordable-care-act/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7DKFF.	States are scored on whether they have opted to expand Medicaid (100=yes, 0=no).
Paid Sick Leave	2024	Harknett, Kristen, Daniel Schneider, Rebecca Wolfe, nd Connor Williams. 2023. "Shift Project State and Local Policy Database." https://github.com/Shift-HKS/Labor-Policy-Database; and PHI review of resources, compiled 2024.	States are scored on whether they have a paid sick leave law in place (100=yes, 0=no).
Paid Family and Medical Leave	2024	Harknett, Kristen, Daniel Schneider, Rebecca Wolfe, and Connor Williams. 2023. "Shift Project State and Local Policy Database." Available at: https://github.com/Shift-HKS/Labor-Policy-Database; National Partnership for Women & Families. 2023. *State Paid Family & Medical Leave Insurance Laws*. Washington, DC: National Partnership for Women & Families. https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf; A Better Balance. 2024. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/.	States are scored on whether they have a paid family and medical leave law in place (100=yes, 0=no).

INDICATOR	DATA YEAR	DATA SOURCE	SCORING	NOTES
Union-Supportive Legal Environment	2023	National Conference of State Legislatures. 2023. "Right to work Resources." https://www.ncsl.org/labor-and-employment/right-to-work-resources.	States are scored on whether they have a union-supportive legal environment, meaning that they do not have a so-called "right to work" that limits unions in place (100=no "right to work law", 0=have "right to work law").	So-called "right to work laws" create barriers to unionization by prohibiting unions from collecting dues from non-members who are covered by a union contract in those states. Conversely, states that have not enacted such barriers offer more supportive environments for unionization. States were scored positively (100) if they do not have a "right to work" law and therefore have a more supportive environment for unions and workers.
Refundable State Earned Income Tax Credit	2023	The Urban Institute. 2023. "State Earned Income Tax Credits." https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/state-earned-income-tax-credits#eitcearned-income-tax-credits#eitc.	States are scored on whether they have a refundable EITC program in place (100=yes, 0=no).	EITC programs are treated as one indicator in State Index calculations, where 100 = State has a refundable EITC program in place, 50 = State has a non-refundable EITC program in place, and 0 = no EITC.
Non-Refundable State Earned Income Tax Credit	2023	The Urban Institute. 2023. "State Earned Income Tax Credits." https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/state-earned-income-tax-credits#eitc.	States are scored on whether they have a non-refundable EITC program in place (50=yes, 0=no).	See note above.
Protections for LGBTQ+ Workers	2023	Harknett, Kristen, Daniel Schneider, Rebecca Wolfe, and Connor Williams. 2023. "Shift Project State and Local Policy Database." Available at: https://github.com/Shift-HKS/Labor-Policy-Database; Human Rights Campaign. 2024. *2023 State Equality Index*. Washington, DC: Human Rights Campaign. https://reports.hrc.org/2023-state-equality-index?_ga=2.246743108.1722798231.1709757170-1010429121.1707321599.	States are scored on whether they have enacted protections against employment discrimination based on sexual orientation, gender identity, or both among private employers, public employers or both (100=yes to any of the above, 0= none of the above).	

DIRECT CARE WORKFORCE ECONOMIC INDEX

For this sub-index, states are ranked according to a composite score reflecting several indicators of direct care workers' compensation and economic stability. The total score for each state is an average of the standardized scores for the component indicators, which are all equally weighted. Indicators with missing values are not counted in the total.

INDICATOR	DATA YEAR	DATA SOURCE	SCORING
Median Wage	2022	Bureau of Labor Statistics. 2023. *Occupational Employment and Wage Statistics (OEWS) program May 2022 State Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/; analysis by PHI (February 2024).	The median wage for direct care workers in each state is calculated as a weighted average of the median wages for personal care aides, home health aides, and nursing assistants, then standardized to 100.
Wage Competitiveness	2022	Bureau of Labor Statistics. 2023. *Occupational Employment and Wage Statistics (OEWS) program May 2022 State Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/; O*NET. 2024. *O*NET 28.2 Database*. https://www.onetcenter.org/database.html#individual-files; analysis by PHI (February 2024).	The values for the wage competitiveness indicator reflect the difference between direct care worker median wages and median wages for occupations with similar or lower entry-level requirements, standardized to 100.
Median Personal Earnings	2018-2022 (pooled)	U.S. Census Bureau. 2024. *American Community Survey (ACS), 2018 – 2022 5-year Public Use Microdata Sample (PUMS)*. https://www.ipums.org/; analysis by PHI (February 2024).	Median annual personal earnings for direct care workers are calculated as a weighted average of median annual personal earnings for personal care aides, home health aides, and nursing assistants, then standardized to 100.
Low-Income Household	2018-2022 (pooled)	U.S. Census Bureau. 2024. *American Community Survey (ACS), 2018 – 2022 5-year Public Use Microdata Sample (PUMS)*. https://www.ipums.org/; analysis by PHI (February 2024).	States were scored according to the percentage of direct care workers in the state living in households below 200 percent of the federal poverty level.
Lacks Affordable Housing	2018-2022 (pooled)	U.S. Census Bureau. 2024. *American Community Survey (ACS), 2018–2022 5-year Public Use Microdata Sample (PUMS)*. https://www.ipums.org/; analysis by PHI (February 2024).	States are scored according to the percentage of direct care workers in the state who lack affordable housing or are housing cost-burdened, meaning their housing costs–including rent or mortgage payments and utility bills–exceed 30 percent of their household's total income.
Uninsured	2018-2022 (pooled)	U.S. Census Bureau. 2024. *American Community Survey (ACS), 2018 – 2022 5-year Public Use Microdata Sample (PUMS)*. https://www.ipums.org/; analysis by PHI (February 2024).	States are scored according to the percentage of direct care workers in the state who do not hold any form of health insurance, including through their own or a family member's employer or union; through Medicare, Medicaid, or another public program; or through the health insurance marketplace.

NOTES

1 PHI. 2023. "Direct Care Workers in the United States: Key Facts 2023." https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2023/

2 Halperin, Alissa and Anne Jacobs. 2024. *Efforts to Evaluate the Impact of ARPA HCBS Investments*. Arlington, VA: ADvancing States. https://www.advancingstates.org/sites/nasuad/files/u34188/Efforts%20to%20Evaluate%20the%20Impact%20of%20ARPA%20HCBS%20Investments%20Apr%202024.pdf

3 U.S. Census Bureau. 2024. *American Community Survey (ACS), 2018-2022 5-Year Public Use Microdata Sample (PUMS)*. https://www.ipums.org/; Bureau of Labor Statistics. 2023. *Occupational Employment and Wage Statistics (OEWS) program May 2022 State Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/; analysis by PHI (February 2024).

4 Institute of Medicine. 2008. *Retooling for an Aging America: Building the Health Care Workforce*. Washington, DC: The National Academies Press. https://doi.org/10.17226/12089; Drake, Angelina. 2020. *Direct Care Work is Real Work: Elevating the Role of the Direct Care Worker*. Bronx, NY: PHI. https://www.phinational.org/resource/direct-care-work-is-real-work-elevating-the-role-of-the-direct-care-worker/.

5 Campbell, Stephen. 2018. *Best Practices in State-Sponsored Personal Care Aide Training Curricula: Lessons from Six States*. Bronx, NY: PHI. https://www.phinational.org/wp-content/uploads/2018/11/State-Sponsored-PCA-Curricula-2018-PHI.pdf.

6 Baughman, Reagan and Smith, Kristin. 2010. "The Effect of Medicaid Wage Pass-Through programs on the Wages of Direct Care Workers." *Medical Care* 48(5): 426 – 32. doi: 10.1097/MLR.0b013e3181d6888a; Yearby, Raqaiijah, Nathan Gardner, Spencer Davis, et al. 2020. Wage Pass-Through Law Final Report. Saint Louis, MO: The Institute for Healing Justice & Equity. https://ihje.org/wp-content/uploads/2024/02/2.28.24-Wage-Pass-Through-Law-Final-Report_Insitute-of-Healing-Justice-and-Equity.pdf

7 Baughman and Smith 2010.

8 Oregon Department of Human Services. 2023. *Payment Limitations in Home and Community-Based Services: Enhanced Wage Add-on Program*. Chapter 411, Division 27. https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=303067.

9 Oregon Department of Human Services. 2022. *Nursing Facilities/ Medicaid Generally and Reimbursement: Enhanced Wage Add-On Program*. Chapter 411, Division 70. https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=287168.

10 Oregon Department of Human Services. 2023. *Enhanced Wage Add-on Program*. Chapter 411, Division 27. https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=303067.

11 Murray, Kate, Molly Morris, Merle Edwards-Orr, Mark Sciegaj, and Brendan Flinn. National Inventory of Self-Directed Long-Term Services and Supports Programs For the 2023 AARP LTSS State Scorecard. Washington, DC: AARP Public Policy Institute, February 6, 2024. https://doi.org/10.26419/ppi.00217.001.

12 Carina Team. 2023. "Celebrating Carina's Remarkable Year of Heartfelt Connections." December 19, 2023. https://carina.org/blog?p=heartfelt-connections.

13 PHI. 2019. "How Can Matching Service Registries Help Consumers Find Trained Workers?" *PHI Newsroom*, February 12, 2019. https://www.phinational.org/how-can-matching-service-registries-help-consumers-find-trained-workers/.

14 U.S. Department of Labor. "Minimum Wage." Accessed April 8, 2024. https://www.dol.gov/general/topic/wages/minimumwage.

Notably, home care workers were not even entitled to this basic wage protection until 2015 due to their exclusion from FLSA coverage: Iezzoni, Lisa I., Naomi Gallopyn, and Kezia Scales. 2019. "Historical Mismatch Between Home-Based Care Policies and Laws Governing Home Care Workers." 38 (6). https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05494.

15 Ruffini, Krista. 2022. "Worker Earnings, Service Quality, and Firm Profitability: Evidence from Nursing Homes and Minimum Wage Reforms." *The Review of Economics and Statistics* 1–46. https://drive.google.com/file/d/1d6vYu_uN9keb9iiT2R5UJihA_61K0Fce/view

16 Lucia, Laurel, Enrique Lopezlira, and Ken Jacobs. 2023. "California Healthcare Minimum Wage: New Estimate for Workers, Wages, and the State Budget." UC Berkeley Labor Center: https://laborcenter.berkeley.edu/ca-health-care-minimum-wage-new-estimates-feb2024/.

17 KFF. 2024. *Status of State Medicaid Expansion Decisions: Interactive Map*. Washington, D.C.: KFF. https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

18 KFF. 2023. *10 Things to Know About Medicaid*. Washington, D.C.: KFF. https://www.kff.org/mental-health/issue-brief/10-things-to-know-about-medicaid/

19 Marquand, Abby. *Too Sick to Care: Direct-Care Workers, Medicaid Expansion, and the Coverage Gap*. Bronx, NY: PHI. https://www.phinational.org/resource/too-sick-to-care-direct-care-workers-medicaid-expansion-and-the-coverage-gap/

20 Guth, Madeline and Ammula, Meghana. 2021. *Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021*. Washington, DC: KFF. https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to- march-2021-report/

21 Raphael, Jada and Robin Rudowitz. *KFF*. December 18, 2023. "An Update on ACA Medicaid Expansion: What to Watch in North Carolina and Beyond." https://www.kff.org/policy-watch/an-update-on-aca-medicaid-expansion-what-to-watch-in-north-carolina-and-beyond/; Dura, Jack. 2024. "South Dakota voters asked to approve work requirement for Medicaid expansion." AP News, February 27. https://apnews.com/article/south-dakota-legislature-medicaid-expansion-3e10f0145f77f3a4f35bae63f8558e0f.

22 Cook, Allison. 2018. *Paid Family and Medical Leave: How States Should Support Direct Care Workers*. Bronx, NY: PHI. https://www.phinational.org/wp-content/uploads/2018/05/Family-Medical-Leave-PHI-2018.pdf

NOTES

23 McDonald, Jake. *PHI Newsroom*, November 28, 2023. https://www.phinational.org/paid-leave-is-essential-for-the-direct-care-workforce/#:~:text=Paid%20leave%20is%20a%20basic,access%20to%20this%20critical%20benefit.

24 U.S. Census Bureau. 2023. *American Community Survey (ACS), 2015 ACS 1-year Public Use Microdata Sample (PUMS)*. https://www.ipums.org/; analysis by PHI (March 11, 2024).

25 PHI. "New Study on State Hazard Pay and Sick Leave Policies for Direct Care Workers During COVID-19" *PHI Newsroom*, July 12, 2022. https://www.phinational.org/news/new-study-on-state-hazard-pay-and-sick-leave-policies-for-direct-care-workers-during-covid-19/#:~:text=%E2%80%9CPaid%20sick%20leave%20can%20support,analyst%20at%20PHI%20and%20the.

26 Ferguson, Dana. "New for 2024: Minnesota law to grant more workers access to sick and safe time." MPR News, December 26. https://www.mprnews.org/story/2023/12/26/new-minnesota-earned-sick-and-safe-time.

27 Civil Rights Department, State of California. *Expanded Family and Medical Leave in California*. chrome- Accessed March 12, 2024. https://calcivilrights.ca.gov/wp-content/uploads/sites/32/2023/02/Expanded-Family-And-Medical-Leave_ENG.pdf.

28 Shabo, Vicky. 2024. *Explainer: Paid Leave Benefits and Funding in the United States*. Washington, DC: New America. https://www.newamerica.org/better-life-lab/briefs/explainer-paid-leave-benefits-and-funding-in-the-united-states/.

29 Shabo, 2024; A Better Balance. 2024. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." New York, NY: A Better Balance. https://www.abetterbalance.org/family-leave-laws/.

30 A Better Balance. 2024. "Comparative Chart of Paid Family and Medical Leave Laws in the United States." New York, NY: A Better Balance. https://www.abetterbalance.org/family-leave-laws/.

31 The Urban Institute. 2023. "State Earned Income Tax Credits." https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/state-earned-income-tax-credits#eitc.

32 The Urban Institute. 2023. "State Earned Income Tax Credits." https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/state-earned-income-tax-credits#eitc.

33 U.S. Census Bureau. 2023. *American Community Survey (ACS), 2015 ACS 1-year Public Use Microdata Sample (PUMS)*. https://www.ipums.org/; analysis by PHI (March 11, 2024).

34 IRS. 2024. "EITC Reports and Statistics: 2022 EITC Tax Returns by State Processed in 2023." https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/eitc-reports-and-statistics.

35 Center on Budget and Policy Priorities. 2023. "Policy Basics: The Earned Income Tax Credit." https://www.cbpp.org/research/policy-basics-the-earned-income-tax-credit.

36 Institute on Taxation and Economic Policy (ITEP). 2023. "Boosting Incomes, Improving Equity: State Earned Income Tax Credits in 2023." Washington, DC: ITEP. https://itep.org/boosting-incomes-improving-equity-state-earned-income-tax-credits-in-2023/.

37 Espinoza, Robert. 2023. "Bridging the Gap: Enhancing Support for Immigrant Direct Care Workers." PHI: https://www.phinational.org/resource/bridging-the-gap-enhancing-support-for-immigrant-direct-care-workers/.

38 Institute on Taxation and Economic Policy, 2023.

39 Institute on Taxation and Economic Policy (ITEP). 2023. "Boosting Incomes, Improving Equity: State Earned Income Tax Credits in 2023." Washington, DC: ITEP. https://itep.org/boosting-incomes-improving-equity-state-earned-income-tax-credits-in-2023/; Angarone, Ben. "Hawaii Governor Signs Tax Relief and Budget Bills." *Honolulu Civil Beat*, June 30. https://www.civilbeat.org/2023/06/hawaii-governor-signs-tax-relief-and-budget-bills/.

40 Shierholz, Heidi, Lawrence Mishel, Elise Gould, and Josh Bivens. 2012. The State of Working America, 12th Edition, Cornell Univ. Press, Ithaca, NY.

41 Dill, Janette and Jill Tanem. 2022. "Gender, Race/Ethnicity, and Unionization in Direct Care Occupations." *American Journal of Public Health*, 112(11): 1676-1684.

42 VanHeuvelen, Tom. 2023. "The Right to Work and American Inequality." *American Sociological Review*, 88(5): 810-843.

43 National Conference of State Legislatures, 2023.

44 Executive Office of Governor Gretchen Whitmer. 2023. "Gov. Whitmer Signs 'Restoring Workers' Rights' Bill Package Into Law." March 24. https://www.michigan.gov/whitmer/news/press-releases/2023/03/24/whitmer-signs-restoring-workers-rights-bill-package-into-law#:~:text=%E2%80%9CToday%2C%20we%20are%20coming%20together,treated%20with%20dignity%20and%20respect.

45 Movement Advancement Project. "Equality Maps: Employment Nondiscrimination Laws." https://www.lgbtmap.org/equality-maps/employment_non_discrimination_laws. Accessed April 8, 2024.

46 UCLA School of Law Williams Institute. 2021. *LGBT People's Experiences of Workplace Discrimination and Harassment*. Los Angeles, CA: The Williams Institute. https://williamsinstitute.law.ucla.edu/publications/lgbt-workplace-discrimination/

47 UCLA School of Law Williams Institute, 2021.

48 Gibson, Liz, Courtney Roman, Nina Joseph, and Jason Flatt. 2023. "LGBTQ+ Caregivers: Challenges, Policy Needs, and Opportunities." *Center for Health Care Strategies*. https://www.chcs.org/resource/lgbtq-caregivers-challenges-policy-needs-and-opportunities/.

49 Human Rights Campaign, 2024.

50 Civil Rights Litigation Group. "Colorado updates anti-discrimination laws." January 18, 2023. https://www.rightslitigation.com/2023/01/18/colorado-updates-anti-discrimination-laws/

NOTES

51 Kenney, Andrew. 2022. "Domestic workers will now have some of the same labor protections as other employees in Colorado." CPR News, September 14. https://www.cpr.org/2022/09/14/domestic-workers-will-now-some-of-the-same-labor-protections-as-other-employees-in-colorado/

52 Massachusetts Institute of Technology. "Living Wage Calculator." Accessed March 22, 2024. https://livingwage.mit.edu/

53. Bureau of Labor Statistics. 2023. *Occupational Employment and Wage Statistics (OEWS) program May 2022 State Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/; O*NET. 2024. *O*NET 28.2 Database*. https://www.onetcenter.org/database.html#individual-files; analysis by PHI (February 2024).

54. WA Cares Fund. "Helping You Cover Your Tomorrows." Accessed March 22, 2024. https://wacaresfund.wa.gov/

55. Minnesota Department of Labor and Industry. "Nursing Home Workforce Standards Board." Accessed March 22, 2024. https://www.dli.mn.gov/about-department/boards-and-councils/nursing-home-workforce-standards-board

56. National Conference of State Legislatures. 2023. "Introduction to Benefits Cliffs and Public Assistance Programs." https://www.ncsl.org/human-services/introduction-to-benefits-cliffs-and-public-assistance-programs

57. Yearby, Raqaiijah, Nathan Gardner, Spencer Davis, et al. 2020. *Wage Pass-Through Law Final Report*. Saint Louis, MO: The Institute for Healing Justice & Equity. https://ihje.org/wp-content/uploads/2024/02/2.28.24-Wage-Pass-Through-Law-Final-Report_Insitute-of-Healing-Justice-and-Equity.pdf; Scales, Kezia. 2022. *State Policy Strategies for Strengthening the Direct Care Workforce*. New York, NY: PHI. https://www.phinational.org/resource/state-policy-strategies-for-strengthening-the-direct-care-workforce/; Connecticut State Government. "Medicaid Nursing Home Reimbursement." Accessed March 12, 2024. https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Nursing-Home-Reimbursement/Medicaid-Nursing-Home-Reimbursement/Pension-and-Wage-Increase; The Living Wage Act of 2006. D.C. Official Code §§ 2-220.01 – 2-220.11. https://www.expresspros.com/uploadedFiles/Landing_Pages/State_Posters/Posters/DC_MWPE.pdf; Ward, Hannah, Matthew Ralls, Courtney Roman, and Diana Crumley. 2021. *Strengthening the Direct Care Workforce: Scan of State Strategies*. Hamilton, NJ: Center for Health Care Strategies. https://www.chcs.org/media/Strengthening-the-Direct-Care-Workforce-Scan-of-State-Strategies.pdf; Louisiana Revised Statutes. Section 46:2691 - Medicaid Trust Fund for the Elderly, Title 46 - Public Welfare and Assistance. https://casetext.com/statute/louisiana-revised-statutes/revised-statutes/title-46-public-welfare-and-assistance/chapter-54-medicaid-trust-fund-for-the-elderly/section-462691-medicaid-trust-fund-for-the-elderly; Winters, Amanda, Lauren Block, Hannah Maxey et al. 2021. *State Strategies for Sector Growth and Retention of the Direct Care Health Workforce*. Washington, DC: National Governors Association Center for Best Practices. https://www.nga.org/wp-content/uploads/2021/10/NGA_SectorGrowth-DirectCare_report.pdf; Oregon Health Authority. "Medicaid and CHIP State Plans." Accessed March 12, 2024. https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/State-Plans.aspx?wp6711=p:1#g_abd7ace4_e48d_4ec0_97ad_3dd717ab9678; Macris, Gina. 2021. "Tri-State Human Service Coalition to Press for More Funding." Developmental Disability News, December 4. http://olmstead-ddnews.org/olmstead-updates/2021/12/4/yj33rcxolylo9nhdoo3daivuo1w42j; SEIU 775 – State of Washington. 2021. *22-23 CBA Reopener Negotiations: Tentative Agreement, Appendix A*. https://seiu775.org/wp-content/uploads/2022/04/SEIU-775-State-of-Washington-Appendix-A.pdf.

58. Ibid.

ABOUT PHI

PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models. For more than 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

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