

## 2023 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, as defined in the federal Patient Protection and Affordable Care Act?**

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. In descriptions of individual state action, consideration was also given to the process to expand Medicaid eligibility, i.e., if there are sunset provisions, additional requirements which could limit implementation, such as restrictions on who may expand Medicaid eligibility.

We performed an electronic search using Quorum State between September 22, 2022 and October 1, 2023 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.

This section also contains the sources for the information presented in the individual state Roadmaps, as well as references for state efforts to extend Medicaid postpartum coverage to 12 months.

**Sources:**

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

##### Measure 1 Definition:

The state's income eligibility limit as a percent of the Federal Poverty Level (FPL) for a childless adult to receive coverage through Medicaid.

##### Measure 2 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 for Measures 1&2:

1. Data, with the exception of South Dakota, are as of January 1, 2023, and are based on a national survey conducted by the KFF Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families: Brooks, T., Gardner, Yee, P., Tolbert, J., Corallo, B., Moreno, S., & Ammula, M., (2023). *Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision*. KFF. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/>. Notes are pulled and edited from KFF documentation.
2. South Dakota's data are as of July 1, 2023, and are based on estimates from the Centers for Medicare and Medicaid Services. (2023, June 30). <https://www.cms.gov/newsroom/press-releases/south-dakota-expands->

[medicaid-bringing-health-coverage-more-52000-state-residents](#) South Dakota began enrolling adults up to 138% of the FPL in accordance with the ACA in July 2023.

3. 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). Eligibility levels are reported as percentage of the 2022 FPL for an individual (\$13,590).
4. 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). Eligibility levels are reported as percentage of the 2022 FPL for a family of three (\$23,030).
5. 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.
6. 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.
7. In Massachusetts, the state's Section 1115 waiver authorizes MassHealth coverage for HIV-positive individuals with incomes up to 200% FPL and 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. In Oklahoma, individuals working for certain qualified employers with incomes at or below 222% FPL are eligible for premium assistance for employer-sponsored insurance.
10. 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 is one or two parents in the family. The eligibility level shown is for a single parent household and a family size of three.
11. In Virginia, eligibility levels for 1931 parents vary by region. The value shown is the eligibility level for region 2, the most populous region.
12. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.
13. Georgia began in July 2023 covering adults up to 100% FPL, subject to a work requirement, in Medicaid but did not adopt the ACA Medicaid expansion.

#### Sources for Measures 1 & 2:

1. KFF. (2023, March 23). *Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level*. KFF State Health Facts. <https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/>
2. Centers for Medicare and Medicaid Services. (2023, June 30). *South Dakota Expands Medicaid Bringing Health Coverage to More than 52,000 State Residents*. CMS Newsroom. <https://www.cms.gov/newsroom/press-releases/south-dakota-expands-medicaid-bringing-health-coverage-more-52000-state-residents>
3. H.B. 76, 2023-2024 Leg., Reg. Sess., (N.C. 2023).
4. H.B. 259, 2023-2024 Leg., Reg. Sess., (N.C. 2023).
5. North Carolina Medicaid Division of Health Benefits. (n.d.) *Questions and Answers about Medicaid Expansion*. Retrieved October 1, 2023, from <https://medicaid.ncdhhs.gov/questions-and-answers-about->

[medicaid-expansion#:~:text=Quick%20Facts%20about%20North%20Carolina's,%2Fyear\)%20may%20be%20eligible.](#)

### 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, 2023 and are based on a national survey conducted by the KFF Program on Medicaid and the Uninsured with the Georgetown University Center for Children on Families: Brooks, T., Gardner, Yee, P., Tolbert, J., Corallo, B., Moreno, S., & Ammula, M., (2023). *Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision*. KFF. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/>. Notes are pulled and edited from KFF documentation.
2. South Dakota's data are as of July 1, 2023, and are based on estimates from the Centers for Medicare and Medicaid Services. (2023, June 30). <https://www.cms.gov/newsroom/press-releases/south-dakota-expands-medicaid-bringing-health-coverage-more-52000-state-residents> South Dakota began enrolling adults up to 138% of the FPL in accordance with the ACA in July 2023.
3. 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). Eligibility levels are reported as percentage of the 2022 FPL for a family of three (\$23,030).
4. Colorado began providing family planning services for individuals with incomes up to 260% FPL, effective July 2022.
5. Iowa has a state-funded family planning program for individuals with incomes up to 300% FPL who lose Medicaid at the end of the postpartum period.
6. Michigan provides coverage to pregnant individuals with incomes up to 400% FPL affected by the Flint water crisis.
7. Oklahoma offers a premium assistance program through its Insure Oklahoma program to pregnant individuals with incomes up to 205% FPL who have access to employer sponsored insurance.
8. In New Mexico, family planning coverage is limited to individuals age 50 and under without health insurance.

#### Source:

1. KFF. (2023, March 23). *Medicaid Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level*. KFF State Health Facts. <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/>.

2. Centers for Medicare and Medicaid Services. (2023, June 30). South Dakota Expands Medicaid Bringing Health Coverage to More than 52,000 State Residents. CMS Newsroom.  
<https://www.cms.gov/newsroom/press-releases/south-dakota-expands-medicaid-bringing-health-coverage-more-52000-state-residents>

#### **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 the 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. The sample was limited to low-income adult women of childbearing age with known age and poverty status. For this particular measure, the sample was limited to women aged 19 to 44, as people aged 18 and under are eligible for Medicaid as a child and qualify for different Medicaid coverage once they turn 19. Women living in group quarters were excluded from the sample.
4. 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 (*povpip*).<sup>1</sup>
5. 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. Given the age and poverty limits imposed on the sample (women age 19-44 with incomes  $\leq 138\%$  FPL) and the calculation of estimates by state, incorporating both population and sampling weights helps to account for exogenous sources of variance and improve the accuracy of estimates.
6. The US Census Bureau recommends using a 90% confidence interval for evaluating the accuracy of estimates using ACS data.<sup>2</sup>
7. A few states had estimates with confidence interval widths that were larger than the recommended 10% margin of error. In 2021, six states (Alaska, Delaware, the District of Columbia, North Dakota, South Dakota, and Wyoming) had over criteria confidence intervals ranging from 10.1% to 15.7%.

<sup>1</sup> 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>

<sup>2</sup> 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>

**Source:**

US Census Bureau. (2022). *2021 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)* [Data Set]. <https://www.census.gov/programs-surveys/acs/microdata.html>