

Location	State Has Secured a Waiver or State Plan Amendment (SPA) from CMS to Cover Services	Basis for Eligibility	Effective Date
United States	30 Yes	32 Income; 4 Loss of Medicaid coverage postpartum; 1 Loss of Medicaid coverage for any	23 Y
Alabama	Yes	Based solely on income criteria of 146% FPL 1	Yes
Alaska	No	N/A	N/A
Arizona	No	N/A	N/A
Arkansas	No	N/A	N/A
California	Yes	Based solely on income criteria of 205% FPL	Yes
Colorado	Yes	Based solely on income criteria of 265% FPL	Yes
Connecticut	Yes	Based solely on income criteria of 263% FPL	Yes
Delaware	No	N/A	N/A
District of Columbia	No	N/A	N/A
Florida	Yes	Loss of Medicaid coverage for any reason; income criteria of 196% FPL	No
Georgia	Yes	Based solely on income criteria of 216% FPL 1	No
Hawaii	No	N/A	N/A
Idaho	No	N/A	N/A
Illinois	Yes	Based solely on income criteria of 213% FPL	Yes
Indiana	Yes	Based solely on income criteria of 146% FPL	Yes
Iowa 2	No	Based solely on income criteria of 300% FPL 1	No
Kansas	No	N/A	N/A
Kentucky	No	N/A	No
Louisiana	Yes	Based solely on income criteria of 138% FPL	Yes
Maine	Yes	Based solely on income criteria of 214% FPL	Yes
Maryland	Yes	Based solely on income criteria of 264% FPL 1	Yes
Massachusetts	No	N/A	N/A
Michigan	No	N/A	N/A
Minnesota	Yes	Based solely on income criteria of 205% FPL	Yes
Mississippi	Yes	Based solely on income criteria of 199% FPL 1	Yes
Missouri 3	No	Loss of Medicaid coverage postpartum; income criteria of 206% FPL	No

Montana	Yes	Based solely on income criteria of 216% FPL 1	No
Nebraska	No	N/A	N/A
Nevada	No	N/A	N/A
New Hampshire	Yes	Based solely on income criteria of 201% FPL	Yes
New Jersey	Yes	Based solely on income criteria of 205% FPL	Yes
New Mexico	Yes	Based solely on income criteria of 255% FPL	Yes
New York	Yes	Based solely on income criteria of 223% FPL 1	Yes
North Carolina	Yes	Based solely on income criteria of 200% FPL	Yes
North Dakota	No	N/A	N/A
Ohio	No	N/A	N/A
Oklahoma	Yes	Based solely on income criteria of 138% FPL 1	Yes
Oregon	Yes	Based solely on income criteria of 255% FPL	Yes
Pennsylvania	Yes	Based solely on income criteria of 220% FPL	Yes
Rhode Island	Yes	Loss of Medicaid coverage postpartum; income criteria of 258% FPL	No
South Carolina	Yes	Based solely on income criteria of 199% FPL	Yes
South Dakota	No	N/A	N/A
Tennessee	No	N/A	N/A
Texas	Yes	Loss of Medicaid coverage postpartum; income criteria of 209% FPL	No
Utah	No	N/A	N/A
Vermont 4	Yes	Based solely on income criteria of 205% FPL	N/A
Virginia	Yes	Based solely on income criteria of 205% FPL 1	Yes
Washington	Yes	Based solely on income criteria of 265% FPL 1	Yes
West Virginia	No	N/A	N/A
Wisconsin	Yes	Based solely on income criteria of 306% FPL	Yes
Wyoming	Yes	Loss of Medicaid coverage postpartum; income criteria of 159% FPL	No



NOTES

Notes

January 2024 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. Eligibility levels are reported as percentage of the FPL. The FPL for a family of three is \$25,820 as of 2024.

"Historically, states have expanded their programs by securing approval of a "waiver" of federal policy from the Centers for Medicare and Medicaid Services. Most of the expansion states grant coverage for family planning solely on the basis of income to individuals not previously covered under Medicaid. A handful of states have received federal approval for more limited expansions that continue coverage for family planning for individuals who are leaving the Medicaid program. The passage of health care reform gave states a new and more expeditious option for expanding eligibility for family planning. Under this law, states may expand their programs by amending their state Medicaid plan. Unlike a waiver, which is time-limited, a State Plan Amendment is a permanent change to the state's Medicaid program." (Guttmacher Institute)

Sources

[A Look at Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies During the Unwinding of Continuous Enrollment and Beyond](#), as of May 2024, KFF.

KFF analysis of state waivers and state plan amendments.

[Medicaid Family Planning Eligibility Expansions](#), State Policies in Brief, as of August 31, 2023, Guttmacher Institute.

Definitions

Waiver: Approval from the Centers for Medicare and Medicaid Services (CMS) that permits states to receive federal Medicaid financing for coverage that does not meet federal standards or that extends beyond federal options. Waivers are time-limited.

State Plan Amendment (SPA): Approval from the Centers for Medicare and Medicaid Services (CMS) that permits states to receive federal Medicaid financing for coverage that does not meet federal standards or that extends beyond federal options. A State Plan Amendment (SPA) is a permanent change to the state's Medicaid program.