

2025 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?

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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 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 or additional requirements which could limit implementation, such as restrictions on who may expand eligibility).

We performed an electronic search using Quorum State between August 15, 2024 and August 15, 2025 to assess legislative progress pertaining to Medicaid expansion. The main search strategy used combinations of keywords related to adopting Medicaid expansion (Medicaid expansion OR Medicaid eligibility AND NOT Medicaid-eligible OR Medicaid coverage AND federal poverty level OR Medical assistance eligibility OR Medicaid WITHIN 20 OF work requirements OR expansion WITHIN 10 of Medicaid OR Medicaid AND able-bodied OR Medicaid AND continuous eligibility AND postpartum OR Medicaid AND continuous eligibility AND children OR Medicaid AND continuous coverage OR Medicaid coverage AND immigration status OR Medicaid coverage AND incarceration OR postpartum Medicaid coverage). 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.

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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 are as of January 2025 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., Tolbert, J., Gardner, A., Corallo, B., Moreno, S., & Mudumala, A., (2024, June 20). *A look at Medicaid and CHIP eligibility, enrollment, and renewal policies during the unwinding of continuous enrollment and beyond*. <https://www.kff.org/medicaid/report/a-look-at-medicaid-and-chip-eligibility-enrollment-and-renewal-policies-during-the-unwinding-of-continuous-enrollment-and-beyond/>. Notes are pulled and edited from KFF documentation.
2. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the FPL Eligibility limits for other adults are presented as a percentage of the 2025 FPL, which is \$15,650 for an individual.
3. Income limits reflect MAGI-converted income standards and include a disregard equal to five percentage points of the FPL Income limits for 2025 are reported as a percentage of the FPL. The 2025 FPL for a family of three is \$26,650.
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. In Connecticut, the eligibility limits for Section 1931 parents decreased from 160% to 138% effective October 2024.
6. Georgia has not expanded Medicaid but provides coverage through a Section 1115 waiver to parents and adults without dependent children with incomes up to 100% of the FPL if they meet a work requirement.
7. In Illinois, traditional Section 1931 Medicaid coverage is based on a dollar threshold tied to TANF levels.
8. Minnesota and Oregon have implemented a Basic Health Program (BHP) established by the Affordable Care Act (ACA) for adults with incomes 138%-200% of the FPL.
9. New York provides coverage through the Essential Plan (EP) for adults with incomes 138%-250% of the FPL; the coverage replaces the state's Basic Health Plan that insured adults with incomes 138%-200% of the FPL.
10. Tennessee previously based Section 1931 parent eligibility on a fixed dollar amount that was the equivalent of 82% of the FPL. In May 2024, the state received CMS approval to base parent eligibility on a percentage FPL and expanded the eligibility limit to 105% of the FPL.
11. 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.
12. In Virginia, eligibility levels for Section 1931 parents vary by region. The value shown is the eligibility level for region 2, the most populous region.
13. Wisconsin covers adults up to 100% of the FPL through Medicaid but did not adopt the ACA Medicaid expansion.

Sources for Measures 1 & 2:

1. Brooks, T., Tolbert, J., Gardner, A., Corallo, B., Moreno, S., & Mudumala, A., (2024, June 20). *A look at Medicaid and CHIP eligibility, enrollment, and renewal policies during the unwinding of continuous enrollment and beyond*. KFF and Georgetown University Center for Children on Families. <https://www.kff.org/medicaid/report/a-look-at-medicaid-and-chip-eligibility-enrollment-and-renewal-policies-during-the-unwinding-of-continuous-enrollment-and-beyond/>

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 2025 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., Tolbert, J., Gardner, A., Corallo, B., Moreno, S., & Mudumala, A., (2024, June 20). *A look at Medicaid and CHIP eligibility, enrollment, and renewal policies during the unwinding of continuous enrollment and beyond*. <https://www.kff.org/medicaid/report/a-look-at-medicaid-and-chip-eligibility-enrollment-and-renewal-policies-during-the-unwinding-of-continuous-enrollment-and-beyond/>. Notes are pulled and edited from KFF documentation.
2. Income limits reflect MAGI-converted income standards and include a disregard equal to five percentage points of the FPL. Income limits for 2025 are reported as a percentage of the FPL. The 2025 FPL for a family of three is \$26,650.
3. Colorado adopted the FCEP option, effective January 1, 2025.
4. Iowa has submitted a state plan amendment to reduce eligibility for pregnancy coverage from 375% to 215% of the FPL, as required by state legislation. CMS has not yet acted on Iowa's SPA.
5. Michigan provides coverage to pregnant individuals with incomes up to 400% of the FPL affected by the Flint water crisis.

Source:

1. Brooks, T., Tolbert, J., Gardner, A., Corallo, B., Moreno, S., & Mudumala, A., (2024, June 20). *A look at Medicaid and CHIP eligibility, enrollment, and renewal policies during the unwinding of continuous enrollment and beyond*. KFF and Georgetown University Center for Children on Families. <https://www.kff.org/medicaid/report/a-look-at-medicaid-and-chip-eligibility-enrollment-and-renewal-policies-during-the-unwinding-of-continuous-enrollment-and-beyond/>

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*).¹

5. All estimates were calculated in Stata 18 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.²
7. A few states had estimates with confidence interval widths that were larger than the recommended 10% margin of error. In 2022, five states (Alaska, Delaware, Montana, South Dakota, and Wyoming) had over criteria confidence intervals ranging from 10.2% to 17.4%.

Source:

US Census Bureau. (2023). *2022 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 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>