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New Option for States to Provide Federally Funded Medicaid and CHIP Coverage to Additional Immigrant Children and Pregnant Women

The Children's Health Insurance Program Reauthorization Act (CHIPRA), enacted in early 2009, gives states a new option to provide Medicaid and CHIP coverage to otherwise eligible lawfully residing immigrant children and pregnant women regardless of their date of entry into the U.S.¹ Previously, federal law restricted the use of federal funds to cover recent legal immigrants during their first five years in the U.S. As a result, it has been more difficult for non-citizen immigrants and their children to obtain health care services, including preventive and primary care. These gaps in access to public programs have resulted in a large and widening disparity in health insurance coverage for non-citizen immigrants.

State Coverage of Previously Ineligible Immigrants

The Kaiser Commission on Medicaid and the Uninsured and the Center on Budget and Policy Priorities conducted a survey of the 50 states and District of Columbia that found that a large number of states are using state funds to provide health coverage to legal immigrant children and pregnant women through Medicaid, CHIP or another state program. In some cases this coverage is the same as coverage provided through Medicaid or CHIP, while in other cases, benefits are more limited. Some states also cover immigrant children and pregnant women regardless of their immigration status and some cover other groups of immigrants as well.

The survey found that as of July 2009:

- Seventeen states provide state-funded health coverage for otherwise eligible immigrant children residing in the U.S. legally for less than five years.
- Four of these states also provide coverage to most or all undocumented immigrant children.
- Ten states provide state-funded health coverage to immigrant pregnant women in the country legally for less than five years.
- Fifteen additional states provide coverage to otherwise eligible pregnant women regardless of their immigration status using the CHIP unborn child option for which states receive federal matching funds (one of these states erroneously provides coverage only to legal immigrants).

The attached tables present the state-by-state survey findings in detail.

Policy Implications

Under the CHIPRA option, states will now have the opportunity to provide federally-matched Medicaid or CHIP to some or all of the legal immigrants that they have been covering solely with state funds. Further, states that have not previously covered the lawfully residing children and pregnant women who had been ineligible for federal coverage can now expand Medicaid and CHIP coverage to these groups with the benefit of federal matching funds.

Although this new provision alone will not address the low coverage rates among immigrants, it does provide states with a new option for covering a population that is at increased risk for being uninsured. In addition, the provision will help states financially by providing federal funds to cover a portion of the cost.

¹ Lawfully residing immigrants include qualified immigrants as well as other categories of immigrants who are lawfully present and intend to remain in the United States. For a fuller explanation of the groups included in "qualified immigrants," see http://www.nilc.org/pubs/guideupdates/tbl1_ovrww-fed-pgms-rev-2009-4-01.pdf.

Table 1
State-Funded Coverage for Immigrant Children, June 2009

State	Income Limit (% of FPL)			
	Medicaid CHIP			Age 0-19
	Age 0-1	Age 1-5	Age 6-19	
All Legal and Most Undocumented Immigrants				
District of Columbia	300%	300%	300%	N/A
Illinois ¹	200%	133%	100%	No limit
New York ²	200%	133%	100%	400%
Washington	200%	200%	200%	300%
All or Most Legal Immigrants				
California ³	200%	133%	100%	250%
Connecticut	185%	185%	185%	300%
Delaware	200%	133%	100%	-
Hawaii ⁴	300%	300%	300%	N/A
Maine	200%	150%	150%	200%
Maryland	200%	200%	200%	N/A
Massachusetts ⁵	200%	150%	150%	300%
Minnesota ⁶	280%	275%	275%	N/A
Nebraska	185%	185%	185%	N/A
New Jersey	200%	133%	133%	350%
Pennsylvania	185%	133%	100%	300%
Texas	-	-	-	200%
Virginia	133%	133%	133%	-

Note: Income thresholds in Tables 1 and 2 are based on states' January 2009 guidelines, as reported in "Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009," Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, January 2009.

-In 2009, 200 percent of poverty equals \$36,620 for a family of three in the continental U.S.

-States are considered to cover all or most legal immigrants if they cover the legal immigrants who are subject to the five-year bar on federally funded services.

-N/A denotes states which do not have a separate CHIP program. (-) denotes states that do not provide coverage for immigrants at any income level in their CHIP program.

-Very limited groups of immigrant children are covered in Alaska, Florida, New Mexico and Wyoming.

¹ All children, regardless of immigration status or income, are eligible for All Kids. Families pay premiums for All Kids on a sliding scale based on income and the benefits are similar to Medicaid.

² Qualified immigrant and PRUCOL children are eligible for Medicaid. CHIP coverage for children is available regardless of immigration status.

³ Undocumented immigrant children are also covered in some counties in California.

⁴ Children who are legal immigrants or PRUCOLs can receive Medicaid-like services.

⁵ All children, regardless of immigration status or income, are eligible for the Children's Medical Security Plan, which provides a reduced benefit package compared to Medicaid.

⁶ In addition to immigrant children subject to the five year bar, victims of torture are eligible regardless of immigration status.

Table 2
State Coverage for Immigrant Pregnant Women, June 2009

State Income	Limit
All Legal and Most Undocumented Immigrants	
Arkansas*	200%
California*	300%
District of Columbia ¹	200%
Illinois*	200%
Louisiana*	200%
Massachusetts* ²	200%/300%
Michigan*	185%
Minnesota*	275%
Nebraska*	185%
New Jersey ³	200%
New York	200%
Oklahoma*	185%
Oregon*	185%
Rhode Island*	250%
Texas*	200%
Washington* ⁴	185%/200%
Wisconsin*	300%
All or Most Legal Immigrants	
Colorado	133%
Connecticut	185%
Delaware	200%
Hawaii	185%
Maine	200%
Maryland	250%
Pennsylvania ⁵	185%/200%
Tennessee* ⁶	250%

* Denotes coverage for pregnant women under the CHIP Unborn Child Option; states receive federal CHIP matching funds for this coverage.

Note: The two incomes listed for certain states (PA, MA, WA) indicate that immigrant pregnant women with incomes between the first and second income eligibility level receive coverage through a state only program that provides a reduced benefit package compared to Medicaid/CHIP.

- Very limited groups of immigrant pregnant women are covered in Alaska, New Mexico and Wyoming.

¹ All pregnant women, regardless of immigration status, are eligible for the DC Health Care Alliance.

² Legal immigrant pregnant women with incomes between 200 and 300% FPL are eligible for Commonwealth Care, which offers reduced benefits compared to Medicaid.

³ Undocumented pregnant women's enrollment is capped; they do not receive the full Medicaid benefit package.

⁴ Legal immigrant pregnant women with incomes between 185 and 200% FPL are eligible for the Basic Health Program, which offers reduced benefits compared to Medicaid.

⁵ Legal immigrant pregnant women with incomes between 185 and 200% FPL are eligible for the adultBasic program, which offers reduced benefits compared to Medicaid.

⁶ Although it uses the CHIP unborn child option, Tennessee limits coverage to citizen and legal immigrant pregnant women.

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