



Young People and Medical Assistance

Medicaid and the Children's Health Insurance Program

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The transition from adolescence to young adulthood can be a time of opportunity and promise, as young people who have the supports they need to smoothly make this transition can gather knowledge, experience, and skills to become independent. As the fallout from the COVID-19 pandemic continues to affect families nationwide, now more than ever young people with low incomes face significant barriers to stability and mobility, such as high rates of poverty, employment instability, and disconnection from both school and work (Parker, Minkin, and Bennet 2020; Aaronson and Alba 2020; Lewis 2020). To finish school and training and get connected to a successful pathway, young people must be able to meet their basic needs for food, shelter, cash, and health care.

This brief is part of a series focused on how well major federal safety net programs serve young people—defined as those ages 14 to 24. The series pays special attention to young people who live independently. Information was obtained from literature and interviews with safety net and youth policy experts as well as youth-serving practitioners.

This brief focuses on the circumstances under which young people ages 14 to 24 are able to access Medicaid and the Children's Health Insurance Program (CHIP)—the major federal medical insurance programs available for young people—and what we know about the programs' effectiveness for this population. It is an initial exploration of issues relevant to young people, based on a quick review of literature and conversations with experts. Though we focus on information relevant to young people, it may be useful to other age groups as well.

Key Takeaways

- **Good health is important** for successful youth outcomes, and **access to comprehensive health insurance is key** to ensuring affordable health care that meets young people's needs.
- Although adolescents and young adults are generally healthier than the overall population, **they have important health needs**, including in the areas of reproductive health, mental and behavioral health, and substance use disorders. Further, supporting young people's healthy behaviors and access to health care can help establish healthy habits and prevent later illness and disease.
- **Most young people under 18 with low incomes are eligible for coverage.** Because Medicaid and CHIP eligibility rules are more generous for children than for adults, these programs have the capacity to cover a broad swath of young people under 18 with lower and moderate incomes.
- **Access to Medicaid for young adults varies widely across states, and young adults without children are often left out.** Gaps in coverage for young people ages 18 to 24 often depend on state decisions to expand Medicaid under the Affordable Care Act (ACA). Other important coverage gaps exist for immigrants and young people involved in the justice system.
- **Medicaid and CHIP could better meet the needs of young people** if every state expanded Medicaid coverage to childless adults; worked to ensure young people have access to the full spectrum of health services that Medicaid and CHIP cover; increased outreach to eligible young people; and applied for waivers and implemented options that promote ease of access and stable coverage by accounting for the circumstances of young people's lives—income volatility, complicated family circumstances and housing arrangements, and challenges meeting programmatic expectations such as paperwork and other enrollment requirements.

What Are Medicaid and CHIP, and What Roles Do They Play in Meeting Young People's Needs?

Having access to affordable health care is key to successfully transitioning from adolescence to adulthood. Although adolescents and young adults are generally healthier than the overall population, they have important health needs, including in the areas of reproductive health, mental and behavioral health, substance use disorders, and obesity (Czeisler et al. 2020; KFF 2014; Park et al. 2006).¹ One in six young adults has a chronic illness, such as cancer, diabetes, or asthma.² Further, supporting young people's healthy behaviors and access to health care can help establish healthy habits and prevent later illness and disease (Bonnie, Stroud, and Breiner 2015).

Yet far too many young people are not able to access affordable health care. Young adults have the highest uninsurance rate of any age group and, among adults, the lowest rates of employer-based health insurance.³ Nearly half of uninsured young adults report problems paying medical bills, reflecting high

rates of poverty and employment instability (Aaronson and Alba 2020; Rhoades 2015).⁴ Further, in recent years, overall uninsurance rates have been rising, even before the pandemic (Keisler-Starkey and Bunch 2020). Other policy changes have been contributing to downward trends in coverage as well, including decreased federal funding for outreach and enrollment assistance and the anti-immigrant sentiment in the current political climate (Broaddus and Aron-Dine 2020; Brooks et al. 2020).

Access to health insurance is essential to ensuring young people can afford health care. Two primary federal programs provide health insurance to at least some adolescents and young adults who cannot access such supports from their own or their family's employer-sponsored health insurance.

- **Medicaid** is a public insurance program that provides health coverage to families and individuals with low incomes. Each state operates its own Medicaid program within federal guidelines. Because the federal guidelines are broad, states have a great deal of flexibility in designing and administering their programs. As a result, Medicaid eligibility and benefits can and often do vary widely from state to state and according to age and family status. Generally speaking, Medicaid serves children under age 18 from families with low and moderate incomes, pregnant women with low and moderate incomes, parents with very low incomes, adults with low incomes in states participating in the ACA's Medicaid expansion, and individuals with disabilities, but populations served vary widely within and across states (CBPP 2020; Brooks et al. 2020).⁵
- **The Children's Health Insurance Program (CHIP)** provides low-cost health coverage to children younger than 18 in families that earn too much money to qualify for Medicaid but have relatively low incomes. Coverage can be provided through a separate CHIP program, an expansion of Medicaid, or a combination of both.⁶ However, regardless of the CHIP program a state uses, they must provide well-baby and well-child care, dental coverage, behavioral health care, and vaccines. States have discretion over who is eligible for CHIP, but nearly all states' CHIP programs cover children in families above 200 percent of federal poverty level (FPL).⁷

Together, Medicaid and CHIP provided coverage to 75.5 million people (including 36.6 million children) as of July 2020, an enrollment increase of 4.3 million since just before the pandemic began in February 2020 (Corallo and Rudowitz 2020).⁸ Both programs can pay for a wide range of important health services for eligible adolescents and young adults—CHIP for people younger than 18 and Medicaid for both adolescents and young adults. In addition to critical basic health care services, these programs can help young people afford reproductive and behavioral health care services (Acoca, Stephens, and Van Vleet 2014).

Research has found Medicaid and CHIP are effective at reducing uninsurance, supporting access to a range of essential health care services including reproductive health care, improving health outcomes, and helping stabilize the financial situations of families with low incomes (CBPP 2020).⁹ Research also shows that the ACA's Medicaid expansion significantly improved financial security for young adults (Hu et al. 2018). Ensuring access to these programs has become even more critical during the pandemic, given young adults have experienced significant loss of health insurance because of their

disproportionately high unemployment rates (Parker, Minkin, and Bennett 2020) and are at risk of COVID-19 even if their risks are lower than older adults. As the pandemic has progressed, CDC data show a growing share of confirmed COVID-19 cases have been among young adults (Boehmer et al. 2020).

BOX 1

Characteristics of Young People

Although adolescence is a time of great strength and tremendous potential for growth, many characteristics of young people heighten their need for assistance while also creating challenges for obtaining and keeping support from safety net programs.

Brain Development

Adolescence is a time when young people learn about and adapt to the world around them. It is a time of significant brain development but still a time when critical cognitive skills that affect decisionmaking are not fully developed. Young people are more likely to engage in exploratory behaviors that involve taking risks, which can be positive ways to explore the world when in a supportive environment, but in other situations can lead to criminal legal system involvement and other adverse outcomes that make it difficult for young people to achieve stable employment or access safety net programs. Young people also have a developmental need to feel accepted, which means they may be easily discouraged from applying for safety net programs after having a negative experience with a caseworker. This need can also mean that stigmas attached to specific benefit programs may persuade them not to apply.

Complex and Dynamic Family Relationships

Family relationships can be much more complex than accounted for in safety net policies, making it hard for young people to meet requirements. Young people may have more than one home or family they connect to; they may live with relatives other than their parents; they may be in and out of their family home; or they may have become estranged from their parents because of abuse or conflict over gender identity or sexual orientation (Samuels et al. 2019). Each of these realities can create challenges for their ability to meet program requirements that assume a simpler family situation.

Poverty

Young adults face the highest poverty rates of any age group. The spike in poverty among people ages 18 to 24 is apparent not only when measured using the official poverty measure but is even more pronounced when using the supplemental poverty measure, which considers necessary expenses and receipt of public benefits.^a Although official pandemic-era poverty rates are not yet available, other indicators of hardship suggest that youth poverty rates have risen since the pandemic began (Giannarelli, Wheaton, and Acs 2020).^b Poverty rates are especially high among young parents and young people with a history of child welfare and criminal legal system involvement. Black and Latinx young people also experience higher rates of poverty than their white peers, reflecting the effects of structural racism.

Employment Instability

Adolescents and young adults face greater challenges in the labor market than somewhat older adults. Young people ages 18 to 24 made up roughly a quarter of the low-wage workforce before the crisis, and an outsized share worked in the gig economy (Ross and Bateman 2019).^c Young people ages 16 to 24 had higher unemployment rates than adults ages 25 to 44 before the pandemic (9 percent compared with 4 percent), and they remained higher as of August 2020 (14 percent compared with 8 percent).^d During the

pandemic, the labor market prospects of adolescents and young adults (ages 16 to 29) have been particularly hard hit, in part because young people were more likely to be employed by industries most negatively affected by the pandemic. Black and Latinx young people as well as young people with lower levels of education experienced the greatest losses. Employment instability can make it more challenging for young people to comply with program rules that require them to report any changes in income, and temporary increases in income can make them ineligible when they still need help.

Housing Instability

Residential mobility is highest among young people ages 20 to 29, with almost one in four moving within the past year.^e In addition, roughly 1 in 30 adolescents ages 13 to 17 and 1 in 10 young adults ages 18 to 25 experience homelessness each year. Housing insecurity is likely to have risen since the pandemic began (Samuels et al. 2019; Lake 2020). Youth housing instability makes it harder to provide proof of residency for safety net programs or to communicate with benefit administrators through mail and indicate a permanent address on applications.

Inexperience with Bureaucracy

Young people may not know about safety net programs and may be even less likely than other adults to have the experience and ability to navigate the notoriously challenging logistical and paperwork demands of accessing and maintaining safety net benefits, including completing lengthy forms, meeting scheduled appointments, or accessing personal documents like a Social Security card or medical records. Young people may also experience difficulty navigating paper forms often required to apply for programs, which they are less likely to have experience interacting with than older adults.

Sources: Conversations with youth-serving practitioners and other experts. Aaronson and Alba 2020; Parker, Minkin, and Bennett 2020; National Academies 2019.

^aLiana Fox, “What Is the Supplemental Poverty Measure and How Does it Differ from the Official Measure?,” United States Census Bureau, September 6, 2018, https://www.census.gov/newsroom/blogs/random-samplings/2018/09/what_is_the_suppleme.html.

^b“POV-01. Age and Sex of All People, Family Members and Unrelated Individuals,” United States Census Bureau, 2019, https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-01.html#par_textimage_10; “Tracking the COVID-19 Recession’s Effects on Food, Housing and Employment Hardships,” Center on Budget and Policy Priorities, December 16, 2020, <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>.

^cKisha Bird and Lashon Amado, “Next Coronavirus Package Must Do More for Youth and Young Adults,” *Center for Law and Social Policy* (blog), March 27, 2020, <https://www.clasp.org/blog/next-coronavirus-package-must-do-more-youth-and-young-adults>.

^d“Employment During COVID-19,” Youth.gov, September 15, 2020, <https://youth.gov/youth-topics/employment-during-covid-19>.

^e“Many Young Adults Lack Financial Literacy, Economic Stability, Study Finds,” *Science Daily*, August 24, 2018, <https://www.sciencedaily.com/releases/2018/08/180824135007.htm>; Riordan Frost, “Who Is Moving and Why? Seven Questions About Residential Mobility,” Joint Center for Housing Studies of Harvard University, May 4, 2020, <https://www.jchs.harvard.edu/blog/who-is-moving-and-why-seven-questions-about-residential-mobility>.

Challenges and Opportunities for Young People in Accessing Medicaid and CHIP

To assess how well Medicaid and CHIP meet the needs of young people, it is useful to examine three questions: Are young people eligible and under what circumstances? How well do the benefits and

services meet young people's needs? How easy is it for young people to get and keep these services? Each of these questions is examined below.

Are Young People Eligible and Under What Circumstances?

ELIGIBILITY OPPORTUNITIES FOR YOUNG PEOPLE

Young people may be eligible for Medicaid or CHIP, or other subsidized health insurance coverage, if they fall into any of several categories.

First, **young people who are dependent children in families with low incomes** can be covered at least through age 18 by either Medicaid or CHIP. Although CHIP is only for children and pregnant women, states can choose to extend children's Medicaid coverage to age 20. Medicaid and CHIP define "low income" relatively broadly. Medicaid requires states to cover children in families with incomes below 138 percent FPL, though they can set their cutoffs at higher levels. Most states set their income cutoffs at higher levels—children are covered up to at least 200 percent FPL in 49 states and up to 300 percent in 19 states. The median income limit for separate CHIP coverage among the states is 255 percent FPL (Brooks et al. 2020).

Second, under the Affordable Care Act, **states can choose to expand Medicaid coverage to adults without qualifying disabilities who have low incomes**, which thereby extends coverage to some young adults. At this time, all but 12 states have chosen this option.¹⁰

Further, Medicaid has several additional categories relevant to adolescents and young adults:

- **States must cover all women who are pregnant and have incomes under 138 percent FPL**, though states typically set their income guidelines above that level, with a median of 205 percent FPL (Brooks et al. 2020).
- **States must cover most people with disabilities who receive Supplemental Security Income.** In addition, they have the option to serve other populations, including adults with disabilities who have low incomes and are not receiving Supplemental Security Income and children with special health care needs whose family incomes may be higher. Nearly all states have chosen this option.
- **States may also extend eligibility to adults deemed "medically needy"** with incomes that exceed the state's regular Medicaid eligibility limit but who incur large medical expenses. Thirty-four states have currently chosen this option.¹¹
- **All states are required to cover parents living with dependent children in Medicaid**, but only parents with very low incomes can qualify in nonexpansion states.
- **Medicaid also has some provisions for young people who face special circumstances:**
 - » Young people who age out of foster care and immediately enroll in Medicaid in the state where they were in care are eligible through age 26 (Medicaid and CHIP Learning Collaboratives 2017).

- » Criminal legal system-involved young people who are otherwise eligible for Medicaid are covered unless they are currently incarcerated.¹²

Outside of Medicaid and CHIP, some adolescents and young adults may have access to subsidized coverage through the ACA's marketplaces.

ELIGIBILITY GAPS FOR YOUNG PEOPLE

Not all groups of young people are able to get support from Medicaid and CHIP. Gaps exist for young people living in states that have not expanded Medicaid, young people who are incarcerated, and some immigrants.

- **Young people living in states that have not chosen to expand their Medicaid** program to nondisabled adults are unable to get Medicaid assistance once they age out of the program, unless they are pregnant, caring for a child, or have a disability (CBPP 2020). Further, even if they are caring for a child, young parents living in nonexpansion states would only qualify if their income fell below very low thresholds, with a median across nonexpansion states of 41 percent FPL (Brooks et al. 2020).
- **Young people who are incarcerated in the criminal legal system** are unable to get health services covered by Medicaid or CHIP while incarcerated because of an exclusion for individuals in most institutions.¹³ Studies have found that people who are incarcerated have insufficient access to health care and receive poor quality care (Wilper et al. 2009). When they are released, they can face challenges accessing health care because their CHIP coverage can be automatically terminated and their Medicaid coverage often lapses during incarceration.¹⁴
- Also, numerous restrictions affect **immigrants**:
 - » Immigration rules are stricter for adults than for children, including a **five-year waiting period for most legally present adult noncitizens** (though states have the option to extend eligibility to lawfully present children and pregnant women without the waiting period and many have done so) (CBPP 2020).
 - » **Undocumented young people are not eligible for federally funded Medicaid or CHIP**, although some states have state-funded programs to cover certain immigrants who are ineligible for Medicaid or CHIP.

COVID-19 EFFECTS ON ELIGIBILITY AND ACCESS

The Families First Coronavirus Response Act requires states to maintain Medicaid eligibility levels and enrollment during the federally recognized emergency period to receive enhanced federal funding. This means that young people who age out of eligibility can continue to receive coverage for the duration of the pandemic.

How Well Do the Benefits and Services Meet Young People’s Needs?

- Medicaid and CHIP coverage are designed to be comprehensive, and children who qualify have a legal right to this care. Benefits include Early Periodic Screening Diagnosis and Treatment Services (EPSDT) for all children under age 21 enrolled in Medicaid and many CHIP enrollees. EPSDT is supposed to cover medically necessary treatment, including mental and behavioral health services that are important for youth health, with only narrow exceptions (CMS 2014).
- That said, implementation varies by state and access to services may differ by area. Wide variation exists in youth access to substance use disorder services, much of which is adult focused. And community-based mental health services are often insufficient because of few or no available providers, particularly in rural areas. Legal actions have been taken on several occasions because of lack of access to services for children (Perkins 2020).¹⁵
- Young people older than 21 with low and moderate incomes, especially childless young people, are likely to be eligible for coverage in states that have expanded Medicaid, but this coverage is less comprehensive than for younger people.

How Easy Is It for Young People to Get and Keep Medicaid?

According to our interviews with experts and practitioners, on-the-ground experience suggests that Medicaid and CHIP are more accessible and more widely known than some other major federal supports. That said, access challenges are still common for youth heads of household (as well as for people of all ages), and there are several ways that Medicaid is not designed to reflect the complex realities and characteristics of young people’s lives, their developmental stage, or their strengths (see box 1 for more information on the characteristics of young people).

Some program aspects make Medicaid and CHIP relatively easier to get and keep than some other benefits:

- **Medicaid is relatively more widely known than other benefits**, and eligibility for some groups, such as children and pregnant women, is relatively broad.
- **States can allow qualified entities such as community health centers to provide presumptive eligibility for Medicaid for children**, which allows people to temporarily enroll quickly in coverage based on the presumption that they are eligible, which can facilitate full enrollment (Wachino and Weiss 2009). Currently, 20 states have presumptive eligibility policies for children, though according to experts we spoke with, some states provide better access than others.¹⁶
- The **practice of “outstationing”** puts eligibility caseworkers, who can quickly determine full eligibility, at certain locations outside of state eligibility offices, such as in community health centers and schools.¹⁷
- **States must inform all Medicaid-eligible people under age 21 of EPSDT’s availability** (Perkins 2020). Some states and localities have implemented robust outreach efforts, including

distributing Medicaid and CHIP eligibility information through community-based organizations and schools and conducting social media campaigns.¹⁸

- Thirty-one states provide **12-month continuous Medicaid/CHIP eligibility for children**, meaning families are not required to renew eligibility for children for a 12-month period (Brooks et al. 2020). States can also implement the express lane eligibility option, which facilitates faster and simpler eligibility determination and renewal, and 15 states have done so.¹⁹

On the other hand, there are several ways that Medicaid and CHIP are not designed to reflect the complex realities and characteristics of young people, making it more challenging for them to access health insurance:

- Though many independent adolescents and young adults with low incomes are aware of Medicaid, **they may not realize that they qualify and can apply for it on their own.**
- Evidence exists that **procedural barriers to enrollment have increased** as the Trump administration decreased outreach and enrollment efforts (Broaddus and Aron-Dine 2020).
- **Young people may not have access to the documentation and information that they need**, including their own paperwork and Social Security card as well income verification from their employers, particularly given the jobs often have (e.g., part-time, paid in cash, multiple jobs).
 - » Personal paperwork can be particularly challenging for young people who have left home and may not have close relationships with their families of origin.
 - » They may struggle to correspond by mail when addresses change or they have no permanent address.
 - » Income eligibility rules could also complicate access for these young people if they are still claimed as a dependent.
- **Navigating the eligibility determination process** (including interacting with a caseworker), particularly if they are currently included in the household of a parent or guardian for benefit purposes, can be challenging.
- **Navigating the benefit system while transitioning from systems involvement** (foster care, criminal legal system) can be challenging.
- **Young people may also face challenges when they age out of eligibility for Medicaid or out of EPSDT.** For young people aging out of Medicaid eligibility, the benefit agency is supposed to determine if they are eligible for any other category of Medicaid eligibility, but this often involves extensive paperwork, and young people may not receive the required notice to start the process. Young people aging out of under-21 child Medicaid and EPSDT may have significant decreases in the services available to them. This is especially relevant for those with complex health needs, including need for mental health services.

What Role Does Structural Racism Play in Medicaid and CHIP?

Research has demonstrated the deep racial and ethnic disparities in health and well-being among young people, related to a history of unequal access to health care for young people of color. In general, Native American, Black, and Latinx young people experience worse outcomes in many areas of health, including obesity and teen pregnancy, compared with their white peers (National Academies 2019). Black young people are less likely to have access to private health insurance and more likely to seek mental health treatment in emergency rooms (Carson, Cook, and Alegría 2010). Disparities are likely to have grown as a result of the pandemic.

Medicaid and CHIP coverage can reduce these disparities. These programs have significantly reduced the uninsured rate among children, particularly children of color. Children whom these programs cover have much greater access to care than uninsured children, and evidence exists that coverage greatly reduces racial and ethnic disparities in care access (Paradise 2014). That said, evidence also exists that the pandemic has eroded progress on reducing coverage disparities (Broaddus and Aron-Dine 2020).

Areas for Further Research

Although some analyses of young people and Medicaid/CHIP exist, we still need to understand much more to ensure these programs effectively support young people in their transition to adulthood. Some questions that would be useful to explore include the following:

- To what extent do young adults use Medicaid, and what access barriers do they face?
- What policy and practice strategies could more effectively support Medicaid and CHIP enrollment among young people? How can we test these strategies?
- What could be done to help ensure continuous coverage between childhood and adulthood?
- What are the most important policy changes in Medicaid and CHIP that would improve the health and well-being of young people (Paradise 2014)?

Action Steps

The current safety net is not designed to support young people's needs. We urgently need an intentional and comprehensive approach to supporting them in meeting their basic needs so they can capitalize on the inherent strengths of this stage of life and enter adulthood in a position to thrive and build stronger communities.

For example, policymakers could consider making changes to federal medical insurance that include the following:

- **expanding Medicaid to cover young childless adults with low incomes in every state²⁰**

- **addressing eligibility gaps for particular populations**, including immigrants and criminal legal system-involved young people
- **conducting youth-oriented outreach and enrollment for Medicaid and CHIP**, targeting uninsured individuals currently eligible for Medicaid and those who become eligible as a result of job loss from the current economic downturn
- **leveraging current rules and applying for waivers that allow states to facilitate enrollment and coverage continuity and eliminate out-of-pocket costs**, including through implementing 12-month continuous eligibility and express-lane eligibility, as well as simplified applications in every state, particularly during the COVID-19 crisis (Brooks et al. 2020; Dolan and Artiga 2020)²¹
- **adopting policies that increase joint participation in SNAP and other public programs and Medicaid/CHIP among eligible people**, such as using screeners to assess eligibility for multiple programs, colocating program offices, and using information from one program to enroll or renew in another (Lynch, Loprest, and Wheaton 2017)
- **leveraging Medicaid and CHIP to ensure young people under 21 can access the full spectrum of services child Medicaid covers**, including mental and behavioral health, reproductive health, and substance use disorders

Notes

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- ³ “Table HHI-02. Health Insurance Coverage Status and Type of Coverage – All Persons by Age and Sex: 2017-2019,” US Census Bureau, 2018 to 2020 Current Population Survey, <https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/hic/hhi02.xlsx>.
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- ⁷ “The Children’s Health Insurance Program (CHIP),” HealthCare.gov, accessed December 2020, <https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>.
- ⁸ “August 2020 Medicaid & CHIP Enrollment Data Highlights,” Medicaid.gov, accessed December 2020, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

- ⁹ “Historic Improvements in Women’s Health and Well-Being: Reflecting on Ten Years of the ACA,” Power to Decide, accessed December 2020, <https://powertodecide.org/what-we-do/information/resource-library/historic-improvements-womens-health-and-well-being>.
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- ¹⁴ “When Incarcerated Youth Lose Medicaid,” MST Services, March 6, 2019, <https://info.mstservices.com/blog/incarcerated-youth-lose-medicaid>.
- ¹⁵ Most housing assistance recipients are elderly or disabled.
- ¹⁶ “Presumptive Eligibility,” Medicaid.gov, accessed December 2020, <https://www.medicaid.gov/medicaid/enrollment-strategies/presumptive-eligibility/index.html>.
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