

2026 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 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, 2025, and August 15, 2026, 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 2026 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., Mudumala, A., Diana, A., Yafimenka, Y., & Lin, A. (2026, April 30). *Medicaid and CHIP eligibility, enrollment, and renewal policies as states prepare for major Medicaid policy changes*. <https://www.kff.org/medicaid/medicaid-and-chip-eligibility-enrollment-and->

[renewal-policies-as-states-prepare-for-major-medicaid-policy-changes/](#). 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. Income limits for 2026 are reported as a percentage of the federal poverty level (FPL).
3. The eligibility limit for a family of three according to the 2026 FPL is \$27,320. Eligibility limits for other adults are presented as a percentage of the 2026 FPL for an individual, which is \$15,960.
4. In Alaska, the dollar threshold for Section 1931 parents is updated every January 1 based on the CPI-U plus an adjustment for annual dividend payments to Alaska residents.
5. Effective January 1, 2026, the District of Columbia decreased eligibility limits for Section 1931 parents and the maximum MAGI-based eligibility limit for parents from 221% to 138% and for other adults from 215% to 138% of the FPL, and at the same time launched the Healthy DC Plan, a Basic Health Program established under the Affordable Care Act (ACA) for adults with incomes 138%-200% of the FPL.
6. Florida did not respond to the 2026 survey; eligibility levels reported are from prior year and confirmed through publicly available information.
7. Georgia has not expanded Medicaid but provides coverage through an 1115 waiver to parents and adults without dependent children with income up to 100% FPL if they meet a work requirement.
8. In Illinois, traditional Section 1931 Medicaid coverage is based on a dollar threshold tied to TANF levels.
9. Minnesota and Oregon have implemented a Basic Health Program established by the ACA for adults with incomes 138%-200% of the FPL.
10. In New York and Virginia, Section 1931 Medicaid coverage is based on a dollar threshold updated annually by the CPI-U.
11. 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.
12. In Texas, the income limit for Section 1931 parents 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.
13. 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.
14. Wisconsin covers adults up to 100% of the FPL through Medicaid but did not adopt the ACA Medicaid expansion.

Source for Measures 1 & 2:

1. Brooks, T., Tolbert, J., Mudumala, A., Diana, A., Yafimenka, Y., & Lin, A. (2026, April 30). *Medicaid and CHIP eligibility, enrollment, and renewal policies as states prepare for major Medicaid policy changes*. <https://www.kff.org/medicaid/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-major-medicaid-policy-changes/>.

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 2026 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., Mudumala, A., Diana, A., Yafimenka, Y., & Lin, A. (2026, April 30). *Medicaid and CHIP eligibility, enrollment, and renewal policies as states prepare for major Medicaid policy changes*. <https://www.kff.org/medicaid/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-major-medicaid-policy-changes/>. 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 2026 are reported as a percentage of the FPL. The eligibility limit for a family of three according to the 2026 FPL is \$27,320.
3. Florida did not respond to the 2026 survey; eligibility levels reported are from prior year and confirmed through publicly available information.
4. Iowa reduced its Medicaid income eligibility limit for pregnant individuals from 375% to 215% of the FPL.
5. Michigan provides coverage to pregnant individuals with incomes up to 400% of the FPL affected by the Flint water crisis.
6. Nevada received CMS approval to increase their Medicaid income eligibility limit for pregnant individuals from 190% to 205% of the FPL, effective July 1, 2025.
7. Utah received CMS approval for a Section 1115 demonstration to implement family planning services for individuals with income up to 185% of the FPL; the state is currently planning for implementation.

Source for Measure 3:

1. Brooks, T., Tolbert, J., Mudumala, A., Diana, A., Yafimenka, Y., & Lin, A. (2026, April 30). *Medicaid and CHIP eligibility, enrollment, and renewal policies as states prepare for major Medicaid policy changes*. <https://www.kff.org/medicaid/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-major-medicaid-policy-changes/>.

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 FPL) 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) women of childbearing age (19 to 44) who reported not having health insurance coverage (public or private) 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 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 $\leq 138\%$ of the 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 2024, five states (Alaska, New Hampshire, North Dakota, South Dakota, and Wyoming) had over criteria confidence intervals ranging from 12.4% to 16.7%.

Source for Measure 4:

US Census Bureau. (2025). *2024 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>