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## Maternal and Child Health (MCH) Update 2005: States Make Modest Expansions to Health Care Coverage

### Summary

Medicaid continues to be the nation's largest health insurance program for low-income people. Combined with State Children's Health Insurance (SCHIP) programs, Medicaid serves more than 54 million Americans annually. This report shows state efforts concerning health care coverage for low-income women and children through Medicaid and SCHIP. The methods used by individual states to cover this population of mothers and children vary considerably. This report examines some of the policies states implemented for providing coverage. Relevant data from each state are included in tables at the end of the report.

Among its most significant findings, the report shows:

- Medicaid continues to cover medical expenses for more than one-third of all U.S. births to low-income pregnant women—a level that has remained constant since the National Governors Association (NGA) began collecting data in 1986.<sup>a</sup>
- As they emerge from their budget crises of the past few years, many states have begun to increase the number of people covered by Medicaid and SCHIP programs through expanded eligibility levels and enrollment policies for maternal and child health (MCH) populations.
- Ten states were able to achieve modest expansions and policy advances in continuous eligibility and other practices to maintain coverage for those enrolled in the Medicaid program.

Although future policies may bring additional variation between state Medicaid programs, the data included in this report reflects the status as of FY 2005 (the most recent data available).

### Background

Medicaid is the single largest health insurance program in the United States—providing coverage for low-income pregnant women, children, parents of dependent children, the disabled, and the elderly. Low-income children and families comprise the largest proportion of Medicaid enrollees, yet the elderly and disabled account for the bulk of program spending. In 2005, Medicaid provided health insurance coverage to more than 54 million total enrollees.<sup>b</sup> SCHIP, a companion program to Medicaid, covered 3.9 million low-income children in December 2004.<sup>c</sup> Under SCHIP, states can provide health care coverage to low-income children whose family income level makes them ineligible for Medicaid but lack private health insurance.

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<sup>a</sup> National Governors Association Center for Best Practices began tracking MCH Update data in 1986, and the first MCH Update issue brief was published in 1987. All data is reported from state Medicaid and state SCHIP directors individually.

<sup>b</sup> *Medicaid Program at a Glance*. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured. May 2006.

<sup>c</sup> *SCHIP Enrollment in 50 States: December 2004 Data Update*. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured. September 2005.

Since 1986, the NGA Center for Best Practices (NGA Center) has collected information on Medicaid coverage of children and pregnant women. The NGA Center began publishing the *MCH Update* in 1987 to disseminate this information. More recently, the *MCH Update* began including data on SCHIP coverage of children and families. The *Update* also highlights state policies to streamline program eligibility and enrollment. This *Update* is based on the most recent data from all states, available as of February 2006.

### **The Proportion of U.S. Births Covered by Medicaid Continues to Increase**

Medicaid covered medical expenses for more than 1.6 million births in the United States in 2002 (see Table 1). This figure represents more than 40 percent of all births to pregnant women nationwide,<sup>d</sup> a trend that has remained consistent since NGA began tracking Medicaid birth data in 1986. Medicaid coverage of births in 2002 experienced a slight increase (3.47 percent) over births in 2001, which may reflect a corresponding increase in Medicaid eligibility criteria overall.

### **Most States Preserved or Expanded Enrollment Policies for Pregnant Women and Children**

Medicaid and SCHIP provide a critical source of health insurance coverage to low-income pregnant women, infants, and children. Over the past two decades, numerous federal health insurance policy reforms have been implemented, recognizing the importance of health insurance coverage for MCH populations (see Appendix A). Under federal Medicaid law, states are required to provide coverage to pregnant women, infants, and children according to Federal Poverty Level (FPL) categories.<sup>e</sup> States have extended program eligibility levels beyond these federally mandated requirements, implemented state health reforms, and created special program initiatives targeted to MCH populations. Furthermore, a 2002 federal rule enables states to extend prenatal coverage to pregnant women under SCHIP.

In 2003, states experienced budget shortfalls that were severe enough to affect even priority programs traditionally spared budget cuts. States collectively cut \$11.8 billion from their budgets—the second largest budget shortfall since 2002 when 38 states cut their budgets by nearly \$13.7 billion.<sup>f</sup> In spite of these significant budget deficits, few states reduced eligibility levels under Medicaid or SCHIP for MCH populations. Since then, states including **Arkansas, Colorado, Idaho, and Wyoming** have increased eligibility levels to enroll more pregnant women and children into such programs. (Tables 6-8 identify eligibility levels for pregnant women, infants, and children under Medicaid and SCHIP.) In fact, nearly as many states made policy changes to expand eligibility threshold levels as they did to limit eligibility for these two programs. Sixteen states now extend eligibility to pregnant women under SCHIP (see Table 8).

### ***Streamlined Eligibility and Enrollment Policies under Medicaid and SCHIP***

States have made significant efforts to streamline enrollment and eligibility processes under Medicaid and SCHIP, and state officials have expressed a commitment to maintaining this progress.<sup>g</sup> In addition, many states recently have maintained or expanded existing Medicaid and SCHIP policies for presumptive eligibility, continuous eligibility, assets test, and self-declaration of income (see Tables 2-5).

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<sup>d</sup>The total number of births to all U.S. pregnant women in 2002 was 4,019,280. Centers for Disease Control and Prevention (CDC). *National Vital Statistics Reports, Vol. 51, No. 11*, June 25, 2003.

<sup>e</sup> Under Medicaid, federally mandated minimum eligibility levels for MCH populations as a percentage of the Federal Poverty Level are as follows: pregnant women at 133 percent; infants at 133 percent; children ages one through six at 133 percent; and children ages six through 18 at 100 percent. States have the option of expanding these eligibility levels. Medicaid must cover women who are pregnant and for 60 days following delivery in households with income up to 133 percent FPL with the option of extending eligibility to 185 percent of FPL and above 185 percent under Section 1902(r)(2).

<sup>f</sup> *Fiscal Survey of the States*. Washington, DC: National Association of State Budget Officers and National Governors Association. December 2003. Available at <http://www.nasbo.org/publications.php>

<sup>g</sup> *Squeezing SCHIP: States Use Flexibility to Respond to the Ongoing Budget Crisis*. Washington, DC: The Urban Institute. June 2004.

### ***Presumptive Eligibility***

Presumptive eligibility enables states to provide temporary coverage to pregnant women and children under Medicaid and SCHIP until a formal eligibility determination can be made. In 2005, presumptive eligibility policies were expanded overall, with 10 new states adding the policy for pregnant women to either program. Other changes to presumptive eligibility policies are reflected below:

- **Colorado, Connecticut, and New Mexico** implemented or enhanced presumptive eligibility policies for pregnant women under Medicaid. In addition, Connecticut implemented presumptive eligibility for children under Medicaid.
- The **District of Columbia, Oklahoma, and Tennessee** implemented presumptive eligibility for pregnant women under SCHIP.
- Two states—**Kansas and Nebraska**—eliminated presumptive eligibility policies for pregnant women and children under Medicaid. In Nebraska, the policy was eliminated for children under SCHIP as well.

### ***Continuous Eligibility***

Continuous eligibility enables states to ensure continuity of care by providing continuous enrollment to Medicaid and SCHIP enrollees for a 12-month period rather than a month-to-month basis. Under Medicaid, states are required to provide continuous eligibility to pregnant women and infants up to the age of one year regardless of changes in income that would otherwise make them ineligible. Many states implemented or increased the duration of continuous care in 2005. Highlights of some of these changes include:

- Seven states (**Colorado, Maine, New Hampshire, New Jersey, Nevada, Ohio, and Vermont**) added or enhanced existing continuous eligibility policies for pregnant women under Medicaid.
- Two states (**Massachusetts and Maryland**) eliminated these policies for children under Medicaid.
- Several states, including **Arizona, Florida, and Iowa**, increased the number of months for which pregnant women or children would receive continuous eligibility under Medicaid and/or SCHIP.

### ***Assets Test and Self-Declaration of Income***

States can elect to disregard assets when determining Medicaid eligibility and allow families to self-declare their income without having to verify it (i.e., by producing pay stubs or tax returns). Similar to the findings for other eligibility policies, few states made significant changes to these two policies in 2005. Three states (**Arkansas, the District of Columbia, and Florida**) implemented a new asset test policy for pregnant women in Medicaid or SCHIP, and **Texas** implemented an asset test for children in SCHIP. **Nevada** was the only state to do away with its asset test for pregnant women and children under Medicaid.

Two states (**Connecticut and Florida**) ended their self-declaration requirement for children under SCHIP. **Iowa** was the only state to implement the requirement for pregnant women under presumptive eligibility in the IowaCare program.

### ***Health Insurance Coverage for Parents and Adults***

States continue to examine ways to expand health insurance coverage to low-income parents of dependent children and to adults without children through various waiver options under Medicaid and SCHIP. Through a Health Insurance Flexibility and Accountability (HIFA) waiver or other innovative state policies, states have greatly increased the options that allow adults to gain coverage. Since 2003, 15 states have made changes to the eligibility levels of their optional populations under Medicaid. Overall, states have used such changes to expand coverage for those who would otherwise remain uninsured. (Table 9 highlights state policies that cover adults with children.)

### ***Conclusion***

The cost of providing health coverage through Medicaid and SCHIP continues to increase, but states remain committed to providing care and access for their MCH populations. As state budgets emerge from the tight fiscal pressures of recent years, policymakers have developed increasingly innovative methods to provide health insurance for this population. Since the last *MCH Update* was published in 2005 (with 2003 data), many states implemented presumptive eligibility policies, expanded the duration for continuous eligibility programs, and made innovative efforts to cover more adults under Medicaid and other programs. In all, the progress states have made over the past few years confirms the strength of the states' commitment to their residents and to the expansion of health coverage on a larger scale.

This *MCH Update* was researched and written by Laura Matthews, formerly a policy analyst with the NGA Center for Best Practices, with support and funding from the federal Maternal and Child Health Bureau.

**Table 1. Medicaid Births as a Percentage of Total Births, 2001 and 2002 (as of February 2006)**

State	2001		2002	
	Number of Medicaid Births	Percentage of Total Births	Number of Medicaid Births	Percentage of Total Births
AL	27,541	45.70	27,102	46.00

State	2001		2002	
	Number of Medicaid Births	Percentage of Total Births	Number of Medicaid Births	Percentage of Total Births
AK	5,263	52.60	5,388	54.20
AZ	38,678	45.40	42,786	49.00
AR	18,034	51.00	19,706	53.00
CA	229,884	43.71	238,809	45.00
CO	21,159	31.58	28,009	40.94
CT	11,651	27.97	11,928	28.96
DE	4,563	42.00	5,058	46.00
DC	6,372	83.00	4,804	64.00
FL	94,624	46.20	90,267	43.90
GA	61,898	46.37	66,307	49.00
HI	5,647	33.00	4,313	23.80
ID	7,533	36.42	7,996	38.13
IL	69,863	37.96	72,865	39.90
IN	36,089	41.90	43,565	51.40
IA	8,080	21.50	9,405	25.00
KS	13,662	35.20	14,899	37.87
KY	21,041	38.90	20,656	38.41
LA	36,659	56.20	36,521	56.40
ME	4,590	33.40	4,287	31.65
MD	21,853	29.87	24,793	33.84
MA	19,465	24.03	22,190	27.52
MI	43,979	33.00	42,706	32.97
MN <sup>h</sup>	22,457	33.71	23,939	35.18
MS	23,698	56.05	23,174	55.82
MO	30,515	40.52	33,760	44.90
MT	4,055	37.09	4,343	39.42
NE	7,242	29.30	9,098	35.80
NV <sup>i</sup>	6,567	21.00	10,446	32.22
NH	2,507	19.70	2,704	21.40
NJ	33,624	24.20	29,329	25.87
NM	13,426	51.70	17,821	66.75
NY	102,269	40.50	101,165	40.30
NC	50,828	43.03	52,209	44.00
ND	1,752	22.90	1,889	24.40
OH	46,867	30.40	42,759	30.10
OK	23,761	47.50	24,015	47.70
OR	15,589	34.40	16,832	37.80
PA <sup>j</sup>	37,797	26.40	42,797	30.06
RI	4,533	37.20	4,543	36.50
SC	23,221	45.20	23,561	46.97
SD	3,572	34.10	3,742	33.95
TN <sup>k</sup>	28,858	36.85	39,658	47.60
TX	173,471	47.60	181,570	49.20
UT	13,039	26.60	15,631	31.80
VT	6,367	48.80	6,386	51.10
VA <sup>l</sup>	30,861	31.10	30,993	31.23
WA	34,257	42.70	33,743	43.40
WV	10,522	49.30	10,503	50.00

<sup>h</sup> The figures for Minnesota are based on federal fiscal year 2002, and Medicaid births include those in the state's 1115 Medicaid expansion program (MinnesotaCare).

<sup>i</sup> For Nevada, 2002 Medicaid data is provided by the newly implemented MMIS, while 2001 Medicaid birth data was provided by the legacy NOMADS information system. By comparison, the 2001 data is significantly understated in both its numeric value and as a percentage of the total number of births statewide.

<sup>j</sup> Data for the year 2001 for Pennsylvania do not distinguish between live births and non-live births.

<sup>k</sup> Tennessee figures include both Medicaid and Expansion population.

<sup>l</sup> Virginia data is based on the state fiscal year.

	2001		2002	
State	Number of Medicaid Births	Percentage of Total Births	Number of Medicaid Births	Percentage of Total Births
WI	26,406	38.30	27,313	39.90
WY	2,766	45.00	3,037	46.00
<b>Total</b>	<b>1,534,106</b>	—	<b>1,661,320</b>	---
<b>Average</b>	—	<b>37.24</b>		<b>40.71</b>

**Source:**

Data collected by the National Governors Association Center for Best Practices, Health Division, December 2005–February 2006.

**Table 2. Presumptive Eligibility for Pregnant Women and Children in Medicaid and SCHIP  
(as of February 2006)**

State	Medicaid		SCHIP	
	Pregnant Women	Children	Pregnant Women*	Children
Alabama				
Alaska				
Arizona				
Arkansas	✓			
California	✓	✓		
Colorado	✓		✓	
Connecticut	✓	✓		
Delaware	✓			
District of Columbia	✓		✓	
Florida	✓	✓		
Georgia	✓			
Hawaii				
Idaho	✓			
Illinois <sup>a</sup>	✓	✓	✓	✓
Indiana				
Iowa	✓			
Kansas				
Kentucky	✓			
Louisiana	✓			
Maine	✓			
Maryland				
Massachusetts	✓	✓		✓
Michigan <sup>b</sup>	✓	✓	✓	✓
Minnesota				
Mississippi				
Missouri	✓	✓		
Montana	✓			
Nebraska		✓		✓
Nevada				
New Hampshire	✓	✓		
New Jersey <sup>c</sup>	✓	✓	✓	✓
New Mexico	✓	✓		✓
New York	✓			✓
North Carolina	✓			
North Dakota				
Ohio				
Oklahoma	✓		✓	
Oregon				
Pennsylvania	✓			
Rhode Island				
South Carolina				
South Dakota				
Tennessee	✓		✓	
Texas	✓			
Utah	✓			
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin	✓			
Wyoming	✓			
<b>Totals</b>	<b>30</b>	<b>11</b>	<b>7</b>	<b>7</b>

<sup>a</sup> In Illinois, presumptive eligibility for Medicaid and SCHIP children became effective May 2004. Children who ordinarily would be eligible for SCHIP, if their mother's apply when pregnant, instead are eligible for Medicaid and receive presumptive eligibility through the Medicaid program.

<sup>b</sup> Michigan has an SCHIP amendment offering coverage to the unborn.

<sup>c</sup> In New Jersey, presumptive eligibility for children is 200 percent of the FPL; however, New Jersey's Family Care covers children up to 350 percent FPL.

**Notes for Table 2:**

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division, December 2005–February 2006.

**Table 3. Continuous Eligibility (in months) for Pregnant Women and Children in Medicaid and SCHIP (as of February 2006)**

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Alabama	✓		✓	12	✓	12
Alaska			✓	6	✓	6
Arizona <sup>a</sup>	✓		✓		✓	12
Arkansas <sup>b</sup>	✓		✓	12	✓	12
California			✓	12	✓	12
Colorado <sup>c</sup>	✓	11			✓	12
Connecticut						
Delaware <sup>d</sup>			✓	12	✓	12
District of Columbia	✓	12	✓	12	✓	12
Florida <sup>e</sup>	✓	24	✓	12/6	✓	12
Georgia						
Hawaii						
Idaho			✓	12	✓	12
Illinois <sup>f</sup>	✓	12	✓	12	✓	12
Indiana						
Iowa <sup>g</sup>	✓	11	✓		✓	12
Kansas <sup>h</sup>	✓	2	✓	12	✓	12
Kentucky <sup>i</sup>			✓	12		
Louisiana			✓	12	✓	12
Maine <sup>j</sup>	✓	11	✓	12	✓	12
Maryland <sup>k</sup>	✓	60				
Massachusetts						
Michigan			✓	12	✓	12
Minnesota <sup>l</sup>			✓	12/6	✓	12
Mississippi	✓		✓	12	✓	12
Missouri	✓	12				
Montana						

<sup>a</sup> In Arizona, pregnant women are covered through delivery and 60 days partum or for the month of enrollment and five additional months, whichever is longest. This six month guarantee is available only one time. Medicaid children also have the six month guarantee, but only if it is the first time the child has been enrolled in a health plan.

<sup>b</sup> In Arkansas, eligibility is continuous through the last day of the month in which the 60<sup>th</sup> postpartum day falls. Arkansas' 1115 demonstration provides continuous eligibility for children up to age 19.

<sup>c</sup> Colorado's continuous eligibility for pregnant women under Medicaid is for a total of 11 months – 9 months and 60 days postpartum.

<sup>d</sup> Delaware Medicaid provides infants 12 months of continuous eligibility.

<sup>e</sup> Florida offers pregnant women 24 months of continuous eligibility for family planning and postpartum coverage. Medicaid provides 12 months of continuous eligibility for children under age five and six months of continuous eligibility for children ages five to 19. The Florida SCHIP program provides continuous eligibility for six months for children ages one to 19.

<sup>f</sup> Illinois offers pregnant women 12 months continuous eligibility for family planning if the pregnant woman loses eligibility after the postpartum period. The same family planning coverage is offered to non-pregnant women who are losing eligibility for other reasons, including aging out of children's coverage.

<sup>g</sup> Iowa provides continuous eligibility for infants only and for women while pregnant and postpartum.

<sup>h</sup> In Kansas, pregnant women are given continuous eligibility under Medicaid through two postpartum months.

<sup>i</sup> Kentucky Medicaid provides 12 months deemed eligibility for infants when the mother is eligible at the infant's birth. Pregnant women are eligible up to 60 days postpartum. Recipients in Passport Region have 12 months guaranteed eligibility.

<sup>j</sup> In Maine, continuous eligibility for pregnant women under Medicaid lasts for a maximum possible duration of pregnancy plus 60 days beyond the date the pregnancy ends.

<sup>k</sup> Maryland provides continuous eligibility for family planning services only for five years (60 months). Maryland Medicaid provides infants 12 months of continuous eligibility.

<sup>l</sup> Minnesota provides Medicaid coverage under two programs: The Medical Assistance program (MA), which is regular Medicaid and MinnesotaCare, is a section 1115 waiver demonstration project. The MA program provides automatic eligibility for newborns up to age one. Effective October 1, 2004, the MinnesotaCare program uses a six month renewal period, which provides continuous coverage for a six month period for children under age 21. In Minnesota's Medical Assistance program and MinnesotaCare program, the period of eligibility for newborns is 12 months. In MinnesotaCare, as noted above, the continuous eligibility is six months for children under age 21. However, during the six months of MinnesotaCare coverage, nonpayment of premiums could result in disenrollment and a four month penalty period before reinstatement (except for pregnant women and children under age two). Minnesota's SCHIP program is a Medicaid expansion for children under age two. Newborn infants in this group who are automatically eligible would have continuous coverage for a twelve month period.

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Nebraska <sup>m</sup>	✓	12	✓	6	✓	6
Nevada	✓	2	✓	12	✓	12
New Hampshire	✓	2	✓	12 <sup>n</sup>		
New Jersey	✓	12	✓	12	✓	12
New Mexico <sup>o</sup>	✓	24				
New York <sup>p</sup>	✓	60 days	✓	12	✓	12
North Carolina			✓	12	✓	12
North Dakota	✓	60 days			✓	12
Ohio <sup>q</sup>	✓	60 days	✓	12		
Oklahoma						
Oregon <sup>r</sup>			✓	6	✓	6
Pennsylvania <sup>s</sup>			✓	12	✓	12
Rhode Island						
South Carolina <sup>t</sup>			✓	12		
South Dakota						
Tennessee <sup>u</sup>	✓	60 days				
Texas <sup>v</sup>	✓	60 days	✓	6	✓	6
Utah	✓	60 days	✓	12	✓	12
Vermont	✓	6	✓	12	✓	12
Virginia <sup>w</sup>	✓	2			✓	12
Washington	✓		✓	12		

<sup>m</sup> Nebraska offers continuous eligibility for children for six months for the initial eligibility period. Eligibility after the initial six months is monthly.

<sup>n</sup> New Hampshire pregnant women are covered through 60 days postpartum. Babies born to mothers receiving medical coverage at the time of birth are covered for up to the first 12 months of age.

<sup>o</sup> New Mexico Medicaid provides 24 months of family planning services following the 60 days postpartum under a section 1115 waiver.

<sup>p</sup> New York provides continuous eligibility to pregnant women under Medicaid through 60 days postpartum.

<sup>q</sup> Ohio has continuous eligibility for pregnant women under Medicaid for the duration of pregnancy and 60 days postpartum.

<sup>r</sup> Oregon Medicaid provides 12 months of continuous eligibility for all newborns (up to 185 percent of the FPL) and for pregnant women through the end of the month following 60 days postpartum.

<sup>s</sup> In Pennsylvania, continuous eligibility is not available for pregnant women over age 19 in SCHIP.

<sup>t</sup> In South Carolina, newborns born to Medicaid eligible pregnant women who continue to live with those women are continuously eligible for one year. Also, 22 months of family planning coverage is provided for up to 60 days postpartum.

<sup>u</sup> In Tennessee, pregnant women eligible for TennCare can continue on TennCare after the postpartum coverage period if they elect to pay the calculated premium based on their income.

<sup>v</sup> In Texas, Medicaid covers women for 60 days postpartum.

<sup>w</sup> Virginia has continuous eligibility for pregnant women under Medicaid during pregnancy and two months postpartum. The state also covers pregnant women in SCHIP as of August 1, 2005. Duration of coverage is also for the pregnancy and two months postpartum.

State	Medicaid			SCHIP		
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
West Virginia	✓	✓	✓	12	✓	12
Wisconsin <sup>x</sup>			✓	12		
Wyoming <sup>y</sup>			✓	12	✓	12
Totals	28	—	35	—	32	—

**Table 4: Assets Test for Pregnant Women and Children in Medicaid and SCHIP (as of February 2006)**

State	Medicaid		SCHIP	
	Pregnant women	Children	Pregnant Women*	Children
Alabama				
Alaska				
Arizona				
Arkansas	✓		✓	
California				
Colorado		✓		
Connecticut				
Delaware				
District of Columbia	✓		✓	
Florida	✓			
Georgia				
Hawaii				
Idaho	✓	✓		✓
Illinois				
Indiana				
Iowa	✓			
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana	✓	✓		
Nebraska				
Nevada	✓	✓		
New Hampshire				
New Jersey				
New Mexico				

<sup>x</sup> Wisconsin Medicaid provides 12 months of continuous eligibility for newborns only and 12 months of family planning coverage only following the 60-day end of pregnancy extension.

<sup>y</sup> Wyoming provides 12 months of eligibility for newborns who are born to Medicaid eligible women.

New York <sup>a</sup>				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				✓
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota	✓			
Tennessee				
Texas		✓		✓
Utah <sup>b</sup>	✓	✓		
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
<b>Totals</b>	<b>9</b>	<b>6</b>	<b>2</b>	<b>3</b>

**Notes for Table 4:**

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

Source: Data collected by the National Governors Association Center for Best Practices, Health Division, December 2005–February 2006.

<sup>a</sup> New York requires no asset test for children under age 19 in the Medicaid program

<sup>b</sup> Utah Medicaid requires an assets test for children over age 6.

**Table 5: States that Allow Self-Declaration of Income for Pregnant Women and Children in Medicaid and SCHIP (as of February 2006)**

State	Medicaid		SCHIP	
	Pregnant Women	Children	Pregnant Women*	Children
Alabama				✓
Alaska				
Arizona				
Arkansas		✓		✓
California				
Colorado <sup>a</sup>				
Connecticut				
Delaware <sup>b</sup>				
District of Columbia				
Florida		✓		
Georgia	✓	✓		✓
Hawaii <sup>c</sup>	✓	✓		✓
Idaho	✓	✓		✓
Illinois				
Indiana				
Iowa <sup>d</sup>	✓			
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	✓	✓		✓
Massachusetts <sup>e</sup>	✓	✓		✓
Michigan <sup>f</sup>	✓	✓	✓	✓
Minnesota				
Mississippi				
Missouri				
Montana				✓
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma	✓	✓		✓
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont	✓	✓		✓
Virginia				
Washington				

<sup>a</sup> Colorado allows self-declaration of income for pregnant women under presumptive eligibility only.

<sup>b</sup> Delaware allows self-declaration of income for pregnant women under presumptive eligibility only.

<sup>c</sup> Hawaii allows self-declaration of income only at the point of application and eligibility renewal.

<sup>d</sup> Iowa has self-declaration for pregnant women who are eligible for presumptive and IowaCare (1115 waiver).

<sup>e</sup> Massachusetts allows self-declaration for presumptive eligibility. The individual must provide proof of income within 60 days.

<sup>f</sup> Age is not a factor in Michigan.

West Virginia				
Wisconsin	✓	✓		
Wyoming	✓	✓		✓
<b>Totals</b>	<b>11</b>	<b>12</b>	<b>1</b>	<b>12</b>

**Notes for Table 5:**

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

Source: Data collected by the National Governors Association Center for Best Practices, Health Division, December 2005–February 2006.

**Table 6. Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Infants and Children Below Age 6 (as of February 2006)**

State	Infants		Children under Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133	200	133	200
Alaska <sup>a</sup>	133	164	133	164
Arizona	140	200	133	200
Arkansas	200	200	200	200
California	200	250	133	250
Colorado	133	200	133	200
Connecticut	185	300	185	300
Delaware	200	0	133	200
District of Columbia	185	200	133	200
Florida	200		133	200
Georgia	185	235	133	235
Hawaii	185	200	133	200
Idaho <sup>b</sup>	133	185	133	185
Illinois	133/200 <sup>c</sup>	200	133	200
Indiana	150	200	150	200
Iowa	200	200	133	200
Kansas	150	200	133	200
Kentucky	185	200	133	200
Louisiana	133	200	133	200
Maine	185	186-200	133	134-200
Maryland	185	300	133	300
Massachusetts	200		150	200
Michigan	185	200	150	200
Minnesota	275	280	275	
Mississippi	185	200	133	200
Missouri	185	300	133	300
Montana	133	150	133	150
Nebraska	150	185	133	185
Nevada	133	200	133	200
New Hampshire	300		185	300
New Jersey	185	350	133	350
New Mexico	185	235	185	235
New York <sup>d</sup>	200	250	133	250
North Carolina	185	200	133	200
North Dakota	133	140	133	140
Ohio	150	200	150	200
Oklahoma	185	185	185	185
Oregon	185	185	133	185
Pennsylvania <sup>e</sup>	185	200	133	200
Rhode Island	250		250	
South Carolina	185		133	150
South Dakota	140	200	140	200
Tennessee <sup>f</sup>	185		133	

<sup>a</sup> Alaska's FPL guidelines were lowered due to a legislative change in September 2003 from 200 percent FPL to 175 percent FPL and frozen at the 2003 FPL guideline standard. The frozen standard leads to a decline each year in the FPL guidelines for children and pregnant women in families with incomes greater than or equal to 151 percent FPL. In April, the month when the new annual FPL guidelines become effective each year, the 2006 FPL guidelines for children and pregnant women in Alaska is forecasted to be approximately 160 percent FPL.

<sup>b</sup> In July 2004, Idaho implemented a separate SCHIP program for children from birth to age 19 at 150 percent to 185 percent of the FPL.

<sup>c</sup> Infants born to women who were eligible for and receiving Medicaid at the time of birth are eligible up to age one at 200 percent of the FPL. All other infants are eligible up to 133 percent of the FPL.

<sup>d</sup> In New York, 250 percent represents gross FPL. Infants and children below age six may be eligible for SCHIP above 250 percent of the FPL (at full premium cost) if other eligibility criteria are met.

<sup>e</sup> In Pennsylvania, a state-funded program covers infants and children up to 235 percent of the FPL.

<sup>f</sup> Tennessee has an income limit of 100 percent of the FPL, with no access to health insurance, for uninsured children under TennCare. Children must meet established medically eligible criteria to be enrolled in the uninsurable category.

State	Infants		Children under Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
Texas	185	200	133	200
Utah	133	200	133	200
Vermont	225	300	225	300
Virginia	133	200	133	200
Washington	200	250	200	250
West Virginia	150	200	133	200
Wisconsin	185	200	185	200
Wyoming	133	200	133	200

**Notes for Table 6:**

N/R = not reported.

Under the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990), states are required to provide Medicaid coverage to children ages six and older born after September 30, 1983, living in families with incomes below 100 percent of the federal poverty level. Since 1989, states have been required to cover all pregnant women, as well as children below age six, living in families with incomes at or below 133 percent of the federal poverty level.

\* SCHIP eligibility refers to eligibility under a SCHIP program either through Medicaid or a separate state-designed SCHIP program. Source: Data collected by the National Governors Association Center for Best Practices, Health Division, December 2005–February 2006.

Table 7. Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Children Ages 6 through 18 (as of February 2006)

State	Children Ages 6 through 18*	
	Medicaid Eligibility	SCHIP Eligibility <sup>†</sup>
Alabama	100	200
Alaska	100	164
Arizona	100	200 <sup>g</sup>
Arkansas	200	200
California	100	250
Colorado	100	200
Connecticut	185	300
Delaware	100	200
District of Columbia	100	200
Florida	100	200
Georgia	100	235
Hawaii	100	200
Idaho	100	185
Illinois	133	200
Indiana	150	200
Iowa	133	200
Kansas	100	200
Kentucky	100	200
Louisiana	100	200
Maine	125	126-200
Maryland	100	300
Massachusetts	150	200
Michigan	150	200
Minnesota <sup>h</sup>	275	
Mississippi	100	200
Missouri <sup>i</sup>	100	300
Montana	100	150
Nebraska	100	185
Nevada	100	200
New Hampshire	185	300
New Jersey	100	350
New Mexico <sup>j</sup>	185	235
New York	100	250
North Carolina	100	200
North Dakota	100	140
Ohio	150	200
Oklahoma	185	185
Oregon	100	185
Pennsylvania	100	200
Rhode Island	250	250
South Carolina	100	150
South Dakota	140	200
Tennessee	100	
Texas	100	200
Utah	100	200
Vermont	225	300
Virginia	100	200
Washington	200	250
West Virginia	100	200
Wisconsin	100	200
Wyoming	100	200

<sup>g</sup> For children ages six through 18.

<sup>h</sup> The MinnesotaCare program has a gross income level for families of 275 percent of the FPL; this program also has premium payments and barriers for some children who have insurance or access to insurance. Minnesota's income level in its Medicaid State Plan for children ages six to 18 is 150 percent of the FPL, effective July 1, 2004.

<sup>i</sup> Missouri's FPLs are for children up to age 19.

<sup>j</sup> New Mexico covers children for Medicaid and SCHIP up to age 19.

**Notes for Table 7:**

\* This age group represents children ages six through 18 (until their 19<sup>th</sup> birthday). Under OBRA 1990, states are required to phase in coverage for children ages six and older born after September 30, 1983, living in families with incomes up to 100 percent of the FPL until all children through age 18 (until the 19<sup>th</sup> birthday) are covered; the upper age limit was reached in October 2002.

† SCHIP eligibility refers to eligibility under a SCHIP program either through Medicaid or a separate state-designed SCHIP program.

‡ Medicaid coverage for children ages 19 to 21 is an optional category; states are not mandated to cover this population. However, if a state does provide coverage to this population, the state is mandated to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. States are required to provide EPSDT services to all individuals under the age of 21 enrolled in Medicaid.

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division, December 2005–February 2006.

**Table 8. Medicaid and SCHIP Eligibility as a Percent of Federal Poverty Level (FPL) for Pregnant Women (as of February 2006)**

State	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133	
Alaska	164	
Arizona	133	
Arkansas	200	200
California	300	
Colorado	133	200
Connecticut	185	
Delaware <sup>a</sup>	200	
District of Columbia	185	200
Florida	185	
Georgia	235	
Hawaii	185	
Idaho	133	
Illinois	200	
Indiana	150	
Iowa	200	
Kansas	150	
Kentucky	185	
Louisiana	200	
Maine	200	
Maryland	250	
Massachusetts	200	200
Michigan	185	185
Minnesota	275	275 <sup>b</sup>
Mississippi	185	200
Missouri	185	
Montana	133	
Nebraska	185	185
Nevada	133	
New Hampshire	185	
New Jersey <sup>c</sup>	185	200
New Mexico	N/A	
New York	200	
North Carolina	185	
North Dakota	133	
Ohio	150	200
Oklahoma	185	185
Oregon	185	
Pennsylvania	185	
Rhode Island	185	250
South Carolina	185	
South Dakota	133	
Tennessee	185	
Texas	185	
Utah	133	
Vermont	200	
Virginia <sup>d</sup>	133	150
Washington	185	185
West Virginia	150	
Wisconsin	185	200
Wyoming	133	200

<sup>a</sup> Maternity is a covered benefit under Delaware's SCHIP program, but the Medicaid FPL is the same as the SCHIP eligibility level. All births become Medicaid births.

<sup>b</sup> This Minnesota figure applies to SCHIP unborn children of pregnant women ineligible for Medicaid regardless of age.

<sup>c</sup> In New Jersey, pregnant women with 185 percent to 200 percent of the FPL must be uninsured to be eligible.

<sup>d</sup> Virginia began coverage for pregnant women in SCHIP as of August 1, 2005.

**Notes for Table 8:**

N/R = not reported.

\* Pregnant women over age 19 are not an eligible category for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women over age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

**Source:** Data collected by the National Governors Association Center for Best Practices, Health Division, December 2005–February 2006.

Table 9: Programs that Provide Health Coverage to Adults with Children as of February 2006

State	Program Title	Program Type	Target Eligibility Group	Eligibility Level (% FPL)
Alabama	Plan First	Medicaid 1115 waiver for family planning services	Females ages 19-44	133
Arizona <sup>a</sup>	AHCCCS	Medicaid 1115	Families with children	100
	Health Insurance for Parents	HIFA waiver	Parents of children covered by SOBRA or SCHIP	200
Arkansas	Medicaid	Medicaid 1115 demonstration for family planning TANF	Females ages 14-44	200
		Families with children	Economically Needy Medically Needy	29 100
California	Medi-Cal	Medicaid 1931 & Medically Needy	Adults with children	100
Colorado	Child Health Plus	HIFA waiver	Pregnant women	200
	Medicaid	Medicaid 1931	Adults with children	32
Connecticut	HUSKY	Medicaid 1931	Adults with children	150
Delaware	Diamond State Health Plan	Medicaid 1115	Adults	100
District of Columbia	DC Healthy Families	Medicaid 1931	Adults with children	200
Florida	Medicaid	Medicaid	Adults with children	100
Hawaii	Hawaii QUEST (QUEST)	Medicaid 1115	Adults	100
Idaho	Medicaid	Medicaid 1931	Adults with children	25
	Access to Health Insurance	HIFA Waiver/waiver	Adult employees of Idaho small businesses and their families	185
Illinois	Family Care Illinois Healthy Women	Medicaid 1931 Medically Needy	Adults with children Adults with children	30 38
		HIFA waiver Medicaid 1115 demonstration for family planning	Adults with children Women age 19-44 who are losing their eligibility for Medicaid or SCHIP	185 200
Iowa	Family Medical Assistance Program (FMAP) Medically Needy (FMAP-related)	Medicaid 1931 Medically Needy	Adults with children Adults with children	33 or less, depending on family size for Medicaid 1931 and 45 or less, depending on family size for Medically Needy
Kansas	Medicaid	Medicaid 1931	Adults with children	32
Kentucky	Medicaid	Medicaid 1931	Adults with children	52
		Medically Needy	Adults with children	28
Louisiana	Low-Income Families with Children	Medicaid 1931	Adults with children	13
Maine	Medicaid	Medicaid 1931	Adults of Medicaid- and SCHIP-eligible children	150
	MaineCare for Childless Adults	HIFA Waiver	Adults with no dependent children	100
Maryland	Medicaid	Medicaid 1931	Adults with children	40

<sup>a</sup> Arizona's Medicaid program received a section 1115 Medicaid waiver in 1982 to place the entire Medicaid population into managed care.

Massachusetts <sup>b</sup>	MassHealth Standard	Medicaid 1115	Parents, disabled adults, and unemployed adults	133
	MassHealth Family Assistance	Medicaid 1115	Adults working for small employers	200
Michigan	Medicaid	Medicaid 1931	Adults with children Medically needy caretaker relatives	35-40 <sup>c</sup> 35-45 <sup>d</sup>
	Adult Benefit Waiver	HIFA waiver	Adults	35
Minnesota	MinnesotaCare	Medicaid 1115 & SCHIP 1115	Adults with children	275
		State-funded	Adults without children	175
Mississippi	MS Health Benefits	Medicaid 1913	Parents and eligible caretakers	27
Missouri	MAF	Medicaid 1931	Parents/eligible caretakers	AFDC income standards as of July 16, 1996
	MC+	1915(b) waiver	Parents/caretakers, children, pregnant women, and refugees	100
Montana	Medicaid	Section 1931 Medicaid	Parents and other related adults with children	36 or less depending on family size
Nebraska	Medicaid	Section 1931 Medicaid	Parents	55
Nevada	TANF-related Medicaid CHAP	Medicaid	Adults with children Pregnant women	28.8 133
New Mexico	New Mexico State Coverage Initiative	HIFA Waiver	Parent and childless adults	200
New York	Family Health Plus	Medicaid 1115	Adults with children Adults without children	150 100
New Jersey	NJ FamilyCare	SCHIP 1115	Adults with children	200
North Carolina	Medicaid	Categorically Needy Medically Needy	Caretaker relative	
North Dakota	Medicaid	Medicaid 1931 Medically Needy	Families with children and underemployed families	40 55
Ohio	Healthy Families	Medicaid 1931	Adults with children	90
Oregon	Oregon Health Plan	Medicaid 1115	Adults	100
	Oregon Health Plan 2	HIFA waiver	Adults	185
Pennsylvania	Adult Basic Coverage Medicaid	State-funded <sup>e</sup>	Uninsured adults	200
		Medicaid	Adults with children	100
Rhode Island	RIteCare and RI Share	Medicaid/ SCHIP 1115 & Medicaid 1931	Adults with children	185
South Carolina	Low-income families	Medicaid 1931	Low-income families with dependent children	50
South Dakota <sup>f</sup>	Low-income families	Medicaid 1931	Adults with children	
Tennessee	TennCare	Medicaid 1115	Adults with children	100
Texas <sup>g</sup>	Medicaid	Medicaid 1931	Uninsured adults	

<sup>b</sup> MassHealth Family Assistance only provides coverage to adults if their employers participate in the MassHealth Insurance Partnership.

<sup>c</sup> Michigan—estimated percent of the FPL based on a percent of the 1996 AFDC standard. Varies by geographic area.

<sup>d</sup> Michigan—estimated percent of the FPL. Varies by geographic region.

<sup>e</sup> Pennsylvania's Adult Basic Coverage is funded with tobacco settlement funds.

<sup>f</sup> South Dakota's Medicaid 1931 covers adults with children with household incomes based on the old AFDC need standard.

<sup>g</sup> Texas Medicaid 1931 covers uninsured adults based on TANF income guidelines.

Utah <sup>h</sup>	Primary Care Network (PCN)	Medicaid 1115	Uninsured adults	150
	Medicaid	Medicaid 1931 and medically needy	Adults with children	
Vermont	Medicaid / Dr. Dynasaur Vermont Health Access Plan	Medicaid 1115 waiver SCHIP	Children Pregnant women Uninsured adults	0-300% 0-200% 150-185%
Virginia <sup>i</sup>	Medicaid	Medicaid	Low income with children	18.3 – 30.7 based on locality
Washington	Basic Health Plan	State-funded	Adults and children	200
	WA Medicaid Program	Medicaid 1931	Adults with children	40-50
West Virginia	WV Medicaid Program	Medicaid 1931	Adults with children	20
Wisconsin	BadgerCare	Combination 1931 amendment & T19 and SCHIP 1115(a) waivers	Adults with children	185-200
Wyoming	EqualityCare	Medicaid 1931	Adults with children	100

**Key:**

Eligibility Level = As a percentage of the federal poverty level (FPL).

AFDC Standard = Aid to Families with Dependent Children (AFDC) standard refers to the income and resource standards used by states to determine eligibility for old state AFDC programs. AFDC was replaced by Temporary Assistance to Needy Families (TANF).

HIFA waiver = Health Insurance Flexibility and Accountability (HIFA) waiver.

Medicaid 1115 = State providing coverage through a Medicaid Section 1115 research and demonstration waiver; receiving regular Medicaid match rate.

Medicaid 1931 = State providing coverage under Medicaid Section 1931; receiving regular Medicaid match rate.

SCHIP = State Children's Health Insurance Program (SCHIP); state providing coverage through SCHIP program; receiving SCHIP match rate.

SCHIP 1115 = State providing coverage through an 1115 waiver of SCHIP; receiving SCHIP match rate.

State-funded = State providing coverage using state dollars; receiving no match from the federal government.

**Sources:**

Data updated by state officials December 2005–February 2006. Melora Krebs-Carter and John Holahan, *State Strategies for Covering Uninsured Adults* (Washington, DC: The Urban Institute, February 2000). AcademyHealth, *State Coverage Matrix* available at <http://www.statecoverage.net/matrix-intro.htm> (Washington, DC: AcademyHealth).

<sup>h</sup> Utah also provides Medicaid coverage under 1931 to adults with children at less than the medically needy (basic maintenance standard) level. Utah provides coverage to medically needy adults with greater income than the medically needy level, with spend down.

<sup>i</sup> Virginia provides premium assistance for employer-sponsored insurance through both Medicaid and SCHIP. In the Medicaid HIPP program, the entire premium may be covered, but in the SCHIP ESHI program, the premium assistance is prorated for children only. The ESHI program has very low enrollment.

## **Appendix A. History of Medicaid and SCHIP Eligibility for Pregnant Women and Children**

Beginning in the late 1980s and continuing throughout the 1990s, Congress passed a series of laws of both optional authority and mandates aimed at improving maternal and child health. States responded by developing ambitious programs to improve access and quality of care for pregnant women and children.

- 1984 – Deficit Reduction Act (DEFRA)** required states to provide Medicaid coverage for pregnant women who would qualify for Aid to Families with Dependent Children (AFDC) and Medicaid when their children were born to two-parent families where the primary wage earner was unemployed.
- 1985 – Consolidated Omnibus Budget Reconciliation Act (COBRA 85)** required states to provide Medicaid coverage to women in two-parent families who met AFDC income and resource standards, even when the primary wage earner was employed. COBRA also required an additional 60 days of coverage after delivery for women whose eligibility was determined based on pregnancy. The law allowed states to provide enriched services to pregnant women without also offering them to other Medicaid recipients, including health education, nutrition counseling, and case management services such as outreach, referral, and service coordination.
- 1986 – Omnibus Reconciliation Act (OBRA 86)** gave states the option to extend income eligibility to pregnant women and children up to age five to 100 percent of the FPL. OBRA 86 also gave states additional options to institute changes that would simplify the Medicaid eligibility process by dropping the asset test for pregnant women and children, providing presumptive eligibility to pregnant women, providing continuous eligibility for pregnant women and through the 60 day postpartum period.
- 1987 – Omnibus Reconciliation Act (OBRA 87)** gave states the option of raising income eligibility of pregnant women and infants to 185 percent of the FPL along with an option to continue phasing in coverage of children living below poverty to age eight.
- 1988 – Medicaid Catastrophic Coverage Act** mandated that states begin covering pregnant women and infants at 100 percent of the FPL under a two-year phase-in process. States were so quick to adopt the optional phase-in expansions in OBRA 87 that only five states were affected by this new mandate.
- 1989 – Omnibus Reconciliation Act (OBRA 89)** mandated that all states, beginning April 1, 1990, cover children up to age six at 133 percent of the FPL.
- 1990 – Omnibus Reconciliation Act (OBRA 90)** mandated that states, beginning on July 1, 1991, phase in coverage of children living in poverty who were born after September 30, 1983. States were required to continue this phase-in until all children up to age 19 living below the poverty line were covered. The upper age limit was reached in October 2002. OBRA 90 included several provisions aimed at streamlining the Medicaid eligibility process. It mandated that states provide continuous eligibility for pregnant women through the 60-day postpartum period. Previously, this was a state option under OBRA 86. In addition, states were required to provide continuous eligibility for newborns for up to one year as long as the newborn remained in the mother's household. States also were required to ensure that pregnant women and children could apply for Medicaid benefits at sites other than welfare offices by outstationing eligibility workers at federally qualified health centers (FQHCs) and hospitals that serve disproportionate shares of Medicaid-eligible and low-income patients.
- 1997 – Balanced Budget Act of 1997 (BBA)** added Title XXI to the Social Security Act and created the State Children's Health Insurance Program (SCHIP). Title XXI provided states with \$24 billion in enhanced matching funds, starting October 1, 1997, to design comprehensive and meaningful health insurance coverage for uninsured children. States could use this new funding to expand Medicaid, develop a new program or expand an existing program that provides health insurance, or use a combination of the two approaches. The BBA mandated that the funds be used to serve children below age 19 who live in families with incomes at or below 200 percent of the federal poverty level. States were given the flexibility to accelerate the phase-in of adolescents in the OBRA 90 provisions in their new programs. The BBA gave states the ability to extend presumptive and 12-month continuous eligibility to all children. In addition, the BBA also expanded the definition of a "qualified health provider," increasing the entities able to grant presumptive eligibility.

Source: *MCH Update 2002: State Health Coverage for Low-Income Pregnant Women, Children, and Parents*. Washington, DC: National Governors Association, 2003.