



What is the South doing about healthcare accessibility? A look at Southern States' approach to healthcare.

Healthcare accessibility is defined as the “timely use of personal health services to achieve the best health outcomes.”¹ It encompasses four critical components: coverage, services, timeliness, and workforce.

Among these, coverage – primarily through health insurance – is the gateway to the healthcare system, enabling individuals to access necessary services. Inadequate health insurance coverage is one of the most significant barriers to healthcare access, exacerbating disparities in health outcomes across different populations.² Federal programs, such as Medicaid and the Children’s Health Insurance Program (CHIP), were designed to address these disparities by

providing health coverage to eligible low-income individuals and families. However, despite Medicaid’s role in expanding healthcare access, the specific eligibility rules for Medicaid differ from state to state.³ In addition, seven Southern states have opted to forgo Medicaid expansion and develop their own programs to assist low-income residents seeking healthcare coverage.

Medicaid expansion, a provision of the Affordable Care Act (ACA), sought to extend Medicaid eligibility to a broader population. Before the ACA, Medicaid was largely unavailable to non-disabled adults without dependent children unless their income was extremely low. The ACA’s Medicaid expansion created a uniform eligibility

1. [Access to Health Care in America](#), National Library of Medicine

2. Call, K. T., McAlpine, D. D., Garcia, C. M., Shippee, N., Beebe, T., Adeniyi, T. C., & Shippee, T. (2014). [Barriers to care in an ethnically diverse publicly insured population: Is health care reform enough?](#) *Medical Care*, 52(8), 720-727.

3. [Medicaid expansion & what it means for you](#), healthcare.gov

threshold across participating states, thereby establishing a pathway to coverage for low-income adults who were previously ineligible. This expansion was aimed at nonelderly adults with incomes up to 138 percent of the federal poverty level (FPL), which, as of 2024, equates to an annual income of \$20,782 for an individual.⁴

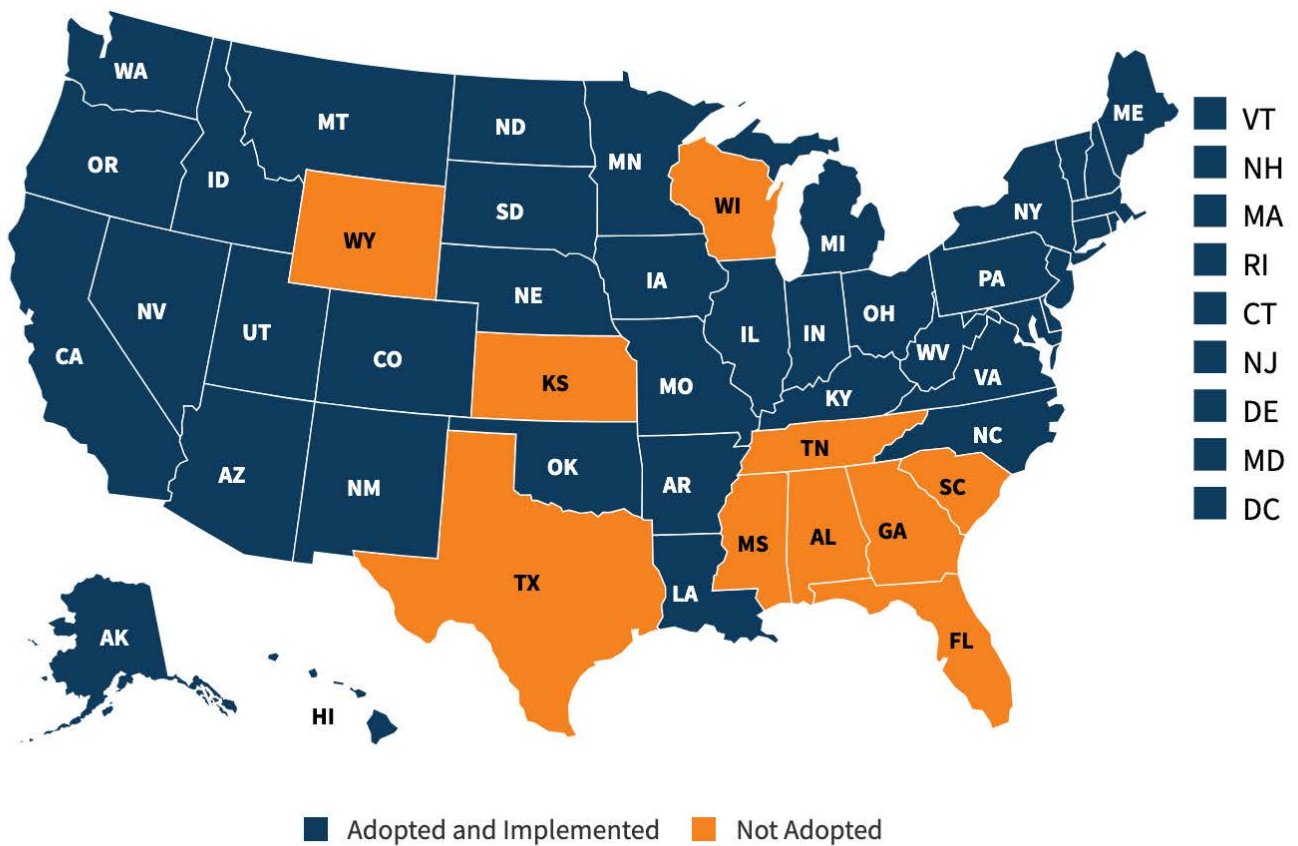
FPL may determine if they qualify for Medicaid or individual state healthcare programs. In 2024, a 4.1 percent increase was made to the national poverty guidelines to reflect changes in the Consumer Price Index for All Urban Consumers.⁵ This adjustment, mandated by law, can potentially reduce the coverage gap by allowing more individuals to qualify for Medicaid services.

Where a person's income falls relative to the

4. [What is the coverage gap?](#), KFF

5. [Poverty Guidelines](#), the Federal Register; [2024 Federal Poverty Level Standards](#), CMS

Status of State Action on the Medicaid Expansion Decision



Source: [Kaiser Family Foundation](#)

Alabama:

Alabama has not expanded Medicaid. Currently, Alabama's Medicaid program primarily covers low-income children, pregnant women, elderly adults, and individuals with disabilities. Eligibility is limited to adults without disabilities. Except for pregnant women, adults must have dependent children and an income at or below 146 percent of the federal poverty level to qualify.⁶

Arkansas:

In December 2021, the Centers for Medicare and Medicaid Services (CMS) approved Arkansas's [Section 1115 waiver request](#) to replace the state's current Medicaid expansion program, Arkansas Works, with the Arkansas Health and Opportunity for Me ([ARHOME](#)) program.⁷ Unlike Arkansas Works, the approved ARHOME currently does not include work requirements and phased-out premium requirements for the expansion population.

Florida:

Florida: Florida has not passed any Medicaid expansion legislation. However, the legislature passed the "Live Healthy" Act during the 2024 legislative session. The sweeping healthcare and workforce package is estimated to cost more than \$1.2 billion in fiscal year 2024-25. The package of legislation comprises the following bills:

- [Senate Bill 7018](#)

Establishes a health innovation council that will administer a revolving loan program for healthcare innovations in the state over the next ten years.

6. [Alabama Medicaid](#)

7. [Section 1115 waivers](#)

8. [SB 7016 summary](#)

9. [Volunteer Health Care Provider Program \(VHCPP\)](#), floridahealth.gov

10. [Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program](#), floridahealth.gov

11. Erica Monet Li, "[While 'Live Healthy' Act Includes Some Important Reforms, Lawmakers Have Yet to Expand Medicaid](#)," Florida Policy Institute, April 25, 2024.

- [Senate Bill 330](#)

Establishes a new category of teaching hospitals focused on behavioral health.

- [Senate Bill 1758](#)

expands services to Floridians with disabilities.

- [Senate Bill 1600](#)

Creates a streamlined pathway for out-of-state providers moving to Florida

- [Senate Bill 1640](#)

Expands healthcare price transparency for consumers.

Florida's additional efforts to make healthcare more accessible to some include:

- Expanding access to free and charitable clinics by increasing the eligibility from 200 percent to 300 percent of the federal poverty level for services.⁸
- Requiring the Florida Department of Health to create a health screening portal for Floridians that will display low-cost health screening opportunities provided by volunteer healthcare practitioners.⁹
- Establishing a grant program to support nonprofit entities that provide no-cost screenings and health services.¹⁰
- Expanding Advanced Birthing Centers' (ABCs) ability to provide services they were previously not allowed outside of a hospital setting, including Cesarean Sections.¹¹

- Directs Florida’s Agency for Healthcare Administration to seek federal approval to include “hospital at home” as a reimbursable service in the Medicaid program so Floridians on Medicaid can receive hospital care at home, if appropriate.¹²
- Requires all hospitals with emergency departments to create a plan for helping patients access appropriate care settings when those patients come to the ER with a non-emergent condition or indicate they lack regular access to primary care.¹³
- Increases the number of Mobile Response Teams in Florida.¹⁴

Georgia:

Following the enactment of [Senate Bill 106](#) in 2019, Georgia implemented a partial Medicaid expansion through the [Georgia Pathways to Coverage program](#). The program offers Medicaid coverage to Georgians ages 19-64 with a household income of up to 100 percent of the federal poverty limit. However, the initiative only provides coverage to those who meet specific requirements, such as working at least 80 hours per month, attending school, or participating in other approved activities.¹⁵ This makes Georgia the only state with such requirements, an issue that has been subject to an ongoing legal back-and-forth between Georgia and the Biden administration.¹⁶

Kentucky:

In 2014, Kentucky accepted federal funding to expand Medicaid and, in 2019, ended work requirements for Medicaid eligibility. Both steps were implemented via executive order.¹⁷

Louisiana:

In 2016, Louisiana expanded Medicaid to low-income adults under the ACA. This change extended Medicaid eligibility to low-income adults aged 19-64 with incomes up to 138 percent of the federal poverty level. Medicaid expansion in Louisiana was implemented through the [Governor’s authority](#).

Mississippi:

Mississippi has not expanded Medicaid. Currently, [Medicaid in Mississippi](#) provides health benefits to specific groups, including children, low-income families, the elderly, individuals with disabilities, and pregnant women who meet defined eligibility criteria. The program is structured into three main categories: full Medicaid benefits, reduced coverage or assistance with Medicare cost-sharing and premium payments, and limited coverage. Each of these categories has distinct eligibility requirements tailored to the specific needs of the covered groups.

Missouri:

In August 2020, Missouri voters approved a ballot measure ([Amendment 2](#)) that added Medicaid expansion to the state’s constitution and prohibited additional burdens or restrictions (e.g. work requirements) on eligibility for the

12. [Live Healthy Plan to Grow Florida’s Health Care Workforce Signed Into Law](#), Florida Senate

13. [Live Healthy: Senate Unanimously Passes Comprehensive Legislation to Grow Florida’s Health Care Workforce](#), Florida Senate

14. [Live Healthy: Senate Unanimously Passes Comprehensive Legislation to Grow Florida’s Health Care Workforce](#), Florida Senate

15. [Georgia Pathways to Coverage Eligibility Criteria](#)

16. Renuka Rayasam and Sam Whitehead, “[The First Year of Georgia’s Medicaid Work Requirement Is Mired in Red Tape](#),” KFF Health News, September 13, 2024.

17. Rebecca Gourevitch and Benjamin D. Sommers, “[Medicaid Expansion in Kentucky: Early Successes, Future Uncertainty](#),” The Commonwealth Fund, July 8, 2016; Bruce Schreiner, “[Kentucky offers expanded Medicaid health coverage for adults](#),” Associated Press, October 20, 2022.

expansion population.¹⁸ In July 2021, the Missouri Supreme Court ruled that the initiated amendment was valid under the state constitution and that the legislature's budget appropriation authorizes the state to fund expansion coverage. [Consistent with the state Supreme Court order](#), applications for Medicaid coverage under the expansion began in August 2021 with coverage retroactive to July 1, 2021.

North Carolina:

North Carolina: In 2023, North Carolina became the 40th state to expand Medicaid when the state General Assembly passed [House Bill 76](#), and Governor Roy Cooper subsequently signed it into law. Medicaid expansion in North Carolina became effective on December 1, 2023. The legislation included several provisions, including increasing hospital assessments and hospital reimbursement rates, implementing a workforce development and referral program, and seeking federal approval to implement work requirements, should the Centers for Medicare & Medicaid Services ever authorize such requirements.¹⁹

Oklahoma:

Medicaid coverage under expansion in Oklahoma began on June 1, 2021, with coverage for enrollees starting on July 1, 2021. In 2020, Oklahoma voters approved a ballot measure ([State Question No. 802, Initiative Petition No. 419](#)) to add Medicaid expansion to the state's Constitution.²⁰

South Carolina:

Like Georgia, South Carolina has taken a more targeted approach to Medicaid expansion, pursuing waivers in lieu of full expansion.

On December 12, 2019, the Centers for Medicare & Medicaid Services approved two separate 1115 waivers for South Carolina.²¹ These waivers allow states to test different approaches to Medicaid compared to what is required by federal law. South Carolina's waivers allow it to extend Medicaid coverage to parents and caretaker relatives by raising the eligibility threshold from 67 percent to 100 percent of the federal poverty level, thus creating a new coverage group for targeted adults.

Tennessee:

Tennessee has not expanded Medicaid. TennCare, Tennessee's Medicaid program, is designed to be a healthcare safety net for the state's most vulnerable populations. It primarily provides coverage to low-income pregnant women, parents or caretakers of minor children, children, elderly individuals, and those with disabilities. The program includes several specific eligibility categories, such as women who are pregnant, individuals needing treatment for breast or cervical cancer, and those receiving Supplemental Security Income (SSI). Additionally, TennCare covers individuals who have received an SSI and Social Security check in the same month at least once since April 1977 and continue to receive Social Security benefits. For those in medical institutions, such as nursing homes, or those receiving other long-term care services funded by TennCare, eligibility is determined by an income threshold of \$2,829 monthly.

Texas:

Texas offers a range of Medicaid programs tailored to meet the diverse needs of its residents, focusing on children, families, women, individuals with disabilities, and seniors. For children

18. [Status of State Medicaid Expansion Decisions](#), KFF

19. [Status of State Medicaid Expansion Decisions](#), KFF

20. [Status of State Medicaid Expansion Decisions](#), KFF

21. [South Carolina Waivers: Palmetto Pathways to Independence and Healthy Connections Works Demonstrations](#), Medicaid and CHIP Payment and Access Commission

and families, the state provides [Children's Medicaid, CHIP](#), the [Health Insurance Premium Payment Program](#), and [Medicaid for Parents and Caretakers](#). Women-specific programs include [Medicaid for Pregnant Women](#), [CHIP Perinatal](#), services for [breast and cervical cancer](#), and assistance for [pregnant women with opioid use disorder](#). [Children and adults with disabilities](#) can access specialized programs, such as those offering [home and community-based services](#) and the [Community First Choice Medicaid program](#). [Seniors are supported through programs](#) dedicated to aging populations and [Medicare Medicaid Plans](#). Texas also administers three Medicaid-managed care programs: STAR, STAR PLUS, and STAR Health. In 2013, the [Texas Legislature approved expansions of Medicaid managed care](#) and directed the Health and Human Services Commission to implement a performance-based payment system to reward positive outcomes and increase efficiency. While these programs are critical in providing coverage to specific populations, Texas has not expanded Medicaid under the Affordable Care Act.

Virginia:

In 2018, Virginia implemented significant changes to its Medicaid program, including expanding coverage to more low-income adults. The reforms also introduced a work and community engagement requirement, incentives for health and wellness, and support services related to employment and housing for populations with high needs.²² The Virginia General Assembly approved Medicaid expansion in May 2018, as part of its fiscal year [2019-2020 budget](#) and signed it into law in June 2018. Medicaid expansion coverage became effective under state plan amendment authority on January 1, 2019.²³



West Virginia:

In 2014, West Virginia expanded Medicaid through an executive order from the governor. By expanding eligibility to adults aged 19 to 64 with household incomes up to 138 percent of the federal poverty level, the state increased access to healthcare for its low-income population.²⁴ This policy change led to a substantial increase in Medicaid enrollment, with the total Medicaid population growing by 47 percent between 2013 and early 2024.²⁵



22. [Medicaid Expansion](#), Virginia Joint Legislative Audie & Review Commission

23. [Status of State Medicaid Expansion Decisions: Interactive Map](#), KFF

24. ["2024 Poverty Guidelines: 48 Contiguous States"](#) U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation

25. ["Total Monthly Medicaid & CHIP Enrollment and Pre-ACA Enrollment"](#) KFF.org