

2021 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Policies

EXPANDED INCOME ELIGIBILITY FOR HEALTH INSURANCE

What is Medicaid expansion and why is it important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the [Prenatal-to-3 Policy Clearinghouse](#) for an ongoing inventory of rigorous evidence reviews, including more information on Medicaid expansion.

What impact does Medicaid expansion have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of Medicaid expansion for the health and wellbeing of young children and their families:

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What progress have states made in the last year to adopt and fully implement Medicaid expansion?

To assess progress in adopting and fully implementing the Medicaid expansion under federal Patient Protection and Affordable Care Act, also known as the ACA, we have developed a ranking methodology that gives states credit for:

- Expanding eligibility for Medicaid, as defined in the ACA, as well as to additional populations
- How Medicaid eligibility was expanded, i.e. if there are sunset provisions or additional requirements which could limit implementation
- Executive, legislative, and regulatory initiative between July 1, 2020 and August 15, 2021 to adopt and implement Medicaid expansion

These state actions are assigned a ranking on a scale of 0 to 10, according to the below schema.

Progress assessment methodology: Has a state adopted and fully implemented the Medicaid expansion under the ACA?

Progress	Detail
Yes	10 Yes, and the state expanded Medicaid eligibility to additional populations.
	9 Yes, the state adopted and implemented the Medicaid expansion as defined in the ACA
	8 Yes, but the state implemented additional requirements that could limit participation.
	7 Yes, but Medicaid expansion is not a permanent fixture (e.g., it could sunset based on current language in state plan amendment (SPA) or statute).
Some Progress	6 No, the state has adopted Medicaid expansion but has not fully implemented the law.
	5
	4
No	3 No, but there has been considerable initiative to adopt and implement Medicaid expansion.
	2 No, but there has been some initiative to adopt and implement Medicaid expansion.

	1	No, and there has been little to no initiative to adopt and implement Medicaid expansion.
Regressive	0	No, and the state passed legislation to limit approaches available to adopt Medicaid expansion.

Additionally, we further evaluated state progress towards and fully implementing Medicaid expansion, by comparing the state’s current status on this metric to that in the 2020 State Policy Roadmap. States are assessed as having adopted and fully implemented this policy, having made some progress towards adopting and fully implementing this policy, or having made no progress towards adopting and fully implementing this policy for both the 2020 and 2021 State Policy Roadmaps.

A state’s current Medicaid policies were confirmed by analyzing Medicaid state plan amendments (SPAs), Section 1115 waivers, and state statutes. The sources referenced to assess progress towards adopting and fully implementing Medicaid expansion in each individual state are listed below.

We performed an electronic search using Quorum State between July 1, 2020 and August 15, 2021 to assess legislative progress pertaining to Medicaid expansion. The main search strategy used combinations of keywords related to adopting Medicaid expansion (expansion WITHIN 10 of Medicaid OR Medicaid coverage OR Medicaid eligibility OR Medicaid expansion OR Medicaid WITHIN 20 OF work OR Medical assistance eligibility OR Patient Protection and Affordable Care Act). Research staff conducted searches, analyzed results for relevant state legislation, and summarized the progress states made toward adopting and fully implementing Medicaid expansion.

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How do the states vary in eligibility and access to health insurance?

Data were collected for 4 different measures to assess how states vary in their Medicaid eligibility policies. The datasets, calculations, and sources referenced for each state are listed below.

Measure 1: Medicaid income eligibility for childless adults as a % of FPL

Definition:

The state's income eligibility limit as a percent of the FPL for a childless adult to receive coverage through Medicaid

Notes:

1. Data are as of January 1, 2021 and are based on a national survey conducted by the Kaiser Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families.
2. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level.
3. Eligibility limits for adults are presented as a percentage of the 2021 FPL for an individual, which is \$12,880.

4. In Alaska, the dollar threshold is generally updated every January 1 based on the CPI-U plus an adjustment for annual dividend payments to Alaska residents.
5. As of December 2020, Indiana has amended its 5% MAGI disregard calculations to meet the federal requirements (5% of FPL).
6. Massachusetts provides subsidies for Marketplace coverage for parents and childless adults with incomes up to 300% through its Connector Care program. The state's Section 1115 waiver also authorizes MassHealth coverage for HIV-positive individuals with incomes up to 200% FPL, uninsured individuals with breast or cervical cancer with incomes up to 250% FPL, and individuals who work for a small employer and purchase employer-sponsored insurance (ESI) with incomes up to 300% FPL, as well as coverage through MassHealth CommonHealth for adults with disabilities with no income limit, provided that they have either met a one-time deductible or are working disabled adults.
7. Minnesota and New York have implemented Basic Health Programs (BHPs) established by the Affordable Care Act (ACA) for adults with incomes between 138%-200% FPL.
8. Missouri voters approved Medicaid ballot expansion measures in August 2020. This result, while challenged through appeals, was upheld by the Missouri Supreme court on July 22, 2021 and enacted as of August 11, 2021 to be retroactive to July 1, 2021.
9. Oklahoma voters approved Medicaid ballot expansion measures in June 2020, and coverage became effective on July 1, 2021.
10. In Oklahoma, individuals without a qualifying employer with incomes up to 100% FPL are eligible for more limited subsidized insurance through the Insure Oklahoma Section 1115 waiver program. Individuals working for certain qualified employers with incomes at or below 222% FPL are eligible for premium assistance for employer-sponsored insurance.
11. Vermont also provides a 1.5% reduction in the federal applicable percentage of the share of premium costs for individuals who qualify for advance premium tax credits to purchase Marketplace coverage with income up to 300% FPL.
12. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.

Sources:

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<https://www.hhs.gov/about/news/2021/07/01/oklahomas-medicaid-expansion-will-provide-access-to-coverage-for-190000-oklahomans.html>

Measure 2: Medicaid income eligibility for parents (in a family of three) as a % of FPL

Definition:

The state's income eligibility limit for parents (in a family of three) as a percent of the FPL to receive coverage through Medicaid

Notes:

1. Data are as of January 1, 2021 and are based on a national survey conducted by the Kaiser Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families.
2. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level.
3. Eligibility limits for parents are presented as a percentage of the 2021 FPL for a family of three, which is \$21,960.
4. In Alaska, the dollar threshold is generally updated every January 1 based on the CPI-U plus an adjustment for annual dividend payments to Alaska residents. However, due to a calculation error in 2015, Alaska income limits have been frozen until the error has been offset by CPI-U adjustments in the interim.
5. In Illinois, traditional 1931 Medicaid coverage is based on a dollar threshold tied to TANF levels. Parents are also covered up to 133% FPL based on prior waiver eligibility and are not considered Section VIII expansion adults. In Illinois, the dollar threshold eligibility level for 1931 parents is linked to TANF levels, which increased in 2019.
6. As of December 2020, Indiana has amended its 5% MAGI disregard calculations to meet the federal requirements (5% of FPL).
7. Massachusetts provides subsidies for Marketplace coverage for parents and childless adults with incomes up to 300% through its Connector Care program. The state's Section 1115 waiver also authorizes MassHealth coverage for HIV-positive individuals with incomes up to 200% FPL, uninsured individuals with breast or cervical cancer with incomes up to 250% FPL, and individuals who work for a small employer and purchase employer-sponsored insurance (ESI) with incomes up to 300% FPL, as well as coverage through MassHealth CommonHealth for adults with disabilities with no income limit, provided that they have either met a one-time deductible or are working disabled adults.
8. Minnesota and New York have implemented Basic Health Programs (BHPs) established by the Affordable Care Act (ACA) for adults with incomes between 138%-200% FPL.
9. Missouri voters approved Medicaid ballot expansion measures in August 2020. This result, while challenged through appeals, was upheld by the Missouri Supreme court on July 22, 2021 and enacted as of August 11, 2021 to be retroactive to July 1, 2021.
10. Oklahoma voters approved Medicaid ballot expansion measures in June 2020, and coverage became effective on July 1, 2021.

11. In Oklahoma, individuals without a qualifying employer with incomes up to 100% FPL are eligible for more limited subsidized insurance through the Insure Oklahoma Section 1115 waiver program. Individuals working for certain qualified employers with incomes at or below 222% FPL are eligible for premium assistance for employer-sponsored insurance.
12. In Texas, the income limit for parents and other caretaker relatives is based on monthly dollar amounts which differ depending on family size and whether there are one or two parents in the family. The eligibility level shown is for a single parent household and a family size of three.
13. Vermont also provides a 1.5% reduction in the federal applicable percentage of the share of premium costs for individuals who qualify for advance premium tax credits to purchase Marketplace coverage with income up to 300% FPL.
14. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.

Sources:

1. Kaiser Family Foundation. (March 2021). *Medicaid and CHIP Eligibility Enrollment Policies as of January 2021: Findings from a 50-State Survey*. Based on a national survey conducted by the Kaiser Program for the Uninsured with the Georgetown University Center for Children and Families, 2021. Retrieved on April 5, 2021, from <https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
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3. U.S. Department of Health & Human Services. (2021, July 1). *Oklahoma's Medicaid expansion will provide access to coverage for 190,000 Oklahomans*. Retrieved on April 5, 2021, from <https://www.hhs.gov/about/news/2021/07/01/oklahomas-medicaid-expansion-will-provide-access-to-coverage-for-190000-oklahomans.html>

Measure 3: Medicaid income eligibility for pregnant women as a percentage of the federal poverty level**Definition:**

The income eligibility limit, as a percentage of the federal poverty level, for a pregnant woman to receive Medicaid coverage in this state.

Notes:

1. Data are as of January 1, 2021 and are based on a national survey conducted by the Kaiser Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families.
2. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level (FPL) applied at the highest income level for Medicaid and separate CHIP coverage.

3. Eligibility levels are reported as percentage of the FPL. The 2021 FPL for a family of three was \$21,960.
4. Arkansas provides the full Medicaid benefits to pregnant women with incomes up to levels established for the old Aid to Families with Dependent Children (AFDC) program, which is \$220 per month. Above those levels, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid and the unborn child option in CHIP with incomes up to 209% FPL.
5. As of December 2020, Indiana has amended its 5% MAGI disregard calculations to meet the federal requirements (5% of FPL).
6. Iowa has a state-funded family planning program for women with incomes up to 300% FPL who lose Medicaid at the end of the postpartum period.
7. Michigan also provides coverage to pregnant women with incomes over 400% FPL affected by the Flint water crisis.
8. North Carolina provides full Medicaid benefits to pregnant women with incomes up to roughly 43% FPL. Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
9. North Dakota increased eligibility for pregnant women from 152% FPL to 162% FPL effective January 2020.
10. Oklahoma offers a premium assistance program to pregnant women with incomes up to 205% FPL who have access to employer sponsored insurance through its Insure Oklahoma program.
11. South Dakota provides full Medicaid benefits to pregnant women with incomes up to \$591 per month (for a family of three). Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.

Source:

Kaiser Family Foundation. (March 2021). *Medicaid and CHIP Eligibility Enrollment Policies as of January 2021: Findings from a 50-State Survey*. Based on a national survey conducted by the Kaiser Program for the Uninsured with the Georgetown University Center for Children and Families, 2021. Retrieved on April 5, 2021, from <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Measure 4: Percentage of low-income adult women of childbearing age who report they do not have any health insurance coverage**Definition:**

The percentage of low-income ($\leq 138\%$ of the federal poverty level) adult women of childbearing age (19 to 44) who report they do not have any health insurance coverage.

Notes:

1. **Numerator:** The number of low-income ($\leq 138\%$ of FPL) adult women of childbearing age (19 to 44) who reported not having health insurance coverage during the prior calendar year.
2. **Denominator:** The number of adult (age 19 to 44) women of known age and with known poverty status whose poverty threshold is at or below 138% of the federal poverty level (FPL).
3. For this particular measure, the sample was limited to women aged 19 to 44 as women aged 18 or under are eligible for Medicaid coverage.
4. Women living in group quarters were excluded from the sample.
5. The poverty threshold uses the US Census calculation of poverty and is based on the total income of all individuals aged 15 or older who are related to the head of household through marriage, birth or adoption. Income from cohabiting partners who are not married and unrelated children (including foster children) are not included in the calculation of family income. This family income is compared to federal poverty thresholds based on related family size and composition.¹
6. All estimates were calculated in Stata 17 using both ACS person-level weights, to provide national and state representative estimates, and replicate weights to appropriately adjust standard errors to account for any sampling bias. The US Census Bureau recommends using a 90% confidence interval for evaluating the accuracy of estimates using ACS data.² Given the age and poverty limits imposed on the sample (women age 19-44 with incomes less than or equal to 138% FPL) and the calculation estimates by state, incorporating both population and sampling weights helps to account for exogenous sources of variance and improve the accuracy of estimates. Three states (North Dakota, South Dakota, and Wyoming) had estimates with confidence interval widths that were larger than the recommended 10% margin of error, with over criteria confidence intervals ranging from 11.3% to 14.4%.

Source:

US Census Bureau. (2020). *2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)* [Data Set]. <https://www.census.gov/programs-surveys/acs/microdata.html>

¹ US Census Bureau (n.d.). *How the Census Bureau measures poverty*. As of August 27, 2019. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

² Appendix 3 “Measures of Sampling Error” in US Census Bureau (2008). *A compass for understanding and using American Community Survey data: What general data users need to know*. US Government Printing Office, Washington, DC.