

Expanding Access to Health Care for All through State Law: Table of State Laws

California has led the nation in extending health care access to people with undocumented status of all ages. More states are following suit, but the current availability of health care for undocumented people is still inadequate. Many states only provide coverage for prenatal care, including Arkansas, Louisiana, Michigan, Minnesota (also provides up to 12 months of postpartum care), Missouri, Nebraska, Oklahoma, South Dakota, Tennessee, Texas, Virginia, and Wisconsin. These states are now becoming the minority.

The table below summarizes laws extending access to health care insurance to undocumented immigrants in some or all age groups, based on income guidelines, enacted in 14 states and the District of Columbia. The table includes information about age, covered services, income requirements, and accountability components such as evaluation, reporting, and community outreach or engagement. Some states may be using programmatic approaches to expand access for some services. For example, Hawaii provides breast and cervical cancer screening to all women ages 40-64 years old who meet certain income guidelines through a cancer control program. This table focuses on legislative approaches and does not include purely programmatic strategies.

The information in this table was updated as of May 1, 2023, and is subject to change. Please check with your state or local health agency or legal assistance office regarding the most current laws and rules.

State	Scope of Coverage	Accountability
<p>California</p>	<p>Ages 25 and under Covered services: Same services covered under the federal Medicaid program.</p> <p>Income guidelines: Family income no more than 266% of the Federal Poverty Level (FPL), adjusted for family size.</p> <p>Ages 26-49 Covered services: Same services covered under the federal Medicaid program.</p> <p>Income guidelines: Family income no more than 138% of the FPL, adjusted for family size.</p> <p>Ages 50+ Covered services: Same services covered under the federal Medicaid program.</p> <p>Income guidelines: Family income no more than 138% of the FPL, adjusted for family size.</p> <p>Sources: CAL. WELF. & INST. § 14007.8 (2022); PAULETTE CHA & SHANNON MCCONVILLE, HEALTH COVERAGE AND CARE FOR UNDOCUMENTED IMMIGRANTS IN CALIFORNIA: AN UPDATE, (Pub. Pol’y Inst. of Cal., 8-10) (2021), https://www.ppic.org/wp-content/uploads/health-coverage-and-care-for-undocumented-immigrants-in-california-june-2021.pdf.</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting</p> <ul style="list-style-type: none"> • Beginning six months after the effective date of each expansion, the Department of Health Care Services (DHCS) is required to provide semi-annual status reports to the legislature. • DHCS must provide monthly updates to the policy and fiscal committees of the Legislature about enrollment, eligibility, and community outreach efforts. <p>Community Outreach & Engagement Enrollment procedures include outreach strategies developed by the DHCS and “interested stakeholders including, but not limited to, counties, health care service plans, consumer advocates, and the Legislature.”</p> <p>Source: CAL. WELF. & INST. § 14007.8 (2022).</p>

Pregnant People and 12-Months Postpartum

Covered services: Full-scope coverage which includes prenatal care, labor and delivery, and post-partum care for a year after pregnancy, plus all other medically necessary medical, dental and mental health care.

Income guidelines: Family income no more than 213% of the FPL, adjusted for family size.

Sources: [CAL. WELF. & INST. CODE § 14005.185 \(2022\)](#); [Covered CA, Program Eligibility by Federal Poverty Level for 2023, https://www.coveredca.com/pdfs/FPL-chart.pdf](#); [Covered CA, Medi-Cal for Pregnancy, https://www.coveredca.com/health/medi-cal/pregnant-women/](#) (accessed on Apr. 23, 2023).

<p>Colorado</p>	<p>Ages 18 and Under Covered services: Full scope coverage (equivalent to federal CHIP).</p> <p>Income guidelines: Family income no more than 260% of FPL, adjusted for family size. If financially necessary, the state can reduce the FPL to 213%.</p> <p>Sources: COLO. REV. STAT. § 25.2-2-103 (2022); COLO. REV. STAT. § 25.2-2-105 (2022) (eff. no later than 1/1/2025); COLO. REV. STAT. § 25.5-8-107 (2022).</p> <p>Pregnant People and 12-Months Postpartum Covered services: (eff. 1/1/2025):</p> <ul style="list-style-type: none"> • Preventative care, physician services, mental health care, prenatal and postpartum care, hospital services, prescription drugs, and other services that may be medically necessary. • Lactation support is available to any perinatal person. • Cessation services are also available during pregnancy. <p>Income guidelines: Family income no more than 260% of FPL, adjusted for family size.</p> <p>Optional Covered Services: (eff. 1/1/2025): Home and community-based services for certain disabilities; optometrist services; eyeglasses when necessary after surgery; prosthetic devices (including medically necessary augmentative communication devices); dental service for adults; inpatient mental health; and hospice.</p> <p>Income guidelines: Family income no more than 195% of the FPL, adjusted for family size.</p> <p>Note: Enrollment is automatic for children born to women eligible for the plan.</p> <p>Reproductive Health Covered services: Cervical cancer immunization for all females under 20.</p>	<p>Evaluation Requires development of a Health Survey for Birthing. Parents to “give people who have given birth the opportunity to share opinions and experiences during the first few years of their babies’ lives” to inform programs and policies to improve health equity.</p> <p>Reporting</p> <ul style="list-style-type: none"> • The state Department of Health Care Policy and Financing (DHCPF) must present an implementation and progress report on the state basic children’s health plan in its 2024 presentation to the Joint Budget Committee and the Health and Human Services Committee of the Senate, and the Health and Insurance Committee of the House of Representatives. • Beginning in January 2026, DHCPF must report annually to the Joint Budget Committee and the Health and Human Services Committee of the Senate, and the Insurance Committee of the House of Representatives, regarding cost savings and health improvements associated with the health plans. • About 12 and 24 months after implementation of the outreach strategy (discussed below), DHCPF must convene a group of stakeholders, including those directly impacted, and report on current
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Income guidelines: None listed.

Sources: [COLO. REV. STAT. §25.5-5-201 \(2022\)](#); [COLO. REV. STAT. § 25.5-5-202 \(2022\)](#); [COLO. REV. STAT. § 25.5-2-103 \(2022\)](#); [COLO. REV. STAT. § 25.5-8-107 \(2022\)](#); [COLO. REV. STAT. § 25.5-8-109 \(2022\)](#).

outreach and enrollment strategy outcomes.

Community Outreach & Engagement

- Requires DHCPF to “consult with stakeholders, including people with lived experience, immigrants’ rights advocates, health-care advocates, and immigration lawyers.”
- Requires DHCPF to develop an outreach strategy in collaboration with stakeholders, including funding for community-based organizations and a methodology for providing program eligibility and enrollment information through schools and nonprofits.

Additional Requirements

Requires enrollment, eligibility and coverage information to be provided in English, Spanish, and each language spoken by at least 2.5% of any county population, at a minimum.

Sources: [COLO. REV. STAT. § 25.5-2-103 \(2022\)](#); [COLO. REV. STAT. § 25.2-2-104 \(2022\)](#); [COLO. REV. STAT. § 25.2-2-105 \(2022\)](#); [COLO. REV. STAT. § 25.5-8-107 \(2022\)](#); [COLO. REV. STAT. § 25.5-8-109 \(2022\)](#).

<p>Conn.</p>	<p>Ages 12 and younger (once enrolled, can keep coverage through age 19) Covered services: Same services covered under the federal Medicaid program. (eff. 1/1/2023).</p> <p>Income guidelines: Household income up to 201% of the FPL. Children in households earning between 201% and 323% of the FPL also qualify but are subject to an asset test.</p> <p>Sources: 2022 Conn. Acts pp. 372-73 (Reg. Sess.); CONN. GEN. STAT. § 17b-261 (2022); CONN. GEN. STAT. § 17b-292 (2022).</p> <p>Pregnant people and 12-months postpartum Covered services:</p> <ul style="list-style-type: none"> • Postpartum care for 12 months. • Prenatal care for the unborn child <p>Income guidelines: Household income no more than 263% of the FPL.</p> <p>Sources: CONN. GEN. STAT. § 17b-292b (2022); CONN. GEN. STAT. § 17b-257e (2022).</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting No reporting requirements.</p> <p>Community Outreach & Engagement No community outreach or engagement requirements.</p>
<p>Illinois</p>	<p>Ages 18 and under Covered services: Same services covered under the federal Medicaid program.</p> <p>Income guidelines: Family income no more than 313% of the FPL, adjusted for family size.</p> <p>Source: 305 ILL. COMP. STAT. 5/12-4.35 (2022).</p> <p>Ages 42-54 Covered services: Same services covered under the federal Medicaid program.</p> <p>Income guidelines: Family income no more than 133% of the FPL, adjusted for family size.</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting The percentage of medical assistance recipients whose eligibility is renewed through the ex parte redetermination process must be reported monthly by the Department of Healthcare and Family Services on its website and shared in all Medicaid Advisory Committee meetings and Medicaid Advisory Committee Public Education Subcommittee meetings.</p>

Ages 55-64

Covered services: Same services covered under the federal Medicaid program.

Income guidelines: Family income no more than 133% of the FPL, adjusted for family size.

Ages 65+

Covered services: Same services covered under the federal Medicaid program.

Income guidelines: Household income must be no more than 100% of the FPL after deducting costs of medical care or other remedial care.

All ages

Covered services: Immunosuppressive drugs and related services for post-kidney transplant management (excluding long-term care costs).

Income guidelines: Household income (after the deduction of costs incurred for medical care and other types of remedial care) is at or below 100% of the FPL.

Source: [305 ILL. COMP. STAT. 5/12-4.35 \(2022\)](#).

Pregnant people and 12-months postpartum

Covered services: Full Medicaid benefit package (covers both outpatient healthcare and inpatient hospital care, including labor and delivery, primary and specialty care, and prescription drugs).

Income guidelines: Household income at or below 200% of the FPL (costs incurred for medical care are not taken into account).

Sources: [305 ILL. COMP. STAT. 5/5-1.6 \(2022\)](#); Ill. Dep't of Healthcare & Fam. Servs., *Moms and Babies: Programs for Pregnant Women*, <https://hfs.illinois.gov/medicalprograms/allkids/momsandbabies.html> (accessed on Apr. 24, 2023).

Note: Illinois also has an [approved 1115 waiver](#).

Community Outreach & Engagement

No community outreach or engagement requirements.

Source: [305 ILL. COMP. STAT. 5/5-1.6 \(2022\)](#).

<p>Maine</p>	<p>Under Age 21 Coverage includes: Full scope coverage equivalent to federal Medicaid.</p> <p>Income guidelines:</p> <ul style="list-style-type: none"> • Family income range between 161–96% of the FPL depending on child’s age. • Children whose families make between 161% and 213% of the FPL may be eligible for coverage with a minimal premium, adjusted by family size. <p>Sources: ME. STAT. tit. 22 § 3174-FFF (2022); P.L. 2021, ch. 398 and P.L 2021, ch. 398, Part DDD.</p> <p>Pregnant people and 12-months postpartum Coverage includes: Full scope coverage equivalent to federal Medicaid.</p> <p>Income guidelines: Family income no more than 214% of the FPL, adjusted by family size.</p> <p>Note: Care is provided to infants born to people who received coverage during pregnancy.</p> <p>Sources: ME. STAT. tit. 22 § 3174-FFF (2022); ME. STAT. tit. 22 § 3174-G (2022); See also ME Dep’t of Health and Hum. Servs., <i>New MaineCare Coverage for Federally Non-Qualified Children Under 21 and Pregnant People</i>, July 1, 2022, https://www.maine.gov/dhhs/oms/providers/provider-bulletins/new-mainecare-coverage-federally-non-qualified-children-under-21-and-pregnant-people-2022.</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting No reporting requirements.</p> <p>Community Outreach & Engagement No community outreach or engagement requirements.</p> <p>Note: P.L. 2021, ch. 398 and P.L. 2021, ch. 398, Part DDD provides one-time funding (\$90,000) in fiscal year 2021-22 for required technology changes.</p>
<p>MD</p>	<p>Children up to Age 1 Coverage includes: This comprehensive (Medicaid) coverage is associated with the coverage of the mother during pregnancy.</p> <p>Income guidelines: Family income below 185% of the FPL.</p> <p>Source: Md. Code Ann., Health – General § 15-103(a) (2022).</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting No reporting requirements.</p> <p>Community Outreach & Engagement No community outreach or engagement requirements.</p>

	<p>Pregnant People and 12-Months Postpartum Coverage includes: Comprehensive medical, dental and other health care services.</p> <p>Income guidelines: Family income up to 250% of the FPL. More detailed family income limitations can be found at the Maryland Health Connection. See Md. Health Connection, Medicaid Coverage for Marylanders (2023).</p> <p>Reproductive Health Coverage includes: Family planning services.</p> <p>Income guidelines: Family income at or below 200% of the FPL.</p> <p>Source: Md. Code Ann., Health – General § 15-103(a) (2022).</p>	
<p>Mass.</p>	<p>Ages 18 and under Covered services: Preventative pediatric care and testing recommended by the American Academy of Pediatrics; unlimited sick visits; first-aid treatment and follow up care; smoking prevention educational information to whomever the enrolled child lives with.</p> <p>The program may also provide the following optional services (with some limitations): prescription drugs; urgent and emergency care, included related diagnostic services; outpatient surgery and anesthesia for medically necessary treatment of inguinal hernia and ear tubes (but not including related radiology or pathology services); annual and medically necessary eye exams; limited number of medically necessary outpatient mental health visits; dental health services; durable medical equipment up to \$200 per year (\$500 in certain circumstances); and auditory screening.</p> <p>Income guidelines: Household income no more than 200% of FPL.</p> <p>Note: Copayments may be required for some services. See Mass. Gov., <i>Children’s Medical Security Plan</i>, https://www.mass.gov/childrens-medical-security-plan (accessed on Apr. 23, 2023).</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting The Division of Medical Assistance within the Executive Office of Health and Human Services must report quarterly to the House and Senate Committees on Ways and Means and to the Joint Committee on Health Care on enrollment demographics, claims expenditures, and annualized costs of the program.</p> <p>Community Outreach & Engagement Outreach services designed to identify and encourage participation by pregnant people and infants in the program.</p>

Sources: [MASS. GEN. LAWS ch. 118E, §10F \(2022\)](#); Mass. Law Reform Inst., *Understanding Non-Citizen Eligibility for Health Coverage from MassHealth and the Health Connector, March 2023*, <https://www.masslegalservices.org/system/files/library/Understanding%20eligibility%20of%20non-citizens%20for%20MassHealth%20and%20Health%20Connector%202023.pdf>.

All ages

Covered services: Emergency hospital services, including labor and delivery; certain outpatient services; pharmacy services for treating an emergency medical condition; and ambulance transportation.

Income guidelines:

- Infants ≤ 200 % of the FPL.
- Ages 1-20 ≤ 150% of the FPL.
- Ages 21-64 ≤ 133% of the FPL.
- Ages 65+ ≤ 100% and an asset test.

Note: This only covers medical emergencies (conditions that could cause serious harm if not treated) and includes limits.

Source: Mass. Gov., *MassHealth Coverage Types for Individuals and Families Including People with Disabilities*, <https://www.mass.gov/service-details/masshealth-coverage-types-for-individuals-and-families-including-people-with-disabilities> (accessed on April 23, 2023).

Pregnant people and 12 months postpartum

Covered services: All medically necessary prenatal care and delivery; medically necessary postpartum OBGYN care; and newborn care (including one postpartum pediatric ambulatory visit).

Note: inpatient hospitalization is not covered.

Income guidelines: Household income no more than 200% of FPL.

Sources: [MASS. GEN. LAWS ch. 118e, §10E \(2022\)](#); See Mass. Gov., *Mass. Health Member Booklet for Health and Dental Coverage and Help Paying Costs*, 8, 40 (Mar. 2023), <https://www.mass.gov/doc/member-booklet-for-health-and-dental-coverage-and-help-paying-costs-0/download>.

Sources: [MASS. GEN. LAWS ch. 118e, §10E \(2022\)](#); [MASS. GEN. LAWS ch. 118E, §10F \(2023\)](#); See Mass. Law Reform, *Understanding Non-Citizen Eligibility for Health Coverage from MassHealth and the Health Connector, March 2023*, <https://www.masslegalservices.org/system/files/library/Understanding%20eligibility%20of%20non-citizens%20for%20MassHealth%20and%20Health%20Connector%202023.pdf>; Mass. Health Care for All, *Immigrant Health*, <https://hcfama.org/immigrant-health/> (accessed on May 1, 2023).

<p>New Jersey</p>	<p>Ages 18 and under Covered services: Well-child and other preventative services, hospitalization, physician care, laboratory and x-ray services, prescription drugs, and mental health services.</p> <p>Income guidelines: Family income must be no more than 350% of the FPL.</p> <p>Source: N.J. REV. STAT. § 30:4J-12 (2022).</p> <p>All ages The Medical Emergency Payment Program is open to undocumented immigrants who have experienced a medical emergency. An application must be made within three months after the date of the emergency to qualify.</p> <p>Covered services:</p> <ul style="list-style-type: none"> • The program will pay for hospital emergency care for medical conditions that happen suddenly with severe symptoms that will cause a serious health problem if immediate medical attention is not provided. • Provides coverage for labor and delivery during the last trimester of pregnancy. <p>Income guidelines: Please see the table for financial eligibility limits here.</p> <p>Source: N.J. Dep't of Hum. Servs., Div. of Med. Assistance & Health Servs., <i>Medical Emergency Payment Program (MEPP)</i>, https://www.state.nj.us/humanservices/dmahs/clients/medicaid/payment/ (accessed on Apr. 23, 2023).</p> <p>Pregnant people and 12 months postpartum Limited prenatal care limited to pregnancy-related services include: primary care, radiology, clinical laboratory services and pharmaceuticals.</p> <p>Note: The Medical Emergency Payment Program establishes labor and delivery coverage for the last trimester of pregnancy.</p> <p>Income guidelines: Family income must be no more than 199% of the FPL.</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting The Commissioner of Human Services must issue an interim report six months after the effective date of the legislation (January 31, 2022) and must issue annual reports to the Governor and the Legislature thereafter. The reports must include information on the actions taken to make affordable quality health coverage available to all children and the associated outcomes. The reports should specifically detail coverage disparities based on race, ethnicity, and geography. The Outreach, Enrollment, and Retention Working Group, which includes diverse members of the public, should give input on these reports.</p> <p>Community Outreach & Engagement</p> <ul style="list-style-type: none"> • Requires procedures requiring information about coverage to be transmitted to families along with a school lunch application. • Information on how to access coverage must be provided to local elementary and secondary schools, licensed childcare centers, registered family day care homes, unified childcare agencies, and local health departments. Each entity must provide this information
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	<p>Reproductive Health (women aged 11-64) Coverage includes: outpatient prenatal and family planning (prenatal care; related services; birth control; pregnancy tests; family planning counseling; family planning lab tests) for girls and women aged 11-64.</p> <p>Income guidelines: Income must be no more than 355% of the FPL.</p> <p>Sources: N.J. ADMIN. CODE § 10:72-3.10 (2022); N.J. FamilyCare, <i>New Jersey Supplemental Prenatal and Contraceptive Program (NJSPCP)</i>, https://njfamilycare.dhs.state.nj.us/njspcp.aspx (accessed on April 23, 2023); See also Memorandum from the N.J. Dep't of Hum. Servs., Div. of Med. Assistance & Health Servs. To County Welfare Agency Directors N.J. Care . . . Special Medicaid Programs Liaisons (July 25, 2011).</p>	<p>upon request and is encouraged to distribute the information to homes with children attending or receiving services at least once annually.</p> <ul style="list-style-type: none"> • Requires implementation of an enhanced outreach and enrollment initiative including culturally sensitive statewide and local media PSA campaigns and the provision of training and support services to community groups, legislative district offices, and community-based healthcare providers upon request. • Multi-lingual support to be provided for <i>NJ FamilyCare</i> in at least 21 languages. Requires establishment of a working group to develop a plan to carry out ongoing and sustainable measures to strengthen outreach to low- and moderate- income families. <p>Sources: N.J. REV. STAT. § 30:4J-19 (2022); See also <i>Advoc. For Child. of N.J., Blog: Finally, Health Insurance for All NJ Kids!</i>, July 27, 2021, https://acnj.org/blog-finally-health-insurance-for-all-nj-kids/.</p>
<p>New York</p>	<p>Ages 18 and under Coverage includes: Full-scope coverage equivalent to federal CHIP coverage.</p> <p>Income guidelines: Family income must be no more the 222% of the FPL.</p> <ul style="list-style-type: none"> • For further details, see N.Y. Dep't of Health, <i>2022 Child Health Plus Monthly Income Eligibility and Premiums</i>, https://www.nyc.gov/assets/ochia/downloads/pdf/child_health_plus.pdf. 	<p>Evaluation No evaluation requirements.</p> <p>Reporting <i>Child Health Plus Program</i> enrollment data is made publicly available. The data includes information on both</p>

- Coverage may be provided to children whose families earn up to 400% of the FPL with a premium.

Source: [N.Y. CLS PUB. HEALTH § 2511 \(2022\)](#).

Age 65+

Coverage includes: Full-scope coverage that is equivalent to federal Medicaid and equivalent to Mainstream Managed Care benefit.

Income guidelines: Family income up to 133% of the FPL, adjusted for family size.

Note: this is a fee-for-service program and is not operated through a managed care provider.

Source: [N.Y. CLS SOC. SERVS. § 366 \(2022\)](#).

Pregnant & 12 months postpartum (aged 19-64)

Coverage includes: Well-child visits, diagnosis and treatment of illness and injury; inpatient health care services; laboratory tests and diagnostic x-rays; drugs; medical supplies; radiation and chemotherapy; hemodialysis and other services in connection with blood clotting protein deficiencies; emergency room and ambulatory services; routine dental care (including orthodontia); vision care; speech and hearing services; mental health and substance abuse services;

Income guidelines: Family income must be no more than 223% FPL, adjusted for family size.

Source: [N.Y. CLS PUB. HEALTH § 2510 \(2022\)](#).

Reproductive Health

Covered services: Provides up to 26 months of family planning/reproductive health services after pregnancy. People are automatically enrolled after pregnancy ends if already enrolled in Medicaid.

Medicaid (Plan A) and state-funded coverage offered to undocumented children (Plan B).

Community Outreach & Engagement

No community outreach or engagement requirements.

Source: See N.Y. Health Data, *Child Health Plus Program Enrollment by Month and Year: Beginning 2009*, <https://health.data.ny.gov/Health/Child-Health-Plus-Program-Enrollment-by-Month-and-/cucz-jjkg>, (accessed on Apr. 23, 2023).

	<p>Source: NYC Hum. Res. Admin. Dep't of Soc. Services, <i>Guide to Health Insurance and Health Care Services for Immigrants in New York City</i>, 2016, https://www.nyc.gov/assets/ochia/downloads/pdf/guide-to-health-insurance-for-immigrants.pdf.</p> <p>Note: The state legislature authorized the health department to seek a federal waiver to expand access to the state's Essential Plan, and the health department stated it would include a request to cover undocumented immigrants ages 19-64. See N.Y. Dep't of Health, Off. of Health Ins. Programs, 2022-23 Enacted Medicaid Budget Briefing and Questions & Answers (slide 15). However, the health department did not include that request in its proposed waiver application as of March 15, 2023.</p>	
Oregon	<p>Ages 18 and under Coverage includes: Check-ups, vaccinations, mental health care, dental fillings, glasses, labs, x-rays, prescriptions, and hospital care. Income guidelines: Family income must be no more than 300% FPL, adjusted for family size.</p> <p>Source: OR. REV. STAT. § 414.231 (2022).</p> <p>Age 19 and older – *currently ages 19-25 Coverage includes: Medicaid equivalent (includes regular check-ups, prescriptions, mental health care, addiction treatment, and dental care).</p> <p>Income guidelines: Family income must be no more than 133% FPL, adjusted for family size.</p> <p>Note: Oregon Health Authority may restrict eligibility to specific categories to stay within legislated appropriations per biennium. Enrollment was limited to adults 19-25 and 55+ for the first biennium after enactment to stay within the biennium budget.</p> <p>Age 55+ Coverage includes: Medicaid equivalent (includes regular check-ups, prescriptions, mental health care, addiction treatment, and dental care).</p>	<p>Evaluation</p> <ul style="list-style-type: none"> Requires the Oregon Health Authority (OHA), along with a working group of individuals with research experience, to evaluate outreach and marketing strategies to ensure the most effective enrollment. OHA shall collect data and analyze the cost-effectiveness of the services, drugs, devices, products, and procedures paid for. <p>Reporting No reporting requirements.</p> <p>Community Outreach & Engagement</p> <ul style="list-style-type: none"> The OHA must develop a grant program to provide funding to organizations and community-based groups to allow delivery of culturally specific and targeted outreach and application

Income guidelines: Family income must be no more than 133% of the FPL, adjusted for family size.

Sources: [OR. REV. STAT. § 414.231 \(2023\)](#); See Or. Health Auth., [Oregon Health Plan, Healthier Oregon](#), <https://www.oregon.gov/oha/hsd/ohp/pages/healthier-oregon.aspx> (accessed on Apr. 23, 2023).

Pregnant & 12 months postpartum

Coverage includes: Full-scope Medicaid-equivalent coverage, except for hospice and death with dignity.

Income guidelines: Pregnant and post-partum women who are up to 133% of the FPL. See Or. Health Auth., *Eligibility Categories*, <https://www.oregon.gov/oha/HSD/OHP/Tools/Eligibility%20Group%20categories.pdf> (accessed on Apr. 23, 2023).

Reproductive Health

Covered services: Well-woman care; STD, pregnancy, breast and cervical cancer screenings; appropriate interventions for tobacco use and domestic violence; folic acid supplements; abortion; breastfeeding comprehensive support; breast cancer chemoprevention counseling; any contraceptive drug, device or product approved by the FDA; voluntary sterilization; management of side effects.

Income guidelines: Family income up to 250% of the FPL.

Sources: [OR. REV. STAT. § 414.432 \(2022\)](#); [OR. REV. STAT. § 743A.067 \(2022\)](#); [OR. AM. REG. 410-200-0135](#).

assistance to: racial, ethnic, and language minorities; children living in geographic isolation; and children and families with additional barriers to accessing health care such as disability, chemical dependency, or homelessness.

- Languages include: Spanish, Korean, English, Vietnamese, Simplified and Traditional Chinese.

Sources: [OR. REV. STAT. § 413.201 \(2022\)](#); [OR. REV. STAT. § 414.432 \(2022\)](#).

<p>Rhode Island</p>	<p>Ages 18 and under Coverage includes: Full-scope coverage similar to Medicaid.</p> <p>Income guidelines: Family income up to 250% of the FPL.</p> <p>Note: At-risk enrollees under the age of 18 can also receive enhanced services including care coordination, home visitation, nutrition counseling, and parenting skills education. Rhode Island also provides pediatric palliative care services to individuals under the age of 19.</p> <p>Sources: R.I. GEN. LAWS § 42-12.3-4 (2022); R.I. GEN. LAWS § 42-12.3-8 (2022).</p> <p>Pregnant people and 12 months postpartum Coverage includes:</p> <ul style="list-style-type: none"> • Full scope Medicaid-like coverage • Families have a choice of three participating health plans – Tufts Health Plan, Neighborhood Health Plan of Rhode Island, and UnitedHealthcare Community Plan. <p>Income guidelines: Pregnant women with income up to 253% of the FPL.</p> <p>Source: See R.I. Health & Hum. Servs., RItE Care, https://eohhs.ri.gov/Consumer/FamilieswithChildren/RItECare.aspx (accessed on Apr. 23, 2023).</p>	<p>Evaluation The benefit package for the Rite Track program shall include disciplinary evaluation and treatment for children with significant developmental disabilities and developmentally delayed children enrolled in the program.</p> <p>Reporting No reporting requirements.</p> <p>Community Outreach & Engagement No community outreach or engagement requirements.</p> <p>Source: R.I. GEN. LAWS § 42-12.3-4 (2022).</p>
<p>Utah</p>	<p>Ages 18 and under Coverage includes: Full-scope coverage.</p> <p>Income guidelines: Household income up to 200% FPL.</p> <p>Note: The of Health and Human Services will create a waiting list for enrollment if the eligible applicant funds exceeds funds in the Alternative Eligibility Expendable Revenue Fund.</p> <p>Source: 2023 Utah Laws S.B. 217.</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting Each year the Department of Health and Human Services shall submit a report to the Health and Human Services Interim Committee detailing: the number of individuals served, the average duration of coverage, and the cost of the program. The report will also include the</p>

		<p>percentage of enrollees who utilize certain types of medical care (e.g., well-child visits, immunizations).</p> <p>Community Outreach & Engagement No community outreach or engagement requirements.</p> <p>Source: 2023 Utah Laws S.B. 217.</p>
<p>Vermont</p>	<p>Ages 18 and under Coverage includes: Full scope coverage (hospital, medical, dental, and prescription drug benefits).</p> <p>Income guidelines: Household income must not be more than 312% of the FPL, plus a 5% income disregard. See Vermont Health Connect, 2023 Eligibility Tables.</p> <p>Source: VT. STAT. ANN. tit. 33, §§ 2091–2092 (2022).</p> <p>Pregnant people and 12 months postpartum Coverage includes: Full-scope coverage (hospital, medical, dental, and prescription drug benefits).</p> <p>Income guidelines: Household income must not be more than 208% of the FPL, plus a 5% income disregard.</p> <p>Note: includes seasonable migrant workers.</p> <p>Source: VT. STAT. ANN. tit. 33, §§ 2091–2092 (2022).</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting The Agency of Human Services must provide information on estimated fiscal costs of the program starting in its FY 2023 presentation to the Legislature. However, all located 2023 presentations appear to have been published before the law’s effective date.</p> <p>Community Outreach & Engagement The Agency of Human Services may use appropriated funds to provide grants to health care providers and community organizations that work with the undocumented community to provide culturally and linguistically appropriate outreach.</p> <p>Source: VT. STAT. ANN. tit. 33, §§ 2091–2092 (2022).</p>

<p>Wash.</p>	<p>Ages 18 and under Covered services: Medicaid-like coverage.</p> <p>Income guidelines:</p> <ul style="list-style-type: none"> • Family income threshold of up to 250% of the FPL. (eff. 3/13/2007) • Family income threshold of up to 300% of the FPL. (eff. 1/1/2009) <p>Source: WASH. REV. CODE § 74.09.470 (2022).</p> <p>Ages 19 and up Covered services: Apple Health and Homes program may provide permanent supportive housing and support services for individuals.</p> <p>Income guidelines: Household income at or below 133% of the FPL (and other assessments).</p> <p>Source: WASH. REV. CODE § 74.09.886 (2022).</p> <p>Pregnant people and 12-months postpartum Covered services: Provides for maternity care and 12 months of postpartum care equivalent to the state program.</p> <p>Income guidelines: Household income at or below 193% of the FPL, adjusted for family size.</p> <p>Note: expectant mothers equal two people.</p> <p>Sources: WASH. REV. CODE § 74.09.800 (2022); WASH. REV. CODE § 74.09.830 (2022); WASH. ADMIN. CODE § 182-505-0115 (2022).</p> <p>Note: For information about Washington’s ACA Waiver, see Joseph Choi, Biden Administration Approves Washington State Request to Offer Health Insurance to Undocumented Immigrants, The Hill (Dec. 12, 2022).</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • Eligibility renewal procedures, which will initially be the same as those provided for children on medical assistance, must be modified to lower the percentage of children failing to annually renew. • Requires a feasibility study and an implementation plan to develop an online application. • An evaluation of outreach and education efforts must be completed based on clear outcome measures involved in contracts with entities involved in the outreach. <p>Reporting</p> <ul style="list-style-type: none"> • The Department of Social and Health Services was required to report on eligibility determination and renewal to the Legislature by December 2007. • The Department of Social and Health Services was required to report on rates of substitution between private coverage and the coverage provided under the expansion by December 2010. • In an October 2019 report to the legislature, the maternal mortality review panel recommended ensuring funding and access to postpartum care and support through the first year after pregnancy. The panel also recommended addressing social determinants of health, structural racism, provider biases, and other social inequities to reduce maternal
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		<p>mortality in priority populations.</p> <ul style="list-style-type: none">• Beginning January 1, 2022, the managed care organizations contracted with the authority to provide postpartum coverage must annually report to the legislature on their work to improve maternal health for enrollees, including but not limited to postpartum services offered, the percentage of utilization of such services, and efforts to collect eligibility information for the authority to ensure the enrollee is in the most appropriate program for the state to receive the maximum federal match. <p>Community Outreach & Engagement</p> <ul style="list-style-type: none">• The Department of Social and Health Services must collaborate with the Department of Health, local public health, and educators to conduct a proactive, targeted outreach and education effort designed to increase enrollment in coverage and health literacy. Outreach must include broad dissemination of information (i.e., media campaigns), assistance in completing applications, the use of existing systems (i.e., free and reduced lunch) to disseminate information, contracting with community-based organizations, and the dissemination of materials targeted at parents.• Working with stakeholder and community organizations and the Washington health benefit exchange, the
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		<p>authority must establish a comprehensive community education and outreach campaign to facilitate applications for and enrollment in the program or into a more appropriate program where the state receives maximum federal match. Subject to the availability of appropriations for this purpose, the campaign must provide culturally and linguistically accessible information to facilitate participation in the program, including but not limited to enrollment procedures, program services, and benefit utilization.</p> <p>Sources: WASH. REV. CODE § 74.09.470 (2022); WASH. REV. CODE § 74.09.830 (2022).</p>
<p>Wash. D.C.</p>	<p>Ages 20 and under Coverage includes: Equivalent to federal Medicaid.</p> <p>Income guidelines:</p> <ul style="list-style-type: none"> • Household income of up to 319% of the FPL for children 18 and under. • Household income of up to 216% of the FPL for children 19-20. <p>Note: Mayor may implement an income disregard amount based on family size, up to 5% of FPL or a higher percentage if authorized by the federal government as an income disregard for determining eligibility for Medicaid. See D.C. Dep't of Health Care Finance, Immigrant Children's Program.</p> <p>Source: D.C. CODE § 1-307.03 (2022).</p>	<p>Evaluation No evaluation requirements.</p> <p>Reporting</p> <ul style="list-style-type: none"> • Requires annual reports on recertification and reenrollments. Additionally, monthly Medicaid reports are released which include some Health Care Alliance data. <p>Community Outreach & Engagement No community outreach requirements.</p> <p>Source: See D.C. Dep't of Health Care Fin., <i>Monthly Medicaid and All. Enrollment Reports</i>,</p>

Ages 21+

Coverage includes: Equivalent to federal Medicaid.

Income guidelines: Household income of up to 200% of the FPL.

Note: D.C. Health Care Alliance Program is a locally funded program that provides coverage for DC residents over 21 whose income is at or below 210% of the FPL and have no health insurance – including Medicaid and Medicare. See [D.C. Dep't of Health Care Finance, Health Care Alliance](#).

Source: [D.C. CODE § 1-307.03 \(2022\)](#).

Pregnant people and 12 months postpartum

Coverage includes: Equivalent to federal Medicaid, and includes care related to pregnancy, delivery, and care for up to 12 months after delivery.

Income guidelines: Household income up to 319% of the FPL.

Source: D.C. Dep't of Health Care Finance, *Pregnant Individual*, [https://dhcf.dc.gov/service/pregnant-individual#:~:text=District%20of%20Columbia%20Medicaid%20provides,federal%20poverty%20level%20\(FPL\)](https://dhcf.dc.gov/service/pregnant-individual#:~:text=District%20of%20Columbia%20Medicaid%20provides,federal%20poverty%20level%20(FPL)) (accessed on Apr. 25, 2023).

<https://dhcf.dc.gov/page/monthly-medicaid-and-alliance-enrollment-reports> (accessed on Apr. 23, 2023).

This table was prepared by the Public Health Law Center (PHLC) in collaboration with and support from the Center for Prevention at Blue Cross and Blue Shield of Minnesota. The PHLC provides educational information and technical assistance on issues related to chronic disease prevention policy and health equity. PHLC does not lobby, nor does it provide legal representation or advice. This information is for educational purposes only; PHLC does not request that a policymaker take any specific action, nor should this information be considered a replacement for legal advice. Last reviewed and updated May 1, 2023.