



# CENTER ON BUDGET AND POLICY PRIORITIES

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## MILLIONS OF MOTHERS LACK HEALTH INSURANCE COVERAGE

### Most Uninsured Mothers Lack Access Both to Employer-Based Coverage and Publicly-Subsidized Health Insurance

by Jocelyn Guyer, Matthew Broaddus, and Annie Dude

#### Overview

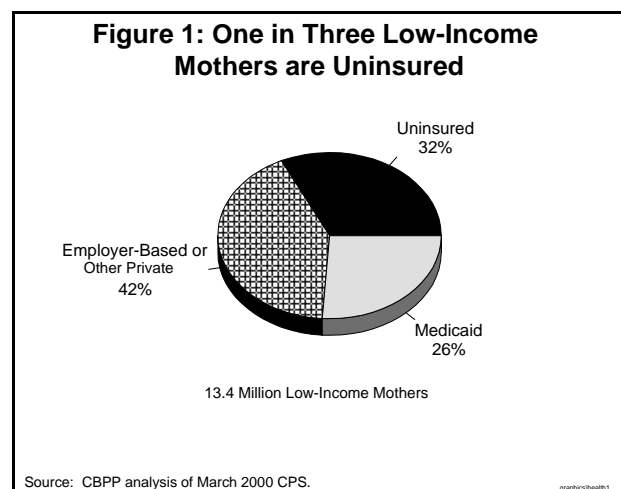
The nation has made significant strides in recent years in extending health care coverage to children in low-income families, but the mothers of these children remain at high risk of being uninsured. In 1999, the latest year for which data are available, there were 5.9 million mothers without health insurance who were caring for young or school-aged children.<sup>1</sup>

Mothers in “low-income” families (defined here as families with income below 200 percent of the poverty line, or \$29,260 a year for a family of three) are uninsured at particularly high rates and account for nearly three of every four uninsured mothers in the United States. Close to one of every three low-income mothers — or 4.3 million — lack coverage. Low-income mothers are at high risk of being uninsured even though the vast majority of them are members of working families. They often do not have access to affordable employer-based coverage (through their own or a spouse’s job), and they cannot qualify for publicly-subsidized coverage in most states unless they have income well below the poverty line.

- A working mother with two children is ineligible for Medicaid in half of the states if she earns more than \$9,780 a year, an amount that leaves her family nearly \$5,000 below the poverty line. (The poverty line is \$14,630 for a family of three.)

- In some states, the eligibility cutoff for mothers is even lower. In Louisiana, for example, a mother with two children is ineligible for Medicaid if her earnings exceed \$3,048 a year, an amount that leaves her family more than \$11,000 below the poverty line.

(See Tables 1 through 4 for state-specific data on the number and characteristics of uninsured mothers in each state, as well as the amount that a working mother with two children can earn without losing eligibility for Medicaid.)



The millions of uninsured mothers in the United States are at high risk of going without the preventive and primary care they need, including routine pap smears and mammograms. If they

should become seriously ill, their families face the prospect of a financial crisis or an inability to secure health care for the person who usually is the primary caretaker of children or other family members.

Several states are taking steps to address the problem by transforming their child health insurance programs into family-based programs that also cover parents. These programs offer low-income working parents free or low-cost coverage that provides a broad array of benefits, including primary and preventive care. To date, most of the states that have extended coverage broadly to low-income working parents are either in the Northeast or upper Midwest or on the West coast. These states have, on average, a stronger tax base with which to finance expansions (or “fiscal capacity”) than states in the regions of the country where no state has yet taken such action. It is likely that these disparities among states in coverage for mothers will continue to grow unless the federal government provides states with more federal financial support for initiatives to cover low-income working parents, as it did to help states cover low-income children when it created the State Children’s Health Insurance Program (SCHIP) in 1997.

### Millions of Mothers Lack Health Insurance Coverage

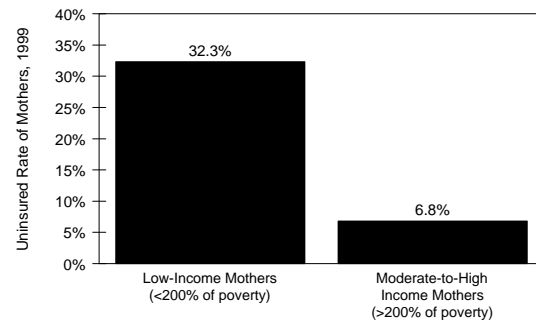
In 1999, the latest year for which data are available, 5.9 million mothers caring for children age 18 or younger were uninsured. These mothers represented one in six (16 percent) of the 36.9 million mothers in the United States who care for young or school-aged children. Table 1 provides estimates of the number of uninsured mothers in each state.

The vast majority of these mothers — 4.3 million of the 5.9 million uninsured mothers — live in low-income families. These low-income mothers are at particularly high risk of being uninsured. They are nearly five times as likely to lack coverage as their higher-income counterparts.

(Table 2 provides estimates of the number of uninsured low-income mothers in each state.)

- One in three mothers in low-income families — 32.3 percent — lack coverage.
- By contrast, one in 14 mothers in moderate-to-higher income families (defined here as those with family income above 200 percent of the poverty line) — 6.8 percent — are uninsured.

**Figure 2: Low-Income Mothers are at Much Greater Risk of Being Uninsured Than Their Higher-Income Counterparts**



Source: CBPP analysis of March 2000 CPS.

The problem of low-income mothers lacking health insurance coverage seems to be worsening. Between 1995 and 1999, the proportion of low-income mothers without health insurance increased from 29.2 percent to 32.3 percent.

### Nearly Nine in Ten Uninsured Mothers Are Members of Working Families

The vast majority of uninsured mothers are members of working families.

- Nearly nine in ten of the 5.9 million mothers without health insurance coverage in 1999 — 88.4 percent — were members of working families.<sup>2</sup>

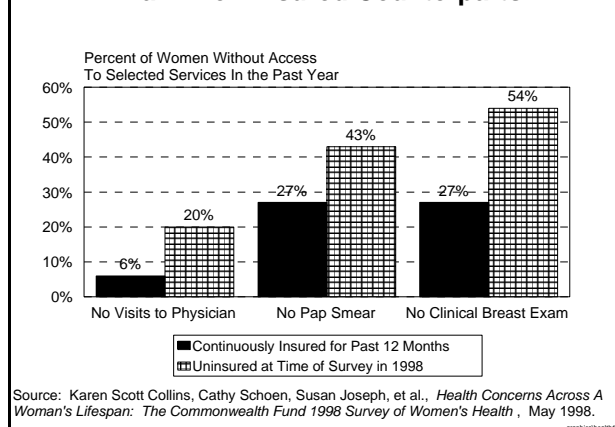
- Among low-income uninsured mothers, more than eight in ten — 84.4 percent — were members of working families.

### Uninsured Mothers Often Miss Out on Needed Care

Even as they take care of their children and their families, uninsured mothers are at high risk of going without the preventive and primary care they need, including routine pap smears and mammograms. If they should become seriously ill, their families can face the prospect of a financial crisis or an inability to secure health care for the individual who usually is the primary caretaker of other family members.

- Compared to women with a regular source of insurance coverage, uninsured women are more than three times as likely to go without a visit to a physician, twice as likely as to go without a clinical breast exam, and 60 percent more likely to go without a pap smear over the course of a year.<sup>3</sup>

**Figure 3: Uninsured Women are Far More Likely to Miss Out on Primary and Preventive Care Than Their Insured Counterparts**



- Women aged 40 and older are 50 percent more likely to get a mammogram if they have health insurance coverage.<sup>4</sup>

- Uninsured women are more likely to be diagnosed with breast cancer at a later stage than their insured counterparts and thus are at greater risk of dying from the disease.<sup>5</sup>

### Why Do So Many Mothers in Low-Income Families Lack Health Insurance Coverage?

Unlike their higher-income counterparts, many low-income mothers do not have access to affordable employer-based coverage through their own jobs or their husbands' employers. (Often times, even if an employer offers coverage to workers, the coverage may not be available to the workers' spouses or children.)

- More than nine in ten mothers (92 percent) who were members of moderate-to-high income families (i.e., families with incomes above 200 percent of poverty) had employer-based or other private coverage in 1999.
- In comparison, only a minority — 42 percent — of low-income mothers had such coverage.

Most low-income mothers also cannot qualify for publicly-subsidized coverage. States now offer health care coverage to uninsured *children* in low-income working families through Medicaid and, in many states, through child health insurance programs established under the State Children's Health Insurance program. SCHIP provides states with enhanced fiscal incentives (in the form of a higher federal matching rate than the regular Medicaid program provides) to extend coverage to more children in low-income working families. All 50 states and the District of Columbia are using SCHIP funds, and many have adopted major eligibility expansions. As a result, nearly all uninsured children living below 200 percent of the poverty line (except for certain immigrant children) now are eligible for Medicaid or a separate SCHIP-funded health insurance program.

**Box 1**  
**States with Particularly Limited Medicaid Coverage for Mothers in Working Families (as of early 2001)**

**In these states, how many hours a week can a mother work and still be eligible for Medicaid?**

	<i>At a job that pays \$7 an hour</i>	
Alabama	8 hours	
Louisiana	11 hours	
Arkansas	12 hours	
Indiana	12 hours	
West Virginia		13 hours
Texas	13 hours	
Idaho	13 hours	
Arizona *	14 hours	
Virginia	15 hours	
Mississippi	15 hours	
Kansas	16 hours	

\*Arizona is slated to expand coverage for parents to 100 percent of poverty later this year.

Note: Based on the earnings threshold for a

40 percent of the poverty line — \$5,852 a year for a family of three. In these states, mothers are ineligible for health care coverage through Medicaid if they or a spouse work more than 16 hours a week at a job that pays \$7 an hour (see Box 1).

- In some of these states, even fewer hours of work at a low wage level will make a mother with two children ineligible for Medicaid. For example, in Louisiana mothers in families where someone works more than 11 hours a week at a job that pays \$7 an hour are ineligible for coverage.

In most states, low-income mothers thus face the prospect that if they or other family members earn enough to lift their family to the poverty line, they must forego health insurance coverage. Tables 3 and 4 provide information on the earnings level at which mothers in each state become ineligible for Medicaid.

**A Growing Number of States are Extending Health Care to Low-Income Working Mothers**

In recent years, a modest but growing number of states have elected to provide coverage on a family basis through Medicaid or separate publicly-financed health insurance programs, so low-income working parents can be covered along with their children. These states have instituted such measures to make it easier for parents to work without fear of losing health care coverage, to reduce the ranks of the uninsured, and to promote the enrollment of more eligible children. Recent research finds that family-based Medicaid expansions that cover parents result in a significant increase in Medicaid participation rates among children who already are eligible.<sup>7</sup>

To date, though, most of the states that have extended coverage broadly to low-income working parents are either in the Northeast or upper Midwest or on the West coast. These states have

As of early 2001, however, most states generally provided coverage to parents only if they were poor enough to qualify for welfare. Only a modest number of states cover low-income working parents who earn too much to qualify for welfare. As a result, most mothers in working families are ineligible for Medicaid even if they or a spouse work at jobs that pay low wages and do not offer health care coverage.<sup>6</sup>

- Thirty-five states do not cover mothers in working families that have earnings equal to the poverty line (\$14,630 a year for a family of three).
- In half the states, mothers are ineligible for Medicaid if their families' earnings exceed 67 percent of the poverty line (\$9,780 a year for a family of three).
- In 11 states, mothers are ineligible for Medicaid if their families' earnings exceed

greater fiscal capacity, on average, than states in the regions of the country where no state has yet taken such action. One result has been increasing disparities among the states in coverage for low-income working parents.

It is likely that these disparities will continue to grow unless the federal government plays a role in encouraging states to cover low-income working parents, as it did with respect to coverage for low-income children by creating the State Children's Health Insurance Program (SCHIP) in 1997. States were permitted to expand Medicaid eligibility for children beyond the federal minimum eligibility limits long before SCHIP was established, but a number of states felt themselves able to do so only after SCHIP provided enhanced federal matching rates for such expansions. Today, with SCHIP in place, all states have expanded coverage for children, in most cases to at least 200 percent of the poverty line.

It is particularly important in the current fiscal environment for the federal government to provide states with enhanced fiscal incentives to expand coverage to parents. Many states are beginning to experience a resurgence in Medicaid spending at the same time that growth in state revenues is slowing due to the economy. This makes it more difficult for some states to adopt coverage expansions without additional federal support.<sup>8</sup>

The most promising recent policy idea in this area for low-income working families is embodied in legislation that a bipartisan group of Senate and House members introduced in July 2000 known as "FamilyCare." (The bill is expected shortly to be re-introduced in the 107<sup>th</sup> Congress.) This legislation would substantially increase funding for the SCHIP program and allow states to use these funds to cover the mothers and fathers of children being covered under Medicaid and separate SCHIP-funded health insurance programs. By providing states with new fiscal incentives to expand coverage on a family basis, the federal government could ease disparities across states and help fill the gaping hole in coverage that exists for

low-income working mothers. If, for example, all states were to take a new opportunity to convert their child health programs into family-based programs, nearly three of every four uninsured mothers could be made eligible for coverage. Nine in ten mothers in low-income families could be made eligible for coverage.

## **Conclusion**

Close to six million mothers lack health insurance coverage. The vast majority of these mothers are uninsured because they lack access to affordable employer-based coverage and also are excluded from publicly-subsidized programs. Although low-income mothers can now generally secure health care coverage for their children, they remain at high risk of being uninsured themselves and thus of going without needed care.

In selected states, policymakers are taking steps to extend coverage to parents, along with their children, through publicly-subsidized programs that provide coverage for a broad array of health services for free or at an affordable price. If Congress does not take action to provide states across the country with increased financial support and incentives to expand coverage for low-income working parents, many low-income mothers are likely to continue to remain uninsured.

## **Endnotes**

1. Unless otherwise noted, the data presented in this paper on the health insurance status of mothers are based on a CBPP analysis of the Census Bureau's March 2000 Current Population Survey. For purposes of the analysis, a mother is defined as a female aged 19 to 64 who is classified by the Census Bureau as the head of household or the spouse of the head of household and who is living with a child age 18 or younger.
2. A mother is classified as being part of a "working family" if the earnings of family members' (including her own earnings) exceeded \$500 during

the preceding year. The vast majority of mothers are in families with earnings that significantly exceed the \$500 threshold. For example, among uninsured mothers in low-income working families, 72.7 percent are part of families with earnings that exceed \$5,150 a year, the amount that a person working half-time at the minimum wage for 50 weeks a year would earn.

3. Karen Scott Collins, Cathy Schoen, Susan Joseph, et al., *Health Concerns Across A Woman's Lifespan*, The Commonwealth Fund 1998 Survey of Women's Health, May 1998.
4. Centers for Disease Control and Prevention, "Self-Reported Use of Mammography and Insurance Status among Women Aged 40+ Years-US." *Morbidity and Mortality Weekly Report* 47(49):825-30, 1998
5. JZ Ayanian, BA Kohler, T Abe, and AM Epstein, "The relation between health insurance coverage and clinical outcomes among women with breast cancer," *New England Journal of Medicine*. 329(5):326-31, Jul 1993.
6. The information on how much a mother with two children can earn and still qualify for Medicaid or other publicly-funded coverage is taken from a survey of state officials conducted by CBPP and is current as of early 2001. For purposes of compiling this information, CBPP considered all of the Medicaid eligibility categories that a state might use to cover a mother who is not pregnant or disabled. In each state, we considered the rules that apply under a state's "delinking" or "family coverage" category. Under this eligibility category, states at a minimum must provide Medicaid to families with dependent children who meet a state's AFDC income, resource, and family composition rules as of July 16, 1996, but states have the option to expand coverage beyond these minimum levels. Where applicable, we also considered the rules that a state applies to families with children under a "medically needy" eligibility category. The medically needy eligibility category is an optional category that states can use to extend Medicaid to families with income slightly above old welfare levels, as well as to cover families with high medical bills who "spend down" to the Medicaid eligibility limit. Finally, some states have secured special waivers from the federal government to expand coverage to groups not

traditionally covered by Medicaid, including some parents. In these states, we took into account the special rules that apply to parents under these waivers.

The earnings thresholds presented in this report are based on a working mother with two children who applies for Medicaid. These earnings thresholds take into account the earnings disregard policies (i.e., policies of not counting some of a family's earnings when evaluating eligibility for Medicaid) that states apply to new applicants, but not other disregards or deductions. Individual mothers applying for Medicaid may be eligible for coverage at a higher or lower income threshold than presented in this report depending on their particular circumstances. For example, a mother with income from sources other than earnings might qualify for coverage at a lower income level because she will not benefit from a state's earnings disregard policy. Similarly, a working mother with child care expenses might qualify for coverage at a higher income level than presented in this report after a state's policy of disregarding selected child care expenses is taken into account.

Once enrolled in Medicaid, mothers may be able to retain their coverage at higher earnings thresholds than presented in this report. This is because states often apply more generous earnings disregards to families receiving (rather than applying for) coverage, and because families can qualify for up to 12 months of Transitional Medical Assistance (or more in selected states) if they lose their eligibility for regular Medicaid due to an increase in their earnings.

7. Leighton Ku and Matthew Broaddus, *The Importance of Family-Based Expansions: New Research Findings About State Health Reforms*, Center on Budget and Policy Priorities, September, 2000.
8. For an analysis of the reasons for the resurgence in Medicaid spending growth, see Leighton Ku and Jocelyn Guyer, *Medicaid Spending: Rising Again, But Not to Crisis Levels*, Center on Budget and Policy Priorities, April 20, 2001.

**Table 1**  
**Mothers Without Health Insurance<sup>1</sup>, 1999**

<b>Nation</b>	<b>Total Mothers</b> <b>36,860,000</b>	<b>Uninsured Mothers</b> <b>5,902,000</b>	<b>Percent Uninsured</b> <b>16%</b>
Alabama	622,000	110,000	18%
Alaska	93,000	12,000	13%
Arizona	647,000	148,000	23%
Arkansas	348,000	64,000	18%
California	4,712,000	976,000	21%
Colorado	536,000	82,000	15%
Connecticut	430,000	42,000	10%
Delaware	104,000	11,000	10%
District of Columbia	55,000	9,000	16%
Florida	1,792,000	363,000	20%
Georgia	1,120,000	201,000	18%
Hawaii	163,000	9,000	6%
Idaho	169,000	37,000	22%
Illinois	1,677,000	215,000	13%
Indiana	798,000	92,000	12%
Iowa	381,000	24,000	6%
Kansas	330,000	39,000	12%
Kentucky	556,000	110,000	20%
Louisiana	631,000	160,000	25%
Maine	160,000	14,000	9%
Maryland	n/a	n/a	n/a
Massachusetts	764,000	62,000	8%
Michigan	1,343,000	161,000	12%
Minnesota	617,000	41,000	7%
Mississippi	441,000	83,000	19%
Missouri	732,000	36,000	5%
Montana	117,000	21,000	18%
Nebraska	213,000	18,000	8%
Nevada	261,000	54,000	21%
New Hampshire	172,000	22,000	13%
New Jersey	1,035,000	140,000	13%
New Mexico	236,000	80,000	34%
New York	2,455,000	392,000	16%
North Carolina	979,000	136,000	14%
North Dakota	79,000	11,000	13%
Ohio	1,483,000	162,000	11%
Oklahoma	418,000	82,000	20%
Oregon	440,000	63,000	14%
Pennsylvania	1,561,000	143,000	9%
Rhode Island	134,000	9,000	6%
South Carolina	543,000	119,000	22%
South Dakota	96,000	8,000	9%
Tennessee	729,000	70,000	10%
Texas	2,963,000	771,000	26%
Utah	315,000	30,000	10%
Vermont	78,000	7,000	9%
Virginia	911,000	139,000	15%
Washington	753,000	94,000	13%
West Virginia	213,000	43,000	20%
Wisconsin	758,000	95,000	13%
Wyoming	66,000	12,000	18%

<sup>1</sup> A mother is defined as a female aged 19 to 64 who is classified by the Census Bureau as the head of household or the spouse of the head of household, and who is living with a child aged 18 or younger.

Source: CBPP analysis of the March 2000 Current Population Survey.

Note: Due to rounding, the percentage that would be derived by dividing the number of uninsured mothers by the total number of mothers may not be the same as the percentage shown here, which is based on unrounded numbers.

Due to a small sample size in many states, there is a significant margin of error around many of these estimates and it is important not to compare the performance of states based on this table.

**Table 2**  
**Low-Income Mothers Without Health Insurance<sup>1</sup>, 1999**  
*(Mothers living in families with income below 200 percent of poverty, or \$29,260 for a family of three)*

<b>Nation</b>	<b>Total Low-income Mothers</b>	<b>Uninsured Low-income Mothers</b>	<b>Percent Uninsured</b>
	<b>13,302,000</b>	<b>4,293,000</b>	<b>32%</b>
Alabama	264,000	89,000	34%
Alaska	24,000	5,000	22%
Arizona	315,000	129,000	41%
Arkansas	143,000	49,000	34%
California	1,961,000	713,000	36%
Colorado	143,000	57,000	40%
Connecticut	96,000	33,000	34%
Delaware	36,000	8,000	23%
District of Columbia	25,000	5,000	20%
Florida	746,000	276,000	37%
Georgia	484,000	132,000	27%
Hawaii	58,000	7,000	12%
Idaho	69,000	26,000	38%
Illinois	507,000	150,000	30%
Indiana	241,000	64,000	27%
Iowa	111,000	18,000	16%
Kansas	118,000	39,000	33%
Kentucky	234,000	96,000	41%
Louisiana	320,000	125,000	39%
Maine	49,000	7,000	14%
Maryland	n/a	n/a	n/a
Massachusetts	227,000	39,000	17%
Michigan	401,000	109,000	27%
Minnesota	123,000	20,000	16%
Mississippi	203,000	67,000	33%
Missouri	236,000	19,000	8%
Montana	50,000	13,000	26%
Nebraska	66,000	13,000	20%
Nevada	94,000	38,000	40%
New Hampshire	39,000	14,000	37%
New Jersey	264,000	92,000	35%
New Mexico	132,000	68,000	51%
New York	955,000	289,000	30%
North Carolina	333,000	107,000	32%
North Dakota	34,000	8,000	23%
Ohio	553,000	122,000	22%
Oklahoma	151,000	49,000	32%
Oregon	155,000	50,000	32%
Pennsylvania	482,000	102,000	21%
Rhode Island	40,000	6,000	16%
South Carolina	212,000	76,000	36%
South Dakota	29,000	5,000	18%
Tennessee	246,000	39,000	16%
Texas	1,283,000	579,000	45%
Utah	104,000	17,000	17%
Vermont	27,000	3,000	12%
Virginia	243,000	107,000	44%
Washington	202,000	45,000	22%
West Virginia	103,000	32,000	31%
Wisconsin	194,000	61,000	31%
Wyoming	24,000	8,000	33%

<sup>1</sup> "Low-income" is defined as living in a family with income below 200 percent of the federal poverty line, or \$29,260 for a family of three. A mother is defined as a female aged 19 to 64 who is classified by the Census Bureau as the head of household or the spouse of the head of household and who is living with a child aged 18 or younger.

Source: CBPP analysis of the March 2000 Current Population Survey

Note: Due to rounding, the percentage that would be derived by dividing the number of low-income uninsured mothers by the total number of low-income mothers is not the same as the percentage shown here, which is based on unrounded numbers.

Due to a small sample size in many states, there is a significant margin of error around many of these estimates and it is important not to compare the performance of states based on this table.



Table 3

**How Much Can a Working Mother with Two Children Who is Applying for Publicly-Funded Coverage Earn and Still Be Eligible (as of early 2001)?**

State	Monthly Earnings Threshold	Annual Earnings Threshold	Percent of Federal Poverty Level
Alabama	\$254	\$3,048	21%
Alaska	\$1,208	\$14,496	79%
Arizona	\$437	\$5,244	36%
Arkansas	\$365	\$4,380	30%
California	\$1,309	\$15,710	107%
Colorado	\$511	\$6,132	42%
Connecticut	\$1,919	\$23,025	157%
Delaware	\$1,309	\$15,710	107%
District of Columbia	\$2,438	\$29,260	200%
Florida	\$806	\$9,672	66%
Georgia	\$514	\$6,168	42%
Hawaii	\$1,403	\$16,830	100%
Idaho	\$407	\$4,884	33%
Illinois	\$882	\$10,584	72%
Indiana	\$378	\$4,536	31%
Iowa	\$1,060	\$12,720	87%
Kansas	\$493	\$5,916	40%
Kentucky	\$909	\$10,908	75%
Louisiana	\$323	\$3,876	26%
Maine	\$1,919	\$23,025	157%
Maryland	\$524	\$6,288	43%
Massachusetts	\$1,621	\$19,458	133%
Michigan	\$622	\$7,464	51%
Minnesota	\$3,353	\$40,233	275%
Mississippi	\$458	\$5,496	38%
Missouri	\$1,309	\$15,710	107%
Montana	\$836	\$10,032	69%
Nebraska	\$535	\$6,420	44%
Nevada	\$1,055	\$12,660	87%
New Hampshire	\$815	\$9,780	67%
New Jersey	\$2,438	\$29,260	200%
New Mexico	\$704	\$8,448	58%
New York	\$974	\$11,688	80%
North Carolina	\$750	\$9,000	62%
North Dakota	\$988	\$11,856	81%
Ohio	\$1,219	\$14,630	100%
Oklahoma	\$591	\$7,092	48%
Oregon	\$1,219	\$14,630	100%
Pennsylvania	\$557	\$6,684	46%
Rhode Island	\$2,345	\$28,146	192%
South Carolina	\$668	\$8,016	55%
South Dakota	\$796	\$9,552	65%
Tennessee	\$930	\$11,160	76%
Texas	\$395	\$4,740	32%
Utah	\$673	\$8,076	55%
Vermont	\$2,345	\$28,146	192%
Virginia	\$448	\$5,376	37%
Washington	\$2,438	\$29,260	200%
West Virginia	\$380	\$4,560	31%
Wisconsin	\$2,255	\$27,065	185%
Wyoming	\$790	\$9,480	65%
<b>US Median</b>	<b>\$815</b>	<b>\$9,780</b>	<b>67%</b>

Source: CBPP survey of state officials. This table shows the amount a working mother with two children who is applying for Medicaid can earn and still be found eligible for coverage. It takes into account a state's earnings disregards, but not other disregards or deductions (e.g., for child care expenses). Once enrolled in coverage, a mother may be allowed to retain coverage at higher income thresholds than presented here, and she also may qualify for up to 12 months (or more in some states) of Transitional Medical Assistance if her earnings increase to a level that otherwise would make her ineligible for regular Medicaid.

**Table 4**  
**How Many Hours a Week Can a Mother with Two Children Who is Applying for Medicaid Work and Still Be Eligible for Coverage?**

State	At \$7 an hour can a parent work full-time and still be eligible? <sup>1</sup>	If no, how many hours a week can a parent work and still be eligible?
Alabama	No	8
Alaska	Yes	–
Arizona	No	14
Arkansas	No	12
California	Yes	–
Colorado	No	17
Connecticut	Yes	–
Delaware	Yes	–
District of Columbia	Yes	–
Florida	No	27
Georgia	No	17
Hawaii	Yes	–
Idaho	No	13
Illinois	No	30
Indiana	No	12
Iowa	No	36
Kansas	No	16
Kentucky	No	31
Louisiana	No	11
Maine	Yes	–
Maryland	No	17
Massachusetts	Yes	–
Michigan	No	21
Minnesota	Yes	–
Mississippi	No	15
Missouri	Yes	–
Montana	No	28
Nebraska	No	18
Nevada	No	36
New Hampshire	No	27
New Jersey	Yes	–
New Mexico	No	24
New York	No	33
North Carolina	No	25
North Dakota	No	33
Ohio	Yes	–
Oklahoma	No	20
Oregon	Yes	–
Pennsylvania	No	19
Rhode Island	Yes	–
South Carolina	No	22
South Dakota	No	27
Tennessee	No	31
Texas	No	13
Utah	No	23
Vermont	Yes	–
Virginia	No	15
Washington	Yes	–
West Virginia	No	13
Wisconsin	Yes	–
Wyoming	No	27
<b>Median State</b>	No	27

<sup>1</sup> "Full-time" is defined as working forty hours a week for fifty weeks of the year.

Source: CBPP survey of state officials. This table shows the amount a working mother with two children who is applying for Medicaid can earn and still be found eligible for coverage. It takes into account a state's earnings disregards, but not other disregards or deductions (e.g., for child care expenses). Once enrolled in coverage, a mother may be allowed to retain coverage at higher income thresholds than presented here, and she also may qualify for up to 12 months (or more in some states) of Transitional Medical Assistance if her earnings increase to a level that otherwise would make her ineligible for regular Medicaid.