In Ohio, 162,000 mothers lack health insurance coverage. Of these uninsured mothers, 122,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

More than one in five low-income mothers in Ohio — 22 percent — lack health insurance coverage.

More than eight in ten of these low-income, uninsured mothers — 84 percent — live in working families.

Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Ohio applying for coverage must make less than $1,219 per month ($14,630 a year) to qualify for Medicaid. This income level represents 100 percent of the federal poverty line for a family of three.

Special Note: Ohio recently expanded coverage for parents to 100 percent of the poverty line. As a result, the state is likely now to have fewer uninsured mothers than in 1999, the latest year for which data are available from the Census Bureau.

More than One in Five Low-Income Mothers (122,000) in Ohio Are Uninsured

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>31%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>22%</td>
</tr>
<tr>
<td>Employer-Based or Other Private Coverage</td>
<td>47%</td>
</tr>
</tbody>
</table>

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
In Oklahoma, 82,000 mothers lack health insurance coverage. Of these uninsured mothers, 49,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

Nearly one in three low-income mothers in Oklahoma — 32 percent — lack health insurance coverage.

Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Oklahoma applying for coverage must make less than $591 per month ($7,092 a year) to qualify for Medicaid. This income level represents 48 percent of the federal poverty line for a family of three.

If a mother with two children works at a job that pays $7 an hour, she will be ineligible for Medicaid in Oklahoma if she works more than 20 hours a week.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
OREGON

- In Oregon, 63,000 mothers lack health insurance coverage. Of these uninsured mothers, 50,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- Nearly one in three low-income mothers in Oregon — 32 percent — lack health insurance coverage.

- Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Oregon applying for coverage must make less than $1,219 per month ($14,630 a year) to qualify for Medicaid. This income level represents 100 percent of the federal poverty line for a family of three.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
Millions of Mothers Lack Health Insurance Coverage

PENNSYLVANIA

- In Pennsylvania, 143,000 mothers lack health insurance coverage. Of these uninsured mothers, 102,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- More than one in five low-income mothers in Pennsylvania — 21 percent — lack health insurance coverage.

- More than eight in ten of these low-income, uninsured mothers — 85 percent — live in working families.

- Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Pennsylvania applying for coverage must make less than $557 per month ($6,684 a year) to qualify for Medicaid. This income level represents 46 percent of the federal poverty line for a family of three.

- If a mother with two children works at a job that pays $7 an hour, she will be ineligible for Medicaid in Pennsylvania if she works more than 19 hours a week.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
RHODE ISLAND

- In Rhode Island, 9,000 mothers lack health insurance coverage. Of these uninsured mothers, 6,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- Close to one in six low-income mothers in Rhode Island — 16 percent — lack health insurance coverage.

- Many of these uninsured mothers are likely already eligible for coverage under the state’s “RiteCare” program, but are not yet enrolled. Rhode Island is one of a handful of states that has expanded Medicaid to a significant portion of low-income uninsured mothers in working families. Currently, a mother with two children in Rhode Island applying for coverage can earn up to $2,345 a month ($28,146 a year) and be found eligible for Medicaid. This income level represents 192 percent of the federal poverty line for a family of three.

![Pie chart showing nearly one in six low-income mothers uninsured](chart.png)

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
SOUTH CAROLINA

- In South Carolina, 119,000 mothers lack health insurance coverage. Of these uninsured mothers, 76,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- More than one in three low-income mothers in South Carolina — 36 percent — lack health insurance coverage.

- Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in South Carolina applying for coverage must make less than $668 per month ($8,016 a year) to qualify for Medicaid. This income level represents 55 percent of the federal poverty line for a family of three.

More than One in Three Low-Income Mothers in South Carolina (76,000) Are Uninsured

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
SOUTH DAKOTA

- In South Dakota, 8,000 mothers lack health insurance coverage. Of these uninsured mothers, 5,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- More than one in three low-income mothers in South Dakota — 18 percent — lack health insurance coverage.

- Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in South Dakota applying for coverage must make less than $796 per month ($9,552 a year) to qualify for Medicaid. This income level represents 65 percent of the federal poverty line for a family of three.

**Nearly One in Five Low-Income Mothers (5,000) in South Dakota Are Uninsured**

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
TENNESSEE

- In Tennessee, 70,000 mothers lack health insurance coverage. Of these uninsured mothers, 39,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- One in six low-income mothers in Tennessee — 16 percent — lack health insurance coverage.

- Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Tennessee applying for coverage must make less than $930 per month ($11,160 a year) to qualify for Medicaid. This income level represents 76 percent of the federal poverty line for a family of three.

Special Note: Tennessee operates a special program known as “TennCare” under a Medicaid waiver from the federal government that is designed to provide near-universal health insurance coverage. At present, however, enrollment is closed to individuals (including mothers) unless they meet standard Medicaid eligibility rules, they are uninsurable, or they meet other specified conditions.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
TENNESSEE

In Tennessee, 771,000 mothers lack health insurance coverage. Of these uninsured mothers, 579,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

Close to one in two low-income mothers in Tennessee — 45 percent — lack health insurance coverage.

Eight in ten of these low-income, uninsured mothers — 80 percent — live in working families.

Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Tennessee applying for coverage must make less than $395 per month ($4,740 a year) to qualify for Medicaid. This income level represents 32 percent of the federal poverty line for a family of three.

If a mother with two children works at a job that pays $7 an hour, she will be ineligible for Medicaid in Tennessee if she works more than 13 hours a week.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
UTAH

- In Utah, 30,000 mothers lack health insurance coverage. Of these uninsured mothers, 17,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- One in six low-income mothers in Utah — 17 percent — lack health insurance coverage.

- Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Utah applying for coverage must make less than $673 per month ($8,076 a year) to qualify for Medicaid. This income level represents 55 percent of the federal poverty line for a family of three.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
VERMONT

- In Vermont, 7,000 mothers lack health insurance coverage. Of these uninsured mothers, 3,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- More than one in ten low-income mothers in Vermont — 12 percent — lack health insurance coverage.

- Many of these uninsured mothers are likely already eligible for coverage under the state’s Medicaid program (which is operated under a special waiver granted by the federal government), but are not yet enrolled. Vermont is one of a handful of states that has expanded Medicaid to a significant portion of low-income uninsured mothers in working families. Currently, a mother with two children in Vermont applying for coverage can earn up to $2,345 a month ($28,146 a year) and be found eligible for Medicaid. This income level represents 192 percent of the federal poverty line for a family of three.

More than One in Ten Low-Income Mothers (3,000) in Vermont Are Uninsured

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
VIRGINIA

- In Virginia, 139,000 mothers lack health insurance coverage. Of these uninsured mothers, 107,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- More than four in ten low-income mothers in Virginia — 44 percent — lack health insurance coverage.

- Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Virginia applying for coverage must make less than $448 per month ($5,376 a year) to qualify for Medicaid. This income level represents 37 percent of the federal poverty line for a family of three.

- If a mother with two children works at a job that pays $7 an hour, she will be ineligible for Medicaid in Virginia if she works more than 15 hours a week.

More than Four in Ten Low-Income Mothers (107,000) in Virginia Are Uninsured

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
WASHINGTON

- In Washington, 94,000 mothers lack health insurance coverage. Of these uninsured mothers, 45,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- More than one in five low-income mothers in Washington — 22 percent — lack health insurance coverage.

- Many of these uninsured mothers are likely already eligible for coverage under the state’s Medicaid program or a separate program that is financed with state funds, but are not yet enrolled. Washington is one of a handful of states that has expanded coverage to a significant portion of low-income uninsured mothers in working families. Currently, a mother with two children in Washington applying for coverage can earn up to $2,438 a month ($29,260 a year) and be found eligible for Medicaid or the state’s separate health insurance program. This income level represents 200 percent of the federal poverty line for a family of three.

More than One in Five Low-Income Mothers in Washington Are Uninsured

![Pie chart](chart.png)

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
WEST VIRGINIA

• In West Virginia, 43,000 mothers lack health insurance coverage. Of these uninsured mothers, 32,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

• Nearly one in three low-income mothers in West Virginia — 31 percent — lack health insurance coverage.

• Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in West Virginia applying for coverage must make less than $380 per month ($4,560 a year) to qualify for Medicaid. This income level represents 31 percent of the federal poverty line for a family of three.

• If a mother with two children works at a job that pays $7 an hour, she will be ineligible for Medicaid in West Virginia if she works more than 13 hours a week.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
WISCONSIN

- In Wisconsin, 95,000 mothers lack health insurance coverage. Of these uninsured mothers, 61,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

- Nearly one in three low-income mothers in Wisconsin — 31 percent — lack health insurance coverage.

- Many of these uninsured mothers are likely already eligible for coverage under the state’s “BadgerCare” program, but may not yet be enrolled. Wisconsin is one of a handful of states that has expanded coverage to a significant portion of low-income uninsured mothers in working families, although it enacted its expansion only recently. Currently, a mother with two children in Wisconsin applying for coverage can earn up to $2,255 a month ($27,066 a year) and be found eligible for Medicaid. This income level represents 185 percent of the federal poverty line for a family of three.

Special Note: Wisconsin recently expanded coverage for parents to 185 percent of the poverty line. As a result, the state is likely now to have fewer uninsured mothers than in 1999, the latest year for which data are available from the Census Bureau.

Nearly One in Three Low-Income Mothers (61,000) in Wisconsin Are Uninsured

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.
In Wyoming, 12,000 mothers lack health insurance coverage. Of these uninsured mothers, 8,000 are in low-income families, defined here as families that are below 200 percent of the poverty line ($29,260 a year for a family of three).

One in three low-income mothers in Wyoming — 33 percent — lack health insurance coverage.

Many of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Wyoming applying for coverage must make less than $790 per month ($9,480 a year) to qualify for Medicaid. This income level represents 65 percent of the federal poverty line for a family of three.

Sources: Data on the number of uninsured women are based on a CBPP analysis of the March 2000 Current Population Survey which provides information on the health insurance status of people during 1999. The analysis considers women aged 19 to 64 who are classified by the Census Bureau as a head of household or as the spouse of a head of household and who are living with a child aged 18 or under.

Information on the earnings threshold applied to a mother with two children who are applying for Medicaid is based on a CBPP survey of state officials, and is current as of early 2001. The earnings threshold takes into account a state’s earnings disregards but not other disregards or deductions (e.g., child care deductions). Once enrolled in Medicaid, mothers may be able to retain coverage at higher earnings thresholds than presented here. Also, pregnant and disabled mothers may be eligible for coverage at higher earnings thresholds.