

Status of State Medicaid Expansion Decisions: Interactive Map

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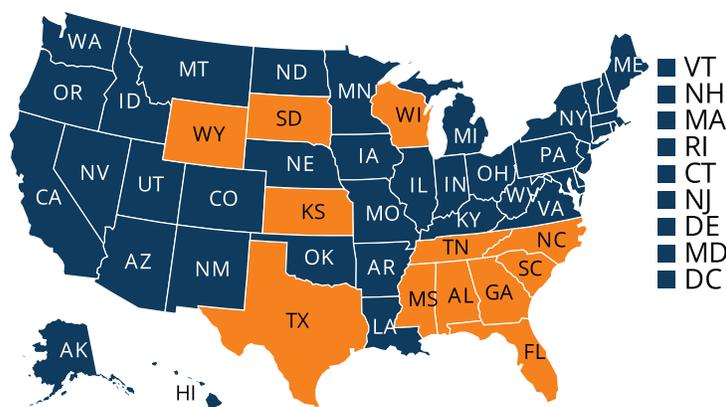
The Affordable Care Act's (ACA) Medicaid expansion expanded Medicaid coverage to nearly all adults with incomes up to 138% of the Federal Poverty Level (\$17,774 for an individual in 2021) and provided states with an enhanced federal matching rate (FMAP) for their expansion populations.

To date, 39 states (including DC) have adopted the Medicaid expansion and 12 states have not adopted the expansion. Current status for each state is based on KFF tracking and analysis of state expansion activity.

These data are available in a [table format](https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D) (<https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>). The map may be downloaded as a [PowerPoint slide](https://www.kff.org/wp-content/uploads/2022/04/Current-Status-of-the-Medicaid-Expansion-Decision_4.26.2022-.pptx) (https://www.kff.org/wp-content/uploads/2022/04/Current-Status-of-the-Medicaid-Expansion-Decision_4.26.2022-.pptx).

Status of State Action on the Medicaid Expansion Decision

 (https://www.kff.org/wp-content/uploads/2022/04/Current-Status-of-the-Medicaid-Expansion-Decision_4.26.2022-.pptx)



No State Selected

Roll over a state to show information

Adopted and Implemented

Not Adopted

Key States with Expansion Activity

This table tracks state actions related to adoption of the ACA Medicaid expansion. For non-expansion states, we include actions toward potential adoption. These include legislative actions (passage of bills in at least one legislative chamber or committee), executive actions (Governor's budget proposal, executive orders, or other significant announcements), and voter-led actions (progress toward ballot initiatives). We also mention some limited coverage expansions that would not qualify as full ACA Medicaid expansions and would not qualify for enhanced federal matching funds. For expansion states, we include summaries of when and how late-adopting states took up the expansion as well as notes on state attempts to place limits or requirements on the expansion population, especially through Section 1115 waivers.

<p>United States</p>	<p>Coverage under the Medicaid expansion became effective January 1, 2014 in all states that have adopted the expansion except for the following: Michigan (4/1/2014), New Hampshire (8/15/2014), Pennsylvania (1/1/2015), Alaska (9/1/2015), Montana (1/1/2016), Louisiana (7/1/2016), Virginia (1/1/2019), Maine (1/10/2018), Idaho (1/1/2020), Utah (1/1/2020), Nebraska (10/1/2020), Oklahoma (7/1/2021), Missouri (Processing applications beginning 10/1/2021 with coverage retroactive to 7/1/2021).</p> <p>Arizona, Arkansas, Indiana, Iowa, Michigan, Montana, and Utah have approved 5,115 waivers to operate their Medicaid expansion programs in ways not otherwise allowed under federal law. In some states, these included previously-approved 1,115 work requirements that have since been withdrawn by CMS under the Biden Administration.</p>
<p>STATES THAT HAVE ADOPTED AND IMPLEMENTED EXPANSION</p>	
<p>Arkansas</p>	<p>In December 2021, CMS approved Arkansas' Section 1115 waiver request to replace the state's current Medicaid expansion program, Arkansas Works, with the Arkansas Health and Opportunity (ARHOME) program. CMS also notified Arkansas that it would phase out the state's premium requirement for the expansion population by the end of 2022. Unlike Arkansas Works, ARHOME does not include work requirements. Under ARHOME is requesting to allow the state's Qualified Health Plans (QHPs) to incentivize enrollee participation in health economic independence initiatives and to consider QHP enrollees who do not participate in these incentives and reassign them to the state's fee-for-service program; this aspect of the request is still pending CMS approval.</p>
<p>Idaho</p>	<p>Enrollment in Medicaid coverage under expansion began on November 1, 2019, and coverage for these enrollees began on January 1, 2020. Following a successful expansion ballot measure in November 2018, in 2019 Governor Butch Otter signed a bill passed by the legislature that directed the Idaho Department of Health and Welfare to seek multiple changes to the expansion program and specified that if the waivers were not approved by January 1, 2020, all individuals up to 138% FPL will be enrolled in Medicaid. The state submitted four waivers at direction from the legislature; however, only one has been approved to date.</p>
<p>Kentucky</p>	<p>On December 16, 2019, newly elected Democratic Governor Andy Beshear signed an executive order rescinding Kentucky HEALTH waiver that had been set aside by the court in March 2019. The waiver included a number of provisions including a work requirement, monthly premiums up to 4% of income, and coverage for failure to timely renew eligibility or timely report a change in circumstances. Kentucky's expansion program is implemented and continues to operate under state plan amendment (SPA) authority.</p>
<p>Maine</p>	<p>Maine implemented expansion on January 10, 2019. Maine adopted the Medicaid expansion through a ballot measure in November 2017. After former Governor LePage delayed implementation of the expansion for months, new Governor Janet Mills signed an executive order on her first day in office (January 3, 2019) directing the Maine Department of Health and Human Services to begin expansion implementation and provide coverage to those eligible retroactive to July 1, 2018 on April 3, 2019.</p>
<p>Missouri</p>	<p>In February 2022 the Missouri House passed a bill proposing a legislatively referred constitutional amendment that would impose work requirements on expansion enrollees and would also subject Medicaid expansion to legislative appropriations each fiscal year. If the bill passes both chambers, the question of whether to adopt this amendment will be put to voters via another ballot measure. Missouri voters originally approved a ballot measure in August 2020 that added Medicaid expansion to the state's constitution and prohibited any additional burdens or restrictions on eligibility for the expansion population. Medicaid coverage under expansion began when the state started accepting applications in August 2021 and processing applications in October 2021, with coverage retroactive to July 1, 2021 consistent with a state supreme court order. Previously, Governor Mike Parson announced that the state would not implement expansion because the ballot measure did not include a revenue source. In May 2021, individuals who would be</p>

	expansion coverage filed a lawsuit against the state. However, in July 2021, the Missouri Supreme Court ruled that the state's Medicaid expansion coverage is valid under the state constitution and that the legislature's budget appropriation authorized the state to fund expansion coverage.
Montana	In December 2021, CMS notified Montana that it would phase out the state's Section 1115 premium requirement for the expansion population by the end of 2022. Per May 2019 state legislation, Montana submitted a Section 1115 amendment in August 2019 requesting to add a work requirement as a condition of eligibility and to increase premiums required of many beneficiaries. CMS under the Biden Administration is unlikely to approve this request given the agency's phase-out of Montana's existing premium requirement and withdrawal of work requirement waiver provision in other states.
Nebraska	Enrollment in Medicaid coverage under expansion in Nebraska began on August 1, 2020, and coverage for the expansion enrollees began on October 1, 2020. Nebraska voters had approved a Medicaid expansion ballot measure in November 2018, and the state delayed implementation to allow time to seek a Section 1115 waiver to implement expansion program elements that differ from what is allowed under federal law, including a tiered benefit structure that requires beneficiaries to meet work and healthy behavior requirements to access certain benefits. While CMS approved the state's waiver (https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/8248) on October 20, 2020, on August 17, 2021, the state requested (https://www.medicaid.gov/medicaid/section-1115-demo/demonstrations/downloads/ne-hha-cms-demo-term-appvl-09022021.pdf) to withdraw its approved waiver. CMS subsequently approved on September 2, 2021. The state announced (https://dhhs.ne.gov/Pages/DHHS-Announces-Updates-to-Medicaid-Expansion.aspx) that it plans to offer all expansion adults full benefits starting October 1, 2021.
Oklahoma	Enrollment in Medicaid coverage under expansion in Oklahoma began on June 1, 2021, with coverage for the expansion population beginning on July 1, 2021. Oklahoma voters approved a ballot measure on June 30, 2020 which added Medicaid expansion to the state's Constitution. Language in the approved measure prohibits the imposition of any additional burdens or restrictions on eligibility or enrollment for the expansion population.
Utah	Medicaid coverage under expansion began on January 1, 2020. Following a successful Medicaid expansion ballot measure in November 2018, the state legislature took steps (https://www.kff.org/medicaid/issue-brief/federal-action-to-waivers-what-is-the-status-of-medicaid-expansion-in-utah/) to roll back the full expansion to a Section 1115 waiver. The state to submit a series of Section 1115 waivers (https://www.kff.org/medicaid/issue-brief/medicaid-tracker-approved-and-pending-section-1115-waivers-by-state/). On December 23, 2019, CMS approved provisions in the state's "Fallback Plan" waiver request to amend its Primary Care Network Waiver to expand eligibility to 138% FPL, effective January 1, 2020; the approval also included work requirements for the newly eligible adult Medicaid population. In February 2021, the Biden Administration began to withdraw waivers (https://www.kff.org/report-section/section-1115-waiver-tracker-work-requirements/) with work requirement provisions.
Virginia	The Virginia General Assembly approved Medicaid expansion as part of its FY 2019-2020 budget on May 30, 2018. Governor Northam signed the budget into law on June 7, 2018. Expansion coverage became effective under the state's (SPA) authority on January 1, 2019 after enrollment began on November 1, 2018.
STATES THAT HAVE NOT ADOPTED EXPANSION	
Florida	An initiative to put Medicaid expansion on the 2020 ballot was delayed by its organizing committee.
Georgia	In December 2021, CMS under the Biden Administration withdrew (https://www.medicaid.gov/Medicaid-Program-Information/By-Topics/Waivers/1115/downloads/ga/ga-pathways-to-coverage-12-23-2021-c) Georgia's Section 1115 approval for work and premium requirements in the state's Pathways to Coverage waiver. However, in January 2022, Georgia filed a lawsuit (https://s3.documentcloud.org/documents/21184267/kemp-carr-v-bidens-cms-1115-waiver-medicaid-jan-2022.pdf) in federal court challenging the CMS' withdrawal of the waiver, which would not be a full Medicaid expansion under the ACA and would not qualify for enhanced matching funds. The waiver was initially approved (https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ga/ga-pathways-to-coverage-ca.pdf) in October 2020 and gave Georgia the authority to extend Medicaid coverage to 100% FPL for parents and childless adults. Initial and continued enrollment in the expansion have been conditioned on compliance with the now-withdrawn work and premium requirements. The state is not offering the coverage provisions while pursuing litigation.
	On January 12, 2022, Democratic Governor Laura Kelly included Medicaid expansion in her proposed budget (https://budget.kansas.gov/wp-content/uploads/FY2023_GBR_Vol-1-Updated_V2-01.12.2022.pdf) for the fiscal year (SFY) 2023 that accounts for additional federal Medicaid matching funds due to the American Rescue Plan Act.

Kansas	<p>(ARPA) (https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-medicaid-implications-for-state-spending/) incentive for states to newly adopt expansion; however, the Republican-controlled legislature did not include expansion in its final SFY 2023 budget. Separately, in February 2022 Kelly propose legislation (https://content.govdelivery.com/accounts/KSOG/bulletins/30a0f6e) that also includes a work program. In 2021, Governor Kelly had previously included Medicaid expansion in her proposed budget for SFY 2021 (before the ARPA incentive was available) and proposed expansion legislation that included premiums and a referral program and funded with revenue from medical marijuana sales; the 2021 legislative session adjourned without additional action on the bill and the final SFY 2022 budget did not include expansion. A similar bill from 2020 had bipartisan support but was funded through a reinsurance program and hospital surcharge. That bill was blocked in the Senate over an anti-abortion debate.</p>
Mississippi	<p>Although Mississippi's Secretary of State approved a 2022 Medicaid expansion ballot initiative for circulation in November 2021, on May 19 the organizing committee suspended its campaign following a Mississippi Supreme Court ruling that the state's entire ballot initiative process is inoperable due to procedural errors regarding ballot initiative language in the state's constitution. While Medicaid expansion was a key issue in the 2019 Mississippi gubernatorial election, current Republican Governor Tate Reeves opposes expansion, making it unlikely that the state will implement expansion through legislation.</p>
North Carolina	<p>Although Democratic Governor Roy Cooper proposed Medicaid expansion in his state budget proposals for Fiscal Years (SFY) 2020-2021 and 2022-2023, the Republican-controlled legislature did not include expansion in its final budget. In Governor Cooper signed the SFY 2022-2023 budget that again omitted expansion, although the budget (https://www.ncleg.gov/Sessions/2021/Bills/Senate/PDF/S105v8.pdf) does establish a legislative commission to study Medicaid expansion and potentially propose legislation. In 2019, Governor Cooper vetoed the SFY 2020-2021 budget on omission of Medicaid expansion and the 2019 legislative session resulted in a budget impasse.</p>
South Carolina	<p>On December 12, 2019, CMS approved (https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-work-requirements-approved-and-pending-section-1115-waivers-by-state/) two separate 1115 waivers for South Carolina to extend Medicaid coverage from 67% to 100% FPL for its parent/caretaker relative groups and a new targeted waiver with initial and continued enrollment conditioned on compliance with work requirements at the regular match rate. Coverage would not qualify as a full Medicaid expansion under the ACA. In February 2021, the Biden Administration began to withdraw the waivers (https://www.kff.org/report-section/section-1115-waiver-tracker-work-requirements/) with work requirement provisions.</p>
South Dakota	<p>In January 2022, South Dakota's Secretary of State validated (https://sdsos.gov/elections-voting/assets/2022ConstitutionalAmendmentDPRESSRelease.pdf) a Medicaid expansion constitutional amendment for the November 2022 ballot, submitted by the organizing committee South Dakotans Decide Healthcare. If passed, the amendment would require South Dakota to implement expansion coverage beginning July 1, 2023 and would not impose any additional burdens or restrictions on eligibility or enrollment for the expansion population. A separate organizing committee called Dakotans for Health is currently gathering signatures ahead of a May 2022 deadline for an initiated state statute expanding Medicaid, which would also appear on the November 2022 ballot.</p>
Wisconsin	<p>After the Wisconsin Legislature's Joint Finance Committee voted to remove Medicaid expansion funding from Governor Tony Evers' State Fiscal Years (SFY) 2022-2023 budget proposal, Governor Evers signed an executive order to hold a special session for Medicaid expansion legislation on May 25, 2021, proposing to use the additional federal funding the state could receive under the incentive in the <u>American Rescue Plan Act</u> (https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-medicaid-expansion-implications-for-state-spending/) to fund state development projects. However, on May 25, the Republican-controlled legislature adjourned the special session without further action, and the legislature passed a SFY 2022-2023 budget without Medicaid expansion funding. The governor had included Medicaid expansion in his previous budget proposal for FY 2020-2021, but the Republican-controlled legislature did not include it in the final budget. Wisconsin covers adults up to 100% FPL in Medicaid. Wisconsin adopted the ACA expansion.</p>
Wyoming	<p>A Medicaid expansion bill (https://wyoleg.gov/Legislation/2021/HB0162) that passed the Wyoming House of Representatives subsequently failed a vote in the Senate Labor, Health, and Social Service Committee in March 2021. On October 22, 2021, the legislature's Joint Revenue Committee reintroduced this legislation ahead of an October 2021 session—the legislation did not advance. The bill would expand Medicaid contingent on the state continuing to receive 90% federal match assistance percentage (FMAP) for the expansion population and at least 55% for the traditional Medicaid population (https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/) (a 5 percentage point increase from the traditional match rate of 50%, which is an incentive included in the ARPA).</p>

Rescue Plan Act (<https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-expansion-implications-for-state-spending/>) for adopting expansion). Prior to the new ARPA incentive, the legislature had rejected multiple Medicaid expansion bills during the 2020 and other previous legislative ses

Medicaid Expansion Resources

- [New Incentive for States to Adopt the ACA Medicaid Expansion: Implications for State Spending](https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-medicaid-expansion-implications-for-state-spending/) (<https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-medicaid-expansion-implications-for-state-spending/>)
- [Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021](https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/) (<https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>)
- [The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020](https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/) (<https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>)
- [Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care](https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/) (<https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/>)
- [The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid](https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/) (<https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>)
- [Medicaid Expansion Enrollment and Spending Leading up to the COVID-19 Pandemic](https://www.kff.org/medicaid/issue-brief/medicaid-expansion-enrollment-and-spending-leading-up-to-the-covid-19-pandemic/) (<https://www.kff.org/medicaid/issue-brief/medicaid-expansion-enrollment-and-spending-leading-up-to-the-covid-19-pandemic/>)
- [Medicaid: What to Watch in 2021](https://www.kff.org/medicaid/issue-brief/medicaid-what-to-watch-in-2021/) (<https://www.kff.org/medicaid/issue-brief/medicaid-what-to-watch-in-2021/>)
- [Eliminating the ACA: What Could It Mean for Medicaid Expansion?](https://www.kff.org/policy-watch/eliminating-the-aca-what-could-it-mean-for-medicaid-expansion/) (<https://www.kff.org/policy-watch/eliminating-the-aca-what-could-it-mean-for-medicaid-expansion/>)
- [Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State](https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/) (<https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/>)
- [The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act](#)

[\(https://www.kff.org/uninsured/report/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act/\)](https://www.kff.org/uninsured/report/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act/)

- [Medicaid State Fact Sheets](https://www.kff.org/interactive/medicaid-state-fact-sheets/) (https://www.kff.org/interactive/medicaid-state-fact-sheets/)
- [An Overview of State Approaches to Adopting the Medicaid Expansion](https://www.kff.org/medicaid/issue-brief/an-overview-of-state-approaches-to-adopting-the-medicaid-expansion/) (https://www.kff.org/medicaid/issue-brief/an-overview-of-state-approaches-to-adopting-the-medicaid-expansion/)

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