

# Expanding Access to Health Care Jobs for Workers with Criminal Histories

Historically, the health care sector has provided significant economic stability for workers (both in terms of income and job mobility), offering a wide range of job opportunities across many skill levels, even during recessions.<sup>1</sup> However, the sector faced unprecedented staff shortages during the global recession triggered by the COVID-19 pandemic that exposed critical vulnerabilities in the nation’s health care infrastructure. With nearly 1.9 million health care jobs<sup>2</sup> being added in the United States by 2032 and a growing shortage of qualified workers to fill them, workers with criminal histories represent a promising pool of talent that has been severely under-leveraged due to overbroad policies and practices that often shut them out of job opportunities.

The robust economic recovery in the U.S., coupled with the increasing demand for health care services due to an aging population, offers an important opportunity for policymakers and employers to reconsider both the value of workers with criminal histories and the barriers that prevent them from fully contributing to the fastest-growing workforce sector of the nation’s economy. Even those who are not subject to such barriers must contend with the stigma that makes many employers reluctant to hire workers with criminal histories.<sup>3</sup> Despite this, over 7,000 provisions of law limit access to health care jobs for people with certain criminal histories. Only by revisiting hiring practices and removing the barriers that exclude workers who pose no appreciable risk to public safety can the health care sector harness the full potential of this untapped talent pool.

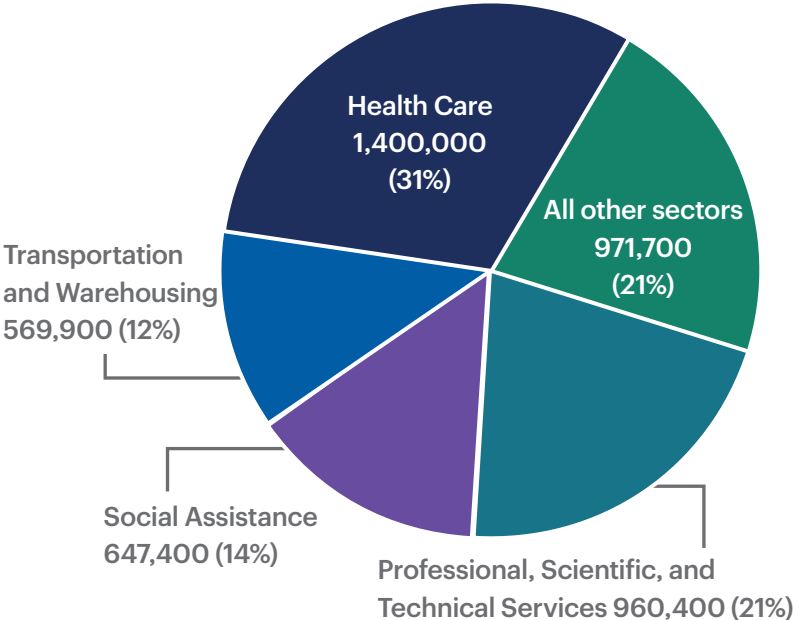
This brief examines the employment challenges faced by the health care sector and how incorporating workers with criminal histories can help overcome these challenges, promote a stronger economy, and facilitate safer and healthier communities.

## The U.S. Faces a Shortage of Workers to Staff This Growing Sector

The demand for health care workers is expected to soar, with the health care and social assistance sectors projected to be fastest growing and contribute to 45 percent of all job gains from 2022 to 2032.<sup>4</sup>

While health care employee shortages have long been noted due to clinical burnout, the COVID-19 pandemic intensified these shortages. The Association of American Medical Colleges estimates a shortage of physicians between 37,800 to 124,000 by 2034.<sup>5</sup> As the economy recovers, the demand for physicians and the transition of the health care industry toward team-based models will create additional demand for entry-level, supporting positions such as nursing assistants, physician assistants, and physical therapist assistants, potentially resulting in 432,000 job openings by 2032.

Chart 1: Projected Job Gains between 2022–2032



**Table 1: Top 10 Health Care Occupations with the Most Openings between 2022–2032**

Health Care Occupation	# of Occupational Openings	Typical Education at Entry Level
Home health and personal care aides	684,600	High school diploma or equivalent
Nursing assistants	202,400	Postsecondary nondegree award
Registered nurses	193,100	Bachelor’s degree
Medical assistants	114,600	Postsecondary nondegree award
Dental assistants	55,100	Postsecondary nondegree award
Licensed practical and licensed vocational nurses	54,400	Postsecondary nondegree award
Pharmacy technicians	44,900	High school diploma or equivalent
Veterinary assistants and laboratory animal caretakers	26,800	High school diploma or equivalent
Nurse practitioners	26,300	Master’s degree
Clinical laboratory technologists and technicians	24,000	Bachelor’s degree

### Jobs and Qualifications

Jobs in the health care industry are available at various levels, and 7 of the top 10 health care occupations with the most openings between 2022–2032 require only minimal qualifications.<sup>6</sup> This allows individuals to pursue entry-level jobs with limited direct experience. Furthermore, the skills acquired in these positions are transferable, especially soft skills like effective communication and problem-solving.

Home health and personal care aides are expected to account for 1 in every 6 new jobs and become the largest occupation in the economy by 2032. With 684,600 openings and 804,600 additional people employed in the occupation between 2022–2032, there is significant potential for upward mobility.<sup>7</sup> These aides can progress to higher-paying positions such as a registered nurse or nurse practitioner.

### Earnings and Upward Mobility

Of all health care occupational openings between 2022–2032, 44.5 percent are low-skilled with a median salary of \$37,100, 35.5 percent middle-skilled at \$54,620, and 20 percent high-skilled at \$120,880.<sup>8</sup> This provides pathways to higher-wage work within the sector and high rates of upward mobility for low-wage workers.<sup>9</sup>

**Table 2: Earning Potential in Health Care**

Skill Level	Median Salary	Percentage of Health Care Occupational Openings
Low	\$37,100	44.5%
Middle	\$54,620	35.5%
High	\$120,880	20%

**Chart 2: Top Sectors with High Rates of Upward Mobility**



# Expanding Access to Jobs Benefits Employers, Communities, & Public Safety

## Benefits to Employers

Research has shown the value in retention and overall performance of hiring people with criminal records across industries, including health care.

A study at Johns Hopkins of about 500 hires of **people with records** showed their retention rate **outmatched** that of **employees without records** after 40 months.<sup>10</sup>


This study also observed **79 employees with more serious records** for 3–6 years after their hiring date. At the end of the study period, **73 individuals were still employed** and only one was involuntarily terminated.




**85% of HR professionals** believe **workers with criminal records** perform their jobs about the same or better than workers without criminal records.<sup>11</sup>

## Access to Care for Diverse and Underserved Communities

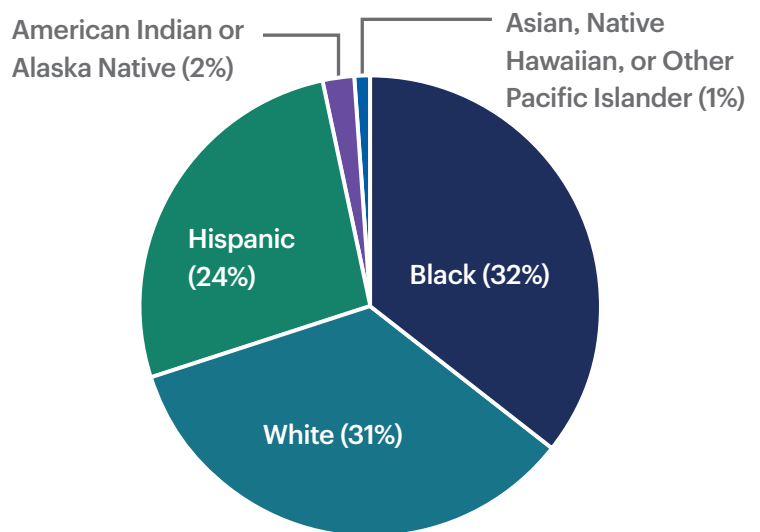
Reducing barriers in the health care industry for people with criminal records creates a wider, more diverse pool of workforce for the field, based on the national makeup of the incarcerated population.

 In addition, studies show that “poor urban communities bear a disproportionate share, both in terms of prison admissions and releases,”<sup>12</sup> which places greater demand on health services and service providers in those communities, with poor Black neighborhoods experiencing the most limited access to social services.<sup>13</sup>

 Rural counties hold more than two times the rate of people in jail nationwide than in large metropolitan areas.<sup>14</sup> Additionally, people in rural areas are often older, have worse health conditions than their urban counterparts, and have more barriers to accessing health care—with further distances to the nearest health care facility, lack of insurance coverage, and lack of broadband internet access for telehealth services.<sup>15</sup>

Expanding opportunities in the health care field for people with criminal records helps to improve access to health care services by infusing more workers into the overstretched workforce in underserved communities across the country.

**Chart 3: Racial & Ethnic Make-Up of People Who Were Incarcerated in 2021 in the U.S.<sup>16</sup>**



**28% of Latino and 22% of African American** people report having **little or no choice in where to seek care**, while only **15% of White** people report this difficulty.<sup>17</sup>

## Effects on Public Safety

Having a job has been shown to reduce recidivism, and individuals are less likely to commit crimes when they have stable, full-time employment.<sup>18</sup> Additionally, the more time that passes, the less likely a person is to re-offend. A person with prior convictions after remaining crime-free for four to seven years is at no greater risk of recidivism than the risk of arrest among people with no criminal record.<sup>19</sup> When given the opportunity for stable and full-time employment, they can be loyal, reliable, and capable employees.

Formerly incarcerated people who **maintained employment for one year** after release had only a **16 percent recidivism rate** over three years as compared to a **52 percent recidivism rate among those who were unemployed.**<sup>20</sup>

## Strategies for Expanding Access to Health Care Work

### 1. Address legal barriers to health care jobs.

Across the country, **7,152 provisions** of state law restrict people from accessing jobs in the health care industry solely on the basis of their criminal history.<sup>21</sup> These barriers can place limits on who an employer can hire and restrict access to critical occupational, professional, and business licenses. On average, each state upholds 140 such provisions in its statutes and regulations. Many of these barriers are mandatory and must be imposed if someone has a disqualifying conviction.<sup>22</sup> Barriers to health care jobs affect a broad array of job types, including many entry-level and in-demand positions. Even barriers to higher-level positions can affect entry-level workers because employers may be discouraged from hiring entry-level workers who would face barriers to advancement later in their career.

Chart 4: Number of Barriers to Health Care Jobs in Select Entry-Level and In-Demand Fields<sup>23</sup>

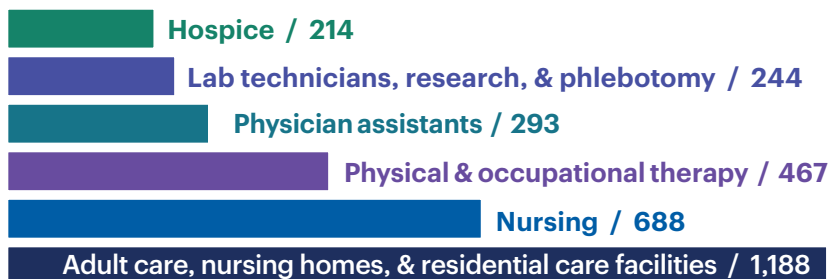


Chart 5: Breakdown of Mandatory and Discretionary Barriers to Health Care Jobs<sup>24</sup>



### The Role of Federal Law and Policy

On top of state-imposed legal barriers to health care jobs are several significant, federally imposed limitations. Most of these are tied to the funding of state programs and providers of Medicare and Medicaid services. For example, Medicaid and Medicare providers are generally prohibited from hiring workers who will have patient access with certain convictions ranging from controlled substance offenses to patient abuse or neglect for 3–10 years, depending on the offense.<sup>25</sup> Federal regulations also prohibit long-term care facilities from hiring workers found guilty of “abuse, neglect, exploitation, misappropriation of property, or mistreatment.”<sup>26</sup> Some exclusions are mandatory, while others are discretionary. Waivers are available for most exclusions. Additionally, the federal government runs a criminal background check program that imposes mandatory background checks for certain health care workers in the 28 states that have chosen to enroll in it.<sup>27</sup>





## 5. Prepare reentering workers for jobs in the field.





The benefits of prison education and employment programming for people who are incarcerated are well documented, and many state departments of correction (DOCs) offer these services in some capacity. However, states could be doing more to better prepare people for reentry and life after incarceration by aligning and supporting training and education programming that corresponds with national and state workforce demands in industries such as health care.

Studies show that **“increasing access to quality academic education and occupational skills-based training [in prison] that builds a skill base to meet the needs of the current labor market will significantly increase access to sustainable post-prison employment opportunities.”**<sup>36</sup>

### Missouri DOC Certified Nursing Assistant Program






Through a formalized partnership with a local nursing home, the MDOC Certified Nursing Assistant (CNA) program offers

-  Classroom instruction,
-  Hospital bed and dummy training,
-  Online certification testing, and
-  On-site hands-on skills training and student observation with a trained CNA proctor.

### North Carolina Department of Corrections Statewide Programs<sup>37</sup>



-  Dental Technology
-  Home Companion Aide
-  Hospital Cleaning and Sanitation





## Endnotes

1. Marcus Dillender, Andrew Friesdson, Cong Gian, and Kosali Simon, “Is Healthcare Employment Resilient and ‘Recession Proof’?,” *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* 58 (2021), <https://doi.org/10.1177/00469580211060260>.
2. Note: Between 2022 and 2032, the health care industry by itself will add 1.9 million jobs while the social assistance sector will add 227,000. In practice, health care and social assistance occupations often overlap, and the U.S. Bureau of Labor Statistics will combine the two sectors in their summaries. For the purpose of the brief, we will focus on the health care sector only.
3. Society for Human Resource Management, *2021 Getting Talent Back to Work Report: A Workplace Survey on Hiring and Working with People with Criminal Records* (Alexandria, VA: Society for Human Resource Management, 2021), [https://www.gettingtalentbacktowork.org/wp-content/uploads/2021/05/2021-GTBTW-Report.pdf?\\_ga=2.119731457.845910760.1697064731-1458926322.1697064731](https://www.gettingtalentbacktowork.org/wp-content/uploads/2021/05/2021-GTBTW-Report.pdf?_ga=2.119731457.845910760.1697064731-1458926322.1697064731).
4. “Employment Projections: 2022-2032 Summary,” U.S. Bureau of Labor Statistics, September 6, 2023, <https://www.bls.gov/news.release/ecopro.nr0.htm>.
5. Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034* (Washington, DC: AAMC, 2021), 3, <https://www.aamc.org/media/75236/download?attachment>.
6. “Occupations with the Most Job Growth, 2022 and Projected 2032,” U.S. Bureau of Labor Statistics, last modified September 6, 2023, <https://www.bls.gov/emp/tables/occupations-most-job-growth.htm>.
7. “Occupations,” Bureau of Labor Statistics; “Employment Projections,” Bureau of Labor Statistics.
8. “Occupations,” Bureau of Labor Statistics.
9. Marcela Escobari, Ian Seyal, and Carlos Daboín Contreras, *Moving Up: Promoting Workers’ Economic Mobility Using Network Analysis* (Washington, DC: The Brookings Institution, 2021), <https://www.brookings.edu/wp-content/uploads/2021/06/Moving-Up.pdf>.
10. Sodiqa Williams et al., *A Healthcare Employer Guide to Hiring People with Arrest and Conviction Records: Seizing the Opportunity to Tap a Large, Diverse Workforce* (National Employment Law Project and Safer Foundation, 2016), 38-40, <https://www.nelp.org/wp-content/uploads/NELP-Safer-Toolkit-Healthcare-Employer-Guide-Hiring-People-with-Arrest-Conviction-Records.pdf>.
11. Society for Human Resource Management, *2021 Getting Talent Back to Work Report*.
12. Jeffrey D. Morenoff and David J. Harding, “Incarceration, Prisoner Reentry, and Communities,” *Annual Review of Sociology* 40 (2014): 411-429, <https://www.annualreviews.org/doi/10.1146/annurev-soc-071811-145511>.
13. Ibid.
14. Jacob Kang-Brown, Stephen Jones, Joyce Tagal, and Jessica Zhang, *People in Jail and Prison in 2022* (New York, NY: Vera Institute of Justice, 2023), <https://www.vera.org/downloads/publications/People-in-Jail-and-Prison-in-2022.pdf>.
15. “Why Health Care Is Harder to Access in Rural America,” U.S. Government Accountability Office, May 16, 2023, <https://www.gao.gov/blog/why-health-care-harder-access-rural-america>.
16. E. Ann Cardon, *Prisoners in 2021—Statistical Tables* (Washington, DC: Bureau of Justice Statistics, 2022), <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/p21st.pdf>.
17. The Henry J. Kaiser Family Foundation, *Health Care and the 2008 Elections, Eliminating Racial/Ethnic Disparities in Health Care: What are the Options?* (California: The Kaiser Family Foundation, 2008).
18. See, e.g., “Employment Facts Citations,” Prison to Employment Connection: A Better Way Out, accessed January 15, 2024, <https://prison2ec.org/employment-fact-citations/>; citing Mark T. Berg and Beth M. Huebner, “Reentry and the Ties that Bind: An Examination of Social Ties,” *Employment, and Recidivism, Justice Quarterly* 28, no. 2 (2011): 382-410.



19. Alfred Blumstein and Kiminori Nakamura, "Redemption in the Presence of Widespread Criminal Background Checks," *Criminology* 47, no. 2 (2009): 327-59; Shawn D. Bushway and Gary Sweeten, "Abolish Lifetime Bans for Ex-Felons," *Criminology and Public Policy* 6, no. 4 (2007): 697-706.
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21. For more on these provisions, see the National Inventory of Collateral Consequences of Conviction, <https://niccc.nationalreentryresourcecenter.org/>.
22. Although discretionary barriers (those that authorize but do not require disqualification) may seem preferable to their mandatory counterparts, there is often little distinction between them from a worker's perspective. The fact that a conviction may be the basis for disqualification can deter workers with potentially disqualifying convictions from investing in the training and education required for employment or licensure.
23. "National Inventory of Collateral Consequences of Conviction," National Inventory of Collateral Consequences of Conviction, <https://niccc.nationalreentryresourcecenter.org/>.
24. *Ibid.*
25. See 42 U.S.C. § 1320a-7; 42 U.S.C. § 1320a-7a(a)(6); 42 CFR 1001.1, et seq.; see also "Exclusion Authorities," U.S. Department of Health & Human Services, Office of Inspector General, accessed December 1, 2023, <https://oig.hhs.gov/exclusions/authorities.asp>.
26. 42 CFR § 483.12(a)(3).
27. See "CMS National Background Check Program," Centers for Medicare and Medicaid Services, accessed October 1, 2023, <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/national-background-check>.
28. "Fair Chance Licensing Project: States Expand Access to In-Demand Jobs," The Council of State Governments Justice Center, <https://csgjusticecenter.org/projects/fair-chance-licensing/>.
29. *Ibid.*
30. For more information on additional actions states are taking to make record clearance more effective, see Josh Gaines, *Beyond Confidentiality: Modernizing Criminal Record Clearance Policies in the Digital Age* (New York, NY: The Council of State Governments Justice Center, 2023), <https://csgjusticecenter.org/publications/beyond-confidentiality-modernizing-criminal-record-clearance-policies-in-the-digital-age-2/>.
31. Certificates of relief are available in about a quarter of states and generally allow the courts to provide individual exemptions to one or more barriers upon request.
32. Gaines, *Beyond Confidentiality*.
33. 83 percent of human resources professionals reported that their company conducted criminal history checks on new hires, according to a 2021 survey. See Society of Human Resource Management, *2021 Getting Talent Back to Work Report*.
34. Josh Gaines and Jasmine Quintana, *Expanding Access to Public Employment for People with Criminal Records* (New York, NY: The Council of State Governments Justice Center, 2023), <https://csgjusticecenter.org/publications/expanding-access-to-public-employment-for-people-with-criminal-records/>.
35. This category reflects states that have limited denial for jobs within the state executive branch at a minimum.
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37. "DAC System-Wide Programs Offered 2022," NC Department of Adult Correction, December 2, 2022, <https://www.dac.nc.gov/documents/dac-system-wide-programs-offered-2022>.