



REPRESENTATIVE CAROLYN HALL

HOUSE DISTRICT 16 | WEST ANCHORAGE

Sponsor Statement: House Bill 185

Medical Assistance; Family Planning

House Bill 185 will create a Family Planning State Plan Amendment that expands Medicaid coverage to provide family planning services to Alaskans.

Since 2001, Alaska has had the highest rate of infant mortality and rising preterm birth rates in the U.S.. Currently, Alaskans at or below 138% of the federal poverty level (FPL) qualify for full Medicaid coverage. To qualify for Medicaid pregnancy coverage, Alaskans must be at 200% FPL. This bill would expand the eligibility limits to 225% FPL.

HB 185 will be a cost-effective investment for Alaska, the Federal Government pays 90% of Medicaid's family planning services, with a 10% match from the state. The state will save \$7 for every one dollar it spends on family planning for unintended pregnancy costs and long-term social services costs under Medicaid expansion. The Family State Plan Amendment will improve birth outcomes, empower Alaskans to decide whether to grow their families, and reduce infant mortality and preterm birth rates. Additionally, with this expansion of Medicaid, preventive screenings for STIs, HIV, cervical, and breast cancers will be included.

HOUSE BILL NO. 185

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE HALL

Introduced: 4/11/25

Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to medical assistance eligibility for family planning services; and**
2 **providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 47.07.030(b) is amended to read:

5 (b) In addition to the mandatory services specified in (a) of this section and the
6 services provided under (d) of this section, the department may offer only the
7 following optional services: case management services for traumatic or acquired brain
8 injury; case management and nutrition services for pregnant women; personal care
9 services in a recipient's home; emergency hospital services; long-term care
10 noninstitutional services; medical supplies and equipment; advanced practice
11 registered nurse services; clinic services; rehabilitative services for children eligible
12 for services under AS 47.07.063, substance abusers, and emotionally disturbed or
13 chronically mentally ill adults; targeted case management services; inpatient
14 psychiatric facility services for individuals 65 years of age or older and individuals

under 21 years of age; psychologists' services; clinical social workers' services; marital and family therapy services; professional counseling services; midwife services; prescribed drugs; physical therapy; occupational therapy; chiropractic services; low-dose mammography screening, as defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language disorders; adult dental and dental hygiene services; prosthetic devices and eyeglasses; optometrists' services; intermediate care facility services, including intermediate care facility services for persons with intellectual and developmental disabilities; skilled nursing facility services for individuals under 21 years of age; [AND] reasonable transportation to and from the point of medical care; **and family planning services and supplies to individuals of child-bearing age who are not pregnant and whose household income does not exceed 225 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2).**

* **Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to read:

MEDICAID STATE PLAN FEDERAL APPROVAL. To the extent necessary to implement this Act, the Department of Health shall amend and submit for federal approval the state plan for medical assistance coverage consistent with AS 47.07.030(b), as amended by sec. 1 of this Act.

* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to read:

CONDITIONAL EFFECT; NOTIFICATION. (a) This Act takes effect only if, on or before January 1, 2026, the United States Department of Health and Human Services

(1) approves the amendments to the state plan for medical assistance coverage under AS 47.07.030(b); or

(2) determines that its approval of the amendments to the state plan for medical assistance coverage under AS 47.07.030(b) is not necessary.

(b) The commissioner of health shall notify the revisor of statutes in writing within 30 days after the United States Department of Health and Human Services approves the amendments to the state plan or determines that approval is not necessary under this section.

* **Sec. 4.** If this Act takes effect, it takes effect January 1, 2026.



Sectional Analysis HB 185

“An Act relating to medical assistance eligibility for planning services.”

Section 1.

Amends AS 47.07.030 (b) by asking the Department of Health and Human Services to include Family Planning services and supplies to individuals of child-bearing age who are not pregnant and whose household income does not exceed 225% of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2).

Section 2.

Amends AS 47.07.030 (b) by directing the Department of Health to submit the state plan for medical assistance coverage to the Federal Government per section 1 of this Act.

Section 3.

Amends AS 47.07.030 by adding a conditional effect notification

- This Act only takes effect if the Department of Health approves the amendments to the state plan for medical assistance on or before the effective date or if it determines that approval of amendments is unnecessary.
- The commissioner of health shall notify the revisor of statutes in writing within 30 days after the U.S. Department of Health approves the amendments to the state plan or determines that approval is not necessary.

Section 4.

Provides an effective date of January 1, 2026 for this Act.

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version: HB 185
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB185-DOH-MS-05-2-25
Title: MEDICAL ASSISTANCE; FAMILY PLANNING
Sponsor: HALL
Requester: (H) HSS

Department: Department of Health
Appropriation: Medicaid Services
Allocation: Medicaid Services
OMB Component Number: 3234

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2026 Appropriation Requested	Included in Governor's FY2026 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2026	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits	350.2		2,101.1	2,101.1	2,101.1	2,101.1	2,101.1
Miscellaneous							
Total Operating	350.2	0.0	2,101.1	2,101.1	2,101.1	2,101.1	2,101.1

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	315.2		1,890.9	1,890.9	1,890.9	1,890.9	1,890.9
1003 GF/Match (UGF)	35.0		210.2	210.2	210.2	210.2	210.2
Total	350.2	0.0	2,101.1	2,101.1	2,101.1	2,101.1	2,101.1

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2025) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2026) cost: 0.0 (separate capital appropriation required)

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/26

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

Prepared By: Terra Serpette, Division Operations Manager
Division: Medicaid Services
Approved By: Pam Halloran, Assistant Commissioner
Agency: Department of Health

Phone: (907)465-6333
Date: 05/01/2025
Date: 05/02/25

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2025 LEGISLATIVE SESSION

BILL NO. HB185

Analysis

House Bill 185 allows for optional coverage of family planning services for a non-pregnant individual, whose income exceeds limits for other Medicaid eligibility categories but is equal to or less than 225 percent of the prevailing Federal Poverty Guidelines for Alaska.

Implementation of the requirements of this legislation will require the Department of Health, Division of Public Assistance, to create a new Medicaid eligibility category and for the Department of Health, Division of Health Care Services to update the Alaska Medicaid Management Information System to pay claims under this new Medicaid eligibility category.

Fiscal Impact:

This change is expected to increase total Medicaid expenditures by extending coverage to those individuals who might otherwise not be covered by Medicaid for family planning services.

Medicaid Services has calculated an increase of \$2,101.1 annually, with 90 percent federal and 10 percent general fund match funding. This increase was calculated using fiscal year 2024 eligibility and family planning spending data extracted from the Medicaid claims system. An average annual cost was determined by dividing total family planning claims spending for family planning services by total member count. The annual Medicaid Services spending increase was determined by multiplying the average annual cost against the number of non-covered participants estimated. The federal match percentage is based on the family planning Federal Medical Assistance Percentage (FMAP) rate.

Estimated impacts on participation of covered individuals is estimated to be 3,500 individuals annually.

Implementation Considerations:

Policy, systems, and operational changes would be required to implement the new category.

A state plan amendment would be necessary.

This legislation will take effect only if, on or before January 1, 2026, the United States Department of Health and Human Services approves the amendments to the state plan or determines that approval is not necessary. If this Act takes effect, it takes effect January 1, 2026.

After approval is received from the United States Department of Health and Human Services, it will take another four to six months for regulation changes and implementation. Partial funding is requested for FY2026.

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version: HB 185
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB185-DOH-PAFS-5-2-25
Title: MEDICAL ASSISTANCE; FAMILY PLANNING
Sponsor: HALL
Requester: (H) HSS

Department: Department of Health
Appropriation: Public Assistance
Allocation: Public Assistance Field Services
OMB Component Number: 236

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2026 Appropriation Requested	Included in Governor's FY2026 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2026	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Personal Services			288.3	288.3	288.3	288.3	288.3
Travel							
Services	1,444.8		60.0	60.0	60.0	60.0	60.0
Commodities			15.0	6.0	6.0	6.0	6.0
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	1,444.8	0.0	363.3	354.3	354.3	354.3	354.3

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	722.4		181.6	177.1	177.1	177.1	177.1
1003 GF/Match (UGF)	722.4		181.7	177.2	177.2	177.2	177.2
Total	1,444.8	0.0	363.3	354.3	354.3	354.3	354.3

Positions

Full-time			3.0	3.0	3.0	3.0	3.0
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2025) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2026) cost: 0.0 (separate capital appropriation required)

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/26

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: Deb Etheridge, Director
Division: Public Assistance
Approved By: Pam Halloran, Assistant Commissioner
Agency: Department of Health
Phone: (907)465-2680
Date: 05/01/2025
Date: 05/02/2025

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2025 LEGISLATIVE SESSION

BILL NO. HB185

Analysis

House Bill 185 directs the Alaska Department of Health to seek federal approval to add family planning services and supplies as an optional benefit under the state's Medicaid program. The proposed amendment to AS 47.07.030(b) would extend coverage to non-pregnant individuals of child-bearing age whose household income does not exceed 225 percent of the federal poverty level, as defined by the U.S. Department of Health and Human Services.

The bill requires the department to submit a Medicaid state plan amendment to the Centers for Medicare and Medicaid Services (CMS). The act is contingent upon federal approval—or a determination that approval is not required—by January 1, 2026. If approved, the policy would take effect on January 1, 2026, with notice to the revisor of statutes required within 30 days.

Implementation Considerations:

Implementation will require coordination across policy, program, and system teams. Activities will include development of the state plan amendment, fiscal analysis, regulatory updates, stakeholder engagement, staff training, and collaboration with CMS. The estimated timeline for full implementation is approximately 12 months.

Fiscal Impact:

According to 2023 American Community Survey and state administrative data, there are an estimated 160,000 Alaskans between the ages of 15 and 49. After excluding approximately five percent who are pregnant, the non-pregnant population is estimated at 152,000. Of this group, about half are currently covered under full Medicaid, leaving an estimated 76,000 individuals not enrolled in the program. Within this population, approximately 28,500 individuals are estimated to have household incomes at or below 225 percent of the federal poverty level.

Assuming a projected enrollment uptake rate of 10 to 15 percent, an estimated 3,500 individuals may enroll in coverage annually if HB185 is implemented.

To manage the resulting caseload, the Division of Public Assistance projects the need for three additional Eligibility Technician 2 positions, range 14, step C, in Anchorage. Each position is estimated to cost \$96.1 annually, including salary and benefits, for a total of \$288.3. These costs are expected to be split evenly between federal receipts and general fund match.

Services: Office space, phones, and other reimbursable services agreements for position support: \$60.0 annually, starting in FY2027.

One-time system development cost for FY2026: The Division of Public Assistance estimates a one-time cost of \$1,444.8 to reprogram the ARIES eligibility system to accommodate the new coverage category. With an expected 50 percent federal match, the state share would be \$722.4. Additional updates to the Medicaid Management Information System (MMIS), forms, and training materials are expected to be completed using existing resources.

Commodities: Office supplies: \$6.0 annually.

One-time commodities costs: \$9.0 for computers and office setup.

House Bill 185: Medical Assistance Eligibility for Family Planning Services

May 6, 2025

Representative Carolyn Hall

Introduction

Expand Medicaid coverage by creating a Family Planning State Plan Amendment (SPA) to provide family planning services to Alaskans.

- Federal Government pays 90% of Medicaid family planning services; 10% match from the state.
 - State will save \$7 for every one dollar spent on family planning.
- The SPA will:
 - improve birth outcomes
 - empower Alaskans to decide whether to grow their families
 - reduce infant mortality and preterm birth rates.
- Additional services: preventive screenings for sexually transmitted infections, HIV, & cervical and breast cancers.

What is a State Plan Amendment?

- An agreement between a state & the Federal government describing how the state administers its [Medicaid and Children's Health Insurance Programs \(CHIP\)](#).
- Assures a state will abide by Federal rules & may claim matching funds.
- The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state.

Why do we need a Family Planning State Plan Amendment (SPA) in Alaska?

- Highest rates of infant mortality in U.S. since 2001.
- Alaska's preterm birth rate is rising among Medicaid enrollees.
- Currently, eligible Medicaid families are at 138% of the Federal Poverty Level (FPL).

What is a Federal Poverty Line?

- Indicates the minimum amount of annual income that an individual / family needs to pay for essentials.
- Based on the size of a household and where someone lives.
- Alaska and Hawaii have higher Federal Poverty Levels due to the higher cost of living.

To qualify for Medicaid pregnancy coverage Alaskans must meet 200% FPL. HB185 would expand eligibility limits to 225%.

Where did the 225% come from?

- Model language for the 225% FPL was inspired by 2023 legislation: [HCS SB 58](#).
- HCS SB 58 extended postpartum Medicaid coverage for new mothers from 60 days to 12 months.

Goal: lower and eliminate Alaska's high rate of infant mortality.

Preterm Birth Rates

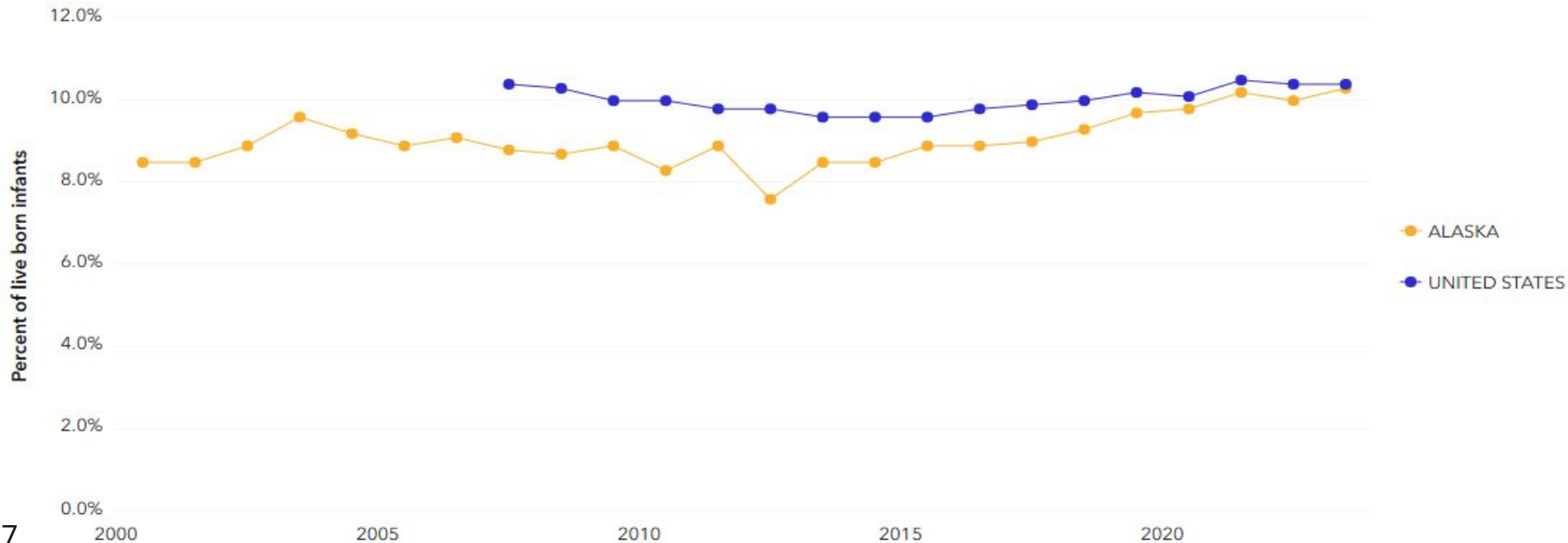
Preterm Births (2000-2023)

Alaska (2023)

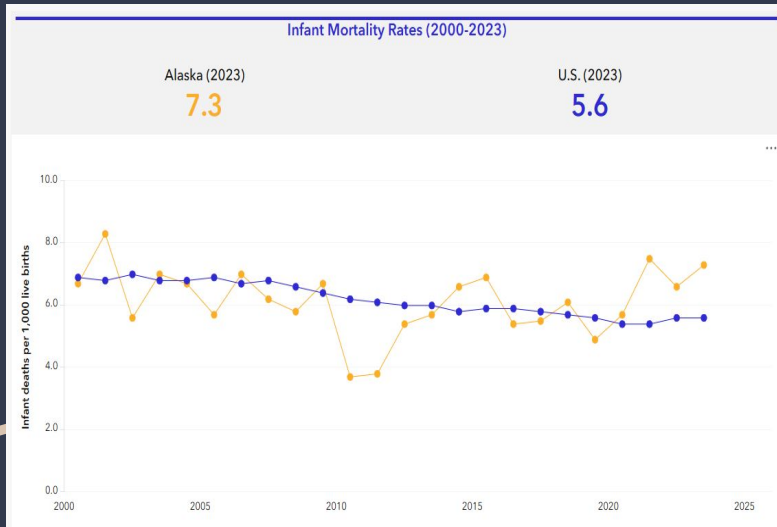
10.3%

U.S. (2023)

10.4%



High Infant Mortality Rates



- Based on data from the Alaska Department of Health (DOH) Alaska's infant mortality rate is “43–83 deaths per year.”
- The DOH reported that deaths within 27 days (“neonatal mortality rate”) have been lower than the U.S. average and deaths from 28 days to 1 year (“postneonatal mortality rates”) have been higher than the U.S. average.
- **2022:** “Alaska's infant mortality rate per 1,000 live births: 6.6 (35th nationally); U.S. average: 5.6.”
- **2023:** “Alaska's infant mortality rate per 1,000 live births: 7.3 – U.S.: 5.6”

The Difference Between A Family Planning SPA and a Section 1115 Waiver

- **Section 1115 waivers**
 - Allow states to experiment with new approaches & initiatives that don't meet federal standards.
 - Give states additional flexibility to design & improve their programs.
 - Time-bound & limited-scope; generally approved for an initial 5-year period, with possible 5-year extension.
- **SPAs**
 - Allow states to receive federal dollars for coverage that doesn't meet federal standards or that extends beyond federal options.
 - Permanent change
 - The state plan defines who is eligible, what services are provided, how providers are reimbursed & what administrative activities are underway in the state.

What are other states doing?

Wisconsin

- SPA (since 2010)
- Family Planning Only Services Program
- 306% FPL

Oklahoma

- SPA (since 2011)
- SoonerPlan
- 133% FPL

Indiana

- SPA (since 2012)
- Family Planning Eligibility Program
- 141% FPL

North Carolina

- SPA (since 2013)
- Be Smart Family Planning
- 195% FPL

Thank You

Questions?

References

<https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments>

<https://mch-indicators2-alaska-dhss.hub.arcgis.com/pages/infant-mortality-1-1>

<https://www.akleg.gov/basis/Bill/Detail/33?Root=SB%2058#tab14>

<https://www.healthinsurance.org/medicaid/alaska/>

<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

<https://www.americanprogress.org/article/advancing-access-to-contraception-through-section-1115-medicaid-waivers-and-state-plan-amendments/>



2025 Federal Poverty Levels / Guidelines & How They Determine Medicaid Eligibility

Last updated: January 17, 2025

TABLE OF CONTENTS

2025 Federal Poverty Guidelines Chart (Effective Jan. 15, 2025)

- 48 Contiguous States
- Alaska
- Hawaii

What are Federal Poverty Guidelines/Levels (FPL)?

What are Federal Benefit Rates (FBR)?

Importance of FPLs and FBRs to Medicaid Eligibility?

2025 Federal Poverty Guidelines Chart (Effective Jan. 15, 2025)

We have included multiple percentages in the Federal Poverty Level chart below, as there are several programs, including Medicaid, that use a percentage of the FPL as the income criteria for program participation.

*** 2025 Medicaid Eligibility Criteria:** Persons looking for Medicaid financial eligibility criteria can [see state-specific information here](#) or [take a fast eligibility test here](#).

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	100%	133%	138%	150%	200%	300%	400%
1	\$15,650	\$20,815	\$21,597	\$23,475	\$31,300	\$46,950	\$62,600
2	\$21,150	\$28,130	\$29,187	\$31,725	\$42,300	\$63,450	\$84,600
3	\$26,650	\$35,445	\$36,777	\$39,975	\$53,300	\$79,950	\$106,600
4	\$32,150	\$42,760	\$44,367	\$48,225	\$64,300	\$96,450	\$128,600
5	\$37,650	\$50,075	\$51,957	\$56,475	\$75,300	\$112,950	\$150,600
6	\$43,150	\$57,390	\$59,547	\$64,725	\$86,300	\$129,450	\$172,600
7	\$48,650	\$64,705	\$67,137	\$72,975	\$97,300	\$145,950	\$194,600
8	\$54,150	\$72,020	\$74,727	\$81,225	\$108,300	\$162,450	\$216,600
Each person over 8, add	\$5,500	\$7,315	\$7,590	\$8,250	\$11,000	\$16,500	\$22,000

Household/ Family Size	2025 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,304.17	\$1,734.54	\$1,799.75	\$1,956.25	\$2,608.33	\$3,912.50	\$5,216.67
2	\$1,762.50	\$2,344.13	\$2,432.25	\$2,643.75	\$3,525.00	\$5,287.50	\$7,050.00
3	\$2,220.83	\$2,953.71	\$3,064.75	\$3,331.25	\$4,441.67	\$6,662.50	\$8,883.33
4	\$2,679.17	\$3,563.29	\$3,697.25	\$4,018.75	\$5,358.33	\$8,037.50	\$10,716.67
5	\$3,137.50	\$4,172.88	\$4,329.75	\$4,706.25	\$6,275.00	\$9,412.50	\$12,550.00
6	\$3,595.83	\$4,782.46	\$4,962.25	\$5,393.75	\$7,191.67	\$10,787.50	\$14,383.33
7	\$4,054.17	\$5,392.04	\$5,594.75	\$6,081.25	\$8,108.33	\$12,162.50	\$16,216.67
8	\$4,512.50	\$6,001.63	\$6,227.25	\$6,768.75	\$9,025.00	\$13,537.50	\$18,050.00
Each person							

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Household/ Family Size	2025 Federal Poverty Level for Alaska (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$19,550	\$26,002	\$26,979	\$29,325	\$39,100	\$58,650	\$78,200
2	\$26,430	\$35,152	\$36,473	\$39,645	\$52,860	\$79,290	\$105,720
3	\$33,310	\$44,302	\$45,968	\$49,965	\$66,620	\$99,930	\$133,240
4	\$40,190	\$53,453	\$55,462	\$60,285	\$80,380	\$120,570	\$160,760
5	\$47,070	\$62,603	\$64,957	\$70,605	\$94,140	\$141,210	\$188,280
6	\$53,950	\$71,754	\$74,451	\$80,925	\$107,900	\$161,850	\$215,800
7	\$60,830	\$80,904	\$83,945	\$91,245	\$121,660	\$182,490	\$243,320
8	\$67,710	\$90,054	\$93,440	\$101,565	\$135,420	\$203,130	\$270,840
Each person over 8, add	\$6,880	\$9,150	\$9,494	\$10,320	\$13,760	\$20,640	\$27,520

Household/ Family Size	2025 Federal Poverty Level for Alaska (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,629	\$2,167	\$2,248	\$2,444	\$3,258	\$4,888	\$6,517
2	\$2,203	\$2,929	\$3,039	\$3,304	\$4,405	\$6,608	\$8,810
3	\$2,776	\$3,692	\$3,831	\$4,164	\$5,552	\$8,328	\$11,103
4	\$3,349	\$4,454	\$4,622	\$5,024	\$6,698	\$10,048	\$13,397
5	\$3,923	\$5,217	\$5,413	\$5,884	\$7,845	\$11,768	\$15,690
6	\$4,496	\$5,979	\$6,204	\$6,744	\$8,992	\$13,488	\$17,983

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Hawaii

Household /Family Size	2025 Federal Poverty Level for Hawaii (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$17,990	\$23,927	\$24,826	\$26,985	\$35,980	\$53,970	\$71,960
2	\$24,320	\$32,346	\$33,562	\$36,480	\$48,640	\$72,960	\$97,280
3	\$30,650	\$40,765	\$42,297	\$45,975	\$61,300	\$91,950	\$122,600
4	\$36,980	\$49,183	\$51,032	\$55,470	\$73,960	\$110,940	\$147,920
5	\$43,310	\$57,602	\$59,768	\$64,965	\$86,620	\$129,930	\$173,240
6	\$49,640	\$66,021	\$68,503	\$74,460	\$99,280	\$148,920	\$198,560
7	\$55,970	\$74,440	\$77,239	\$83,955	\$111,940	\$167,910	\$223,880
8	\$62,300	\$82,859	\$85,974	\$93,450	\$124,600	\$186,900	\$249,200
Each person over 8, add	\$6,330	\$8,419	\$8,735	\$9,495	\$12,660	\$18,990	\$25,320

Household /Family Size	2025 Federal Poverty Level for Hawaii (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,499	\$1,994	\$2,069	\$2,249	\$2,998	\$4,498	\$5,997
2	\$2,027	\$2,695	\$2,797	\$3,040	\$4,053	\$6,080	\$8,107
3	\$2,554	\$3,397	\$3,525	\$3,831	\$5,108	\$7,663	\$10,217
4	\$3,082	\$4,099	\$4,253	\$4,623	\$6,163	\$9,245	\$12,327

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Each person over 8, add	\$528	\$702	\$728	\$791	\$1,055	\$1,583	\$2,110
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What are Federal Poverty Guidelines/Levels (FPL)?

The Federal Poverty Guidelines are federally set “poverty lines” that indicate the minimum amount of annual income that an individual / family needs to pay for essentials, such as housing, utilities, clothing, food, and transportation. These guidelines, also called Federal Poverty Levels (FPLs), are based on the size of a household and the state in which one resides. FPLs are the same in 48 of the 50 states. The two exceptions are Alaska and Hawaii, which have higher Federal Poverty Levels due to the higher cost of living. As an example, in 2025, the annual FPL for an individual in Alaska is \$19,550, in Hawaii it is \$17,990, and in the remainder of the states it is \$15,650.

Many state and federal programs, and even some local ones, use FPLs to determine income eligibility for program benefits. Some examples of programs that use FPLs include Medicaid, the Low-Income Home Energy Assistance Program (LIHEAP), Weatherization Assistance for Low-Income Persons, and the Supplemental Nutrition Assistance Program (SNAP). The exact percentage of the FPL used for eligibility purposes varies based on the program and the state. For example, many states use 138% of the FPL for Medicaid eligibility.

The Federal Poverty Guidelines are updated each year, generally in mid-late January, by the Department of Health and Human Services (HHS).

! Federal Poverty Guidelines should not be confused with the Federal Poverty Threshold. While both provide federal measures of poverty, the Federal Poverty Threshold is determined by the U.S. Census Bureau and includes statistics on the number of Americans who are living in poverty. It is this report that is used by the Department of Human and Health Services to establish the Federal Poverty Guidelines.

What are Federal Benefit Rates (FBR)?

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In 2025, the maximum FBR is \$967 for a single individual and \$1,450 for a married couple. These figures are updated and released by the Social Security Administration (SSA). Generally, they are released at the end of each year and are effective at the beginning of the new year in January.

Importance of FPLs and FBRs to Medicaid Eligibility?

All Medicaid programs have income limits for eligibility purposes. These limits vary based on the state, the program in which one is applying, and one's marital status. That said, at the time of this writing, more than half of the states use 100% of the Federal Poverty Level, or a percentage of it, to determine income eligibility for regular Medicaid (Aged, Blind and Disabled). Some states also use the FPL, or a percentage of it, to determine if one meets the income limit for nursing home Medicaid or a HCBS (Home and Community Based Services) Medicaid waiver. As of 2025, the annual FPL for an individual is \$15,650 (\$1,304.17 / month), and for a married couple is \$21,150 (\$1,762.50/ month).

Alternatively, some states use the Federal Benefit Rate to determine income eligibility for Medicaid. Furthermore, in many of the states, Medicaid eligibility is automatic if one is eligible for SSI. (Remember the FBR is the maximum monthly cash payment in which a SSI recipient can receive). For nursing home Medicaid and HCBS Medicaid waivers, many states use 300% of the Federal Benefit Rate as the monthly income limit. As of 2025, this figure is \$2,901 ($\$967 \times 3 = \$2,901$) for a single applicant. In many states, if both spouses of a married couple are applying for nursing home Medicaid or a HCBS Medicaid waiver, each spouse is considered as a single applicant for income eligibility.

Determine Your Medicaid Eligibility

Get Help Qualifying for Medicaid

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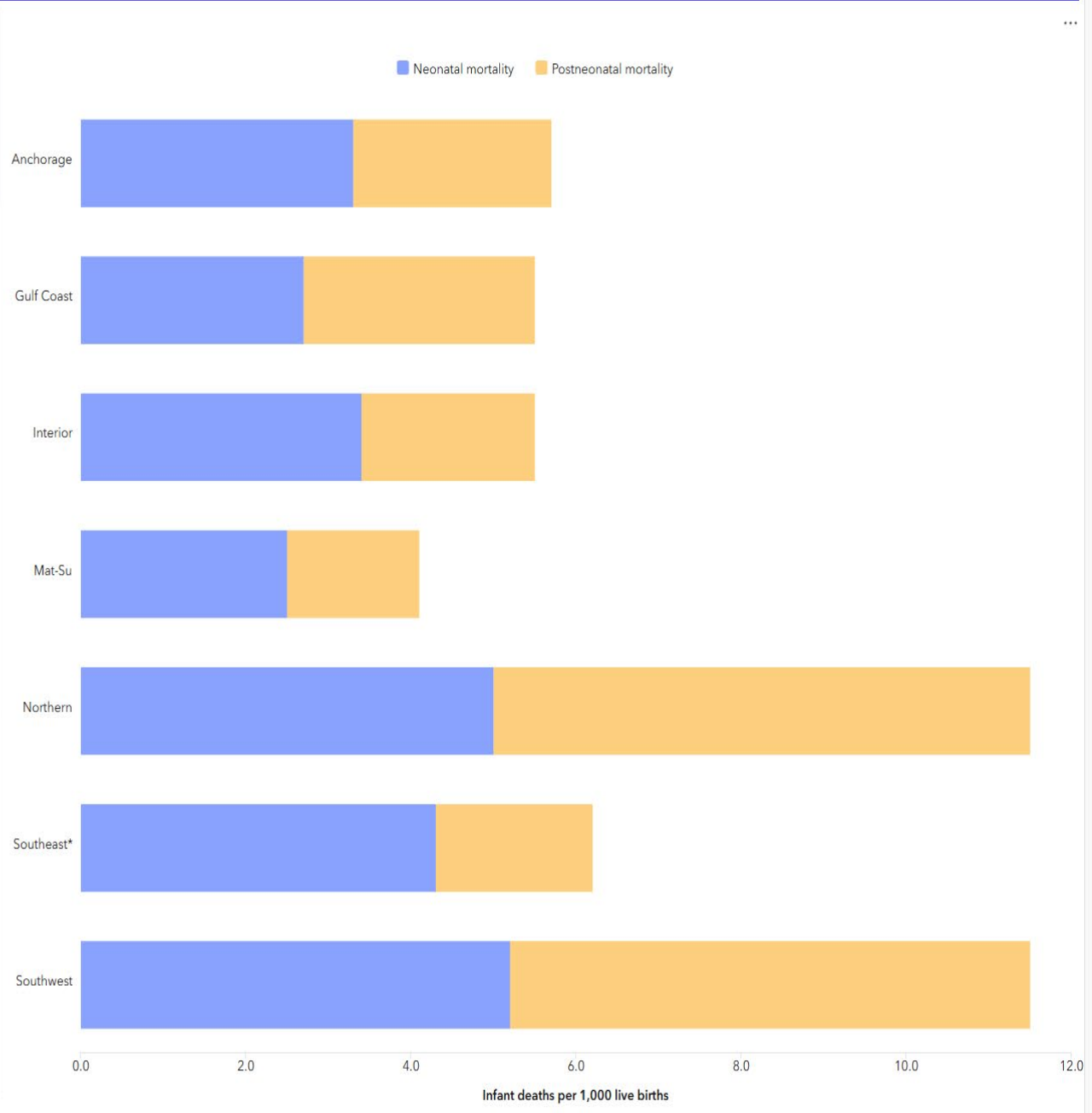
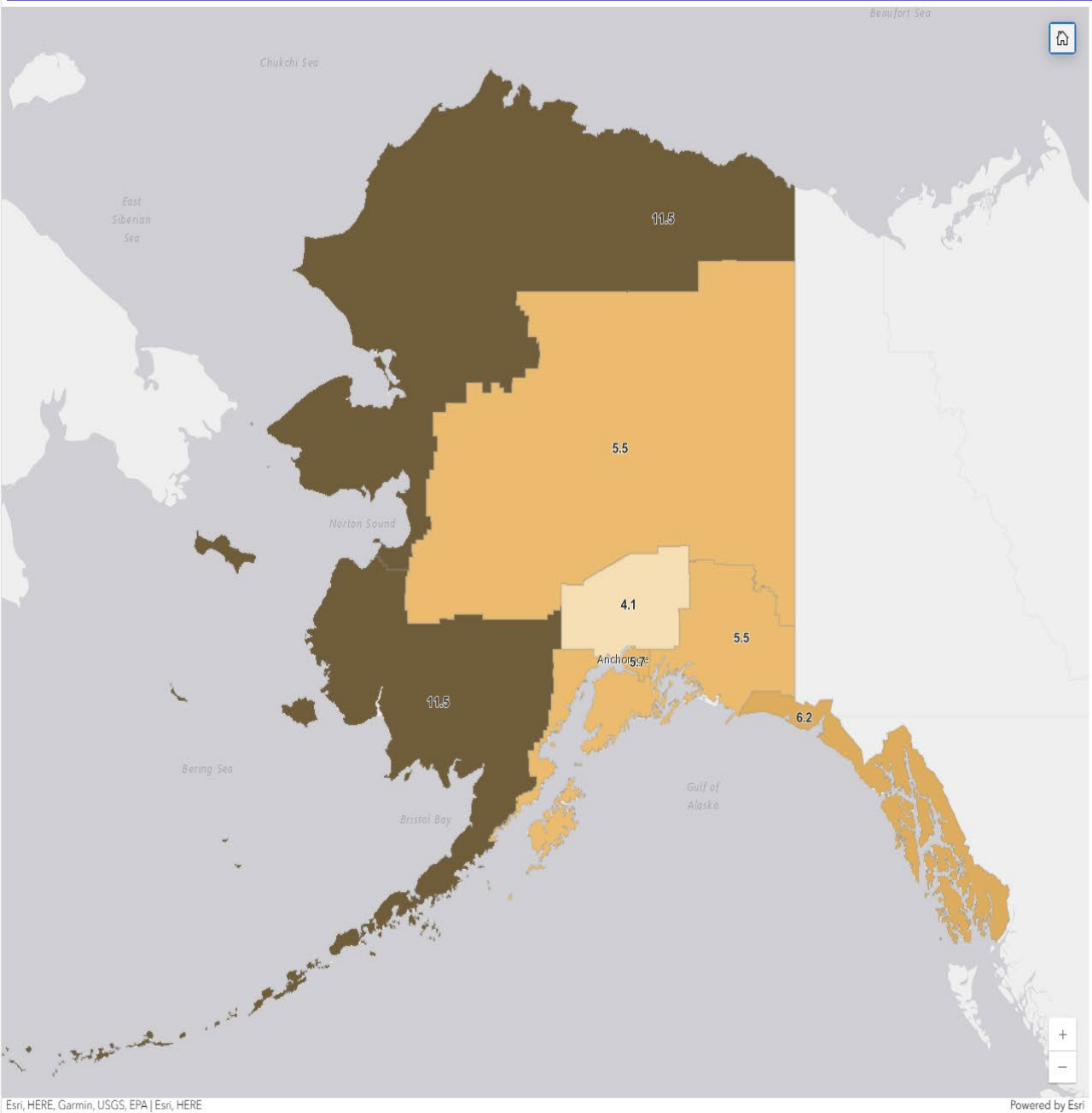
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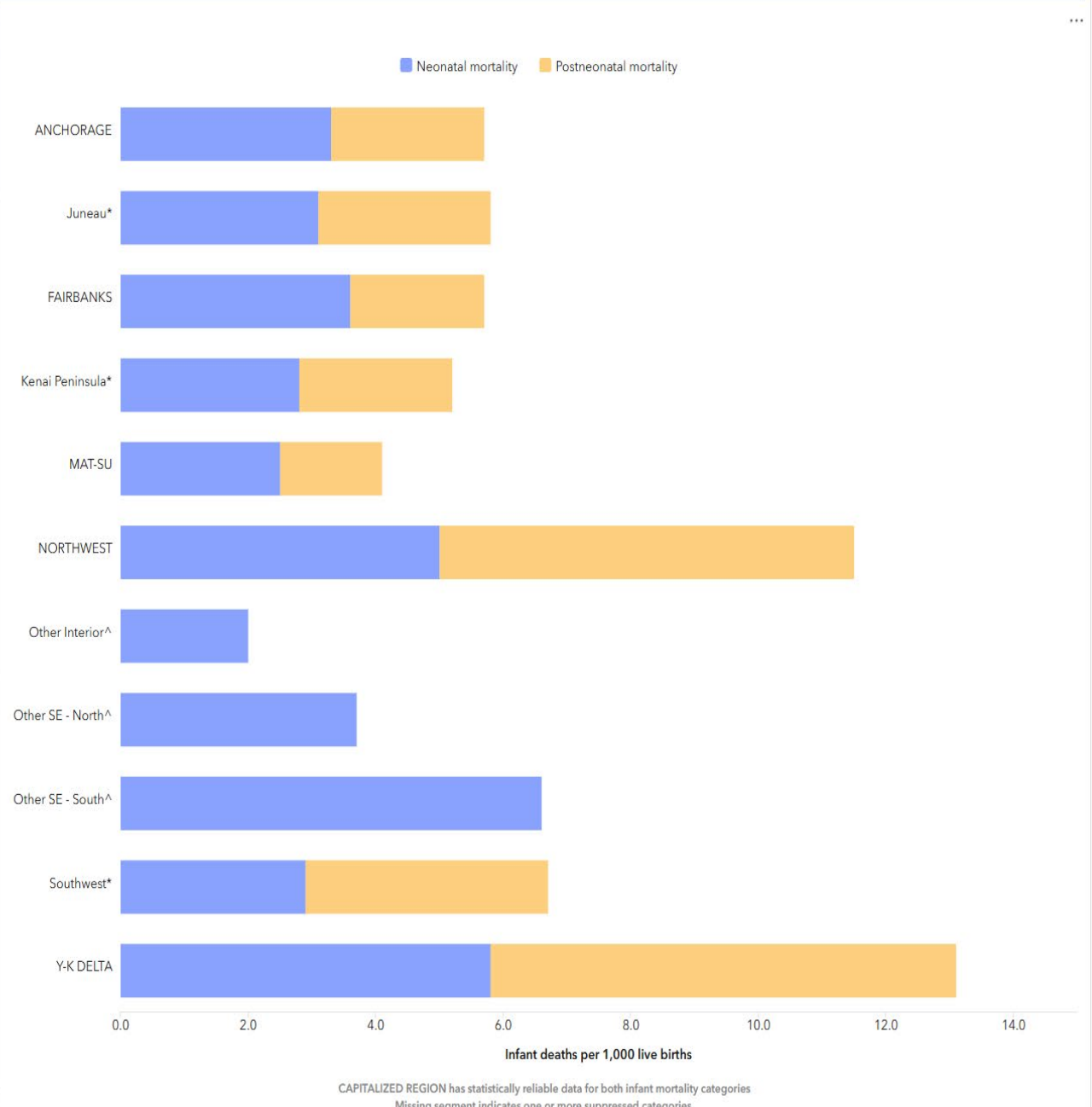
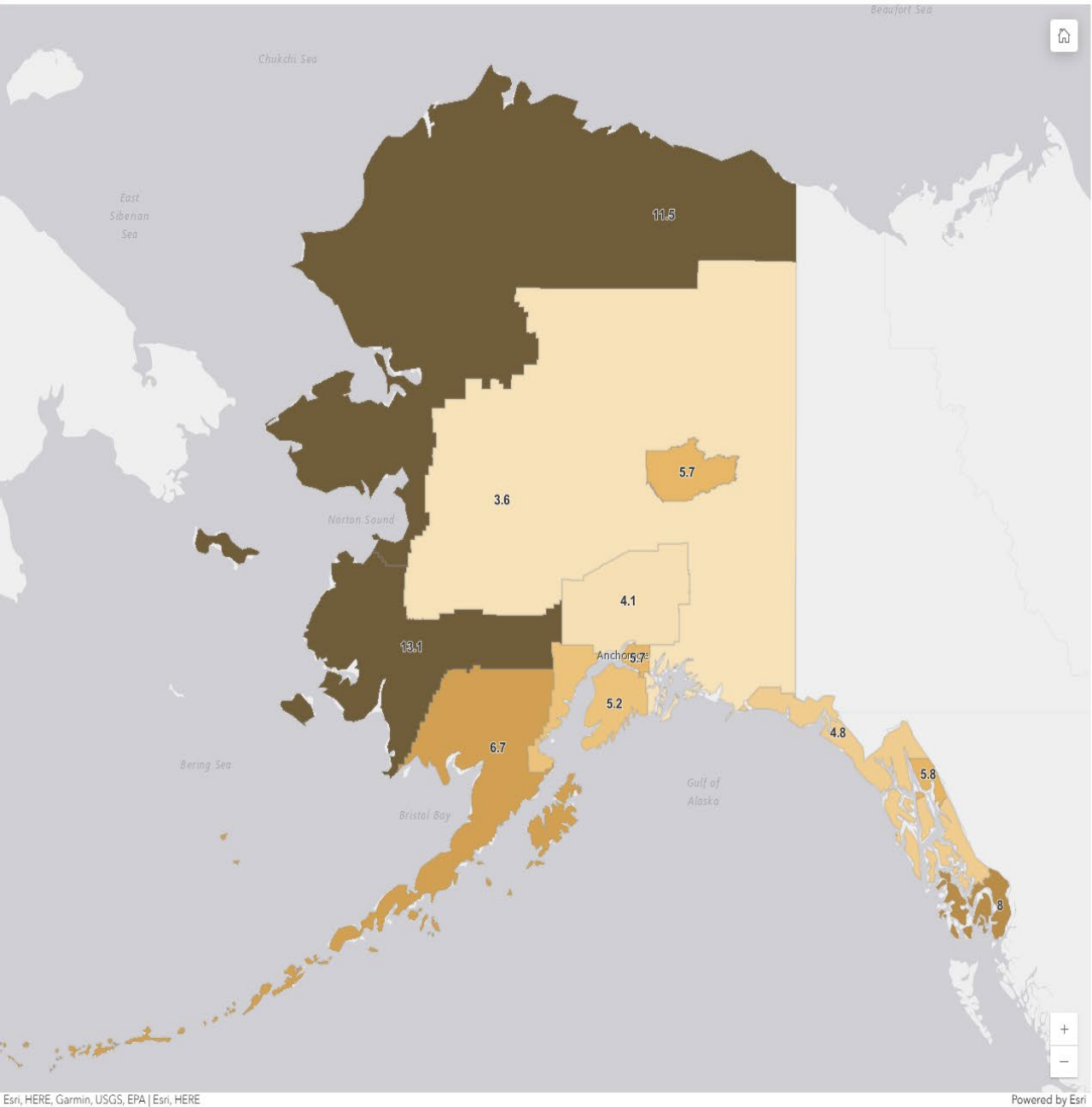
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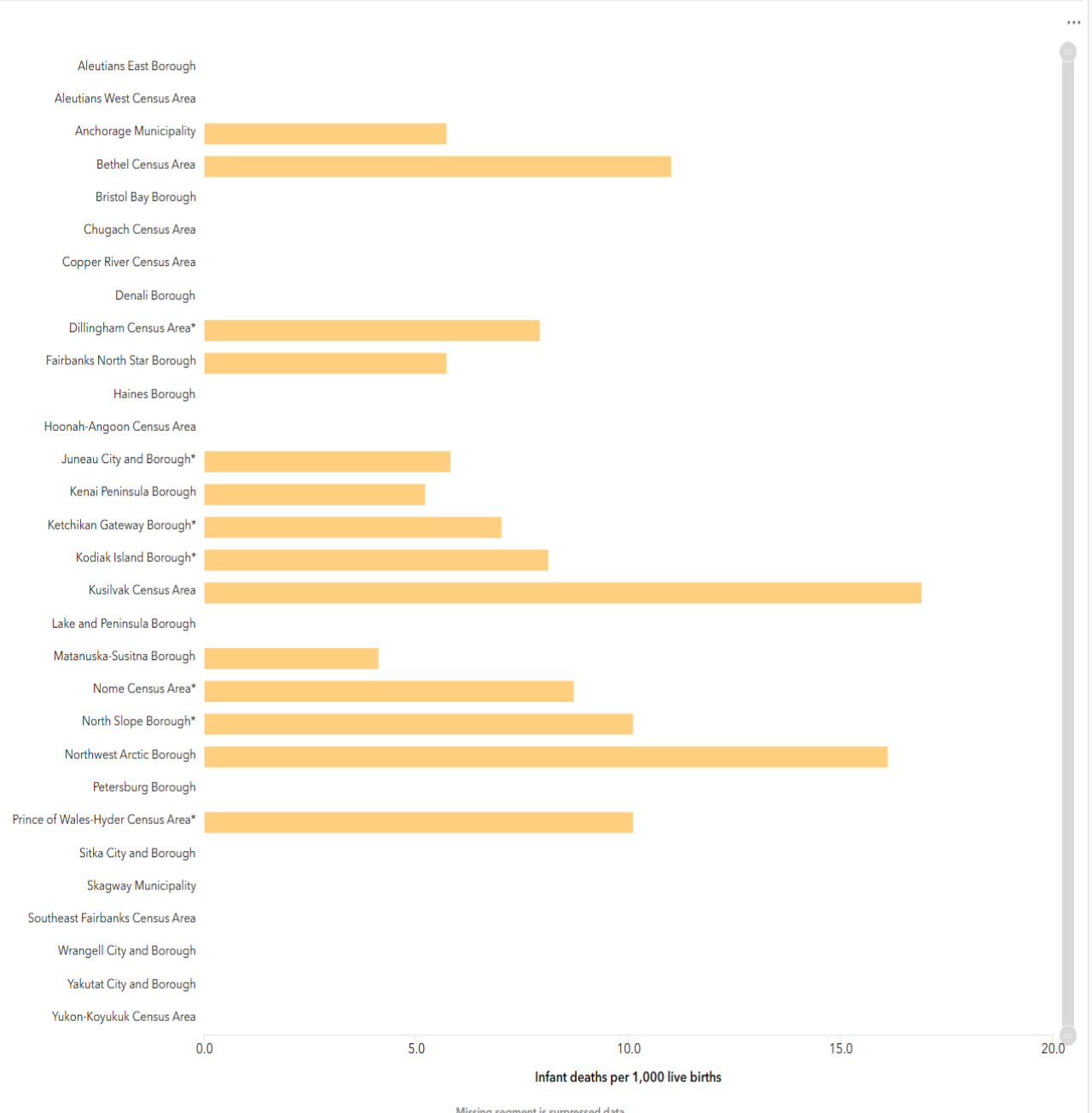
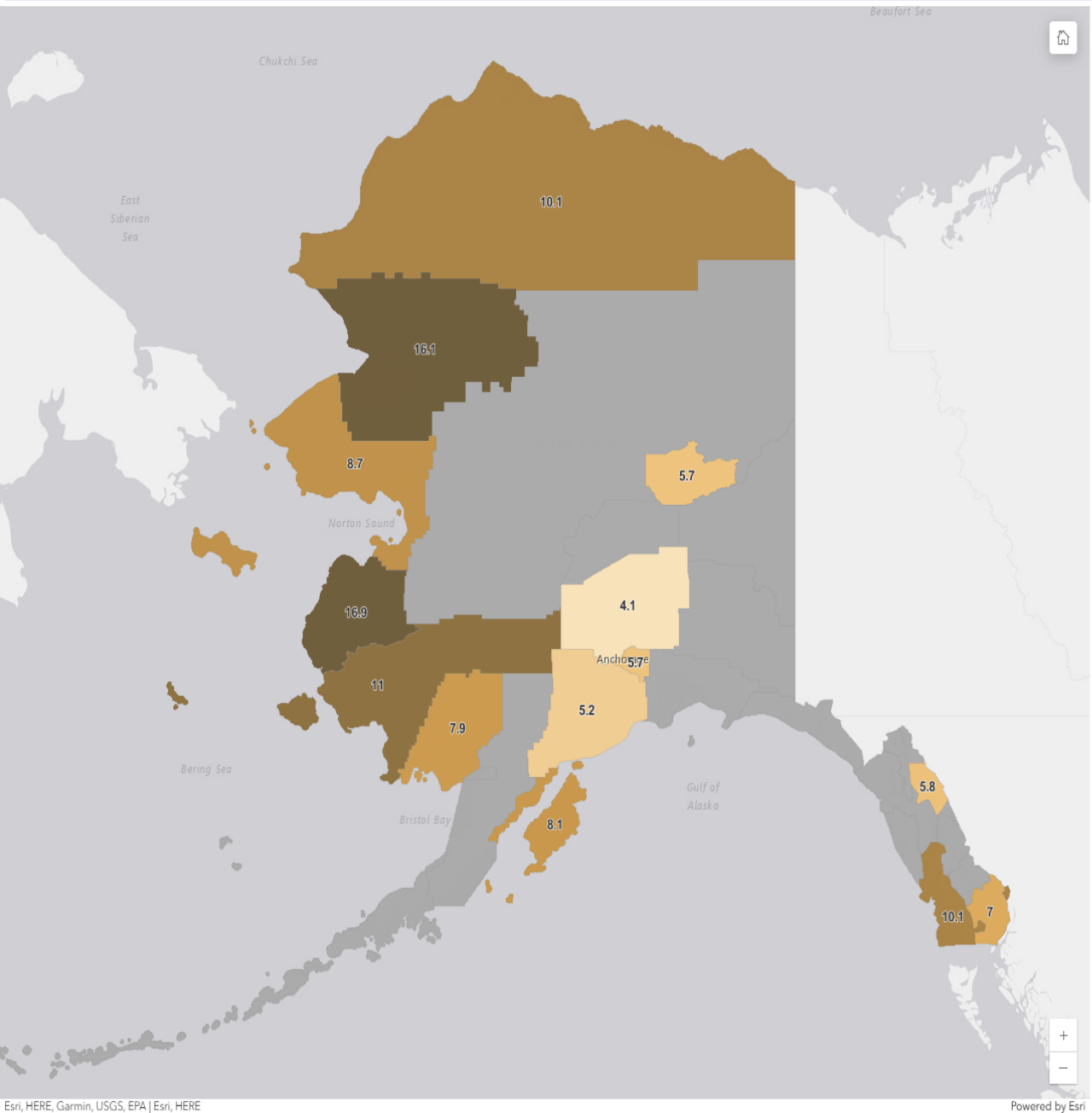
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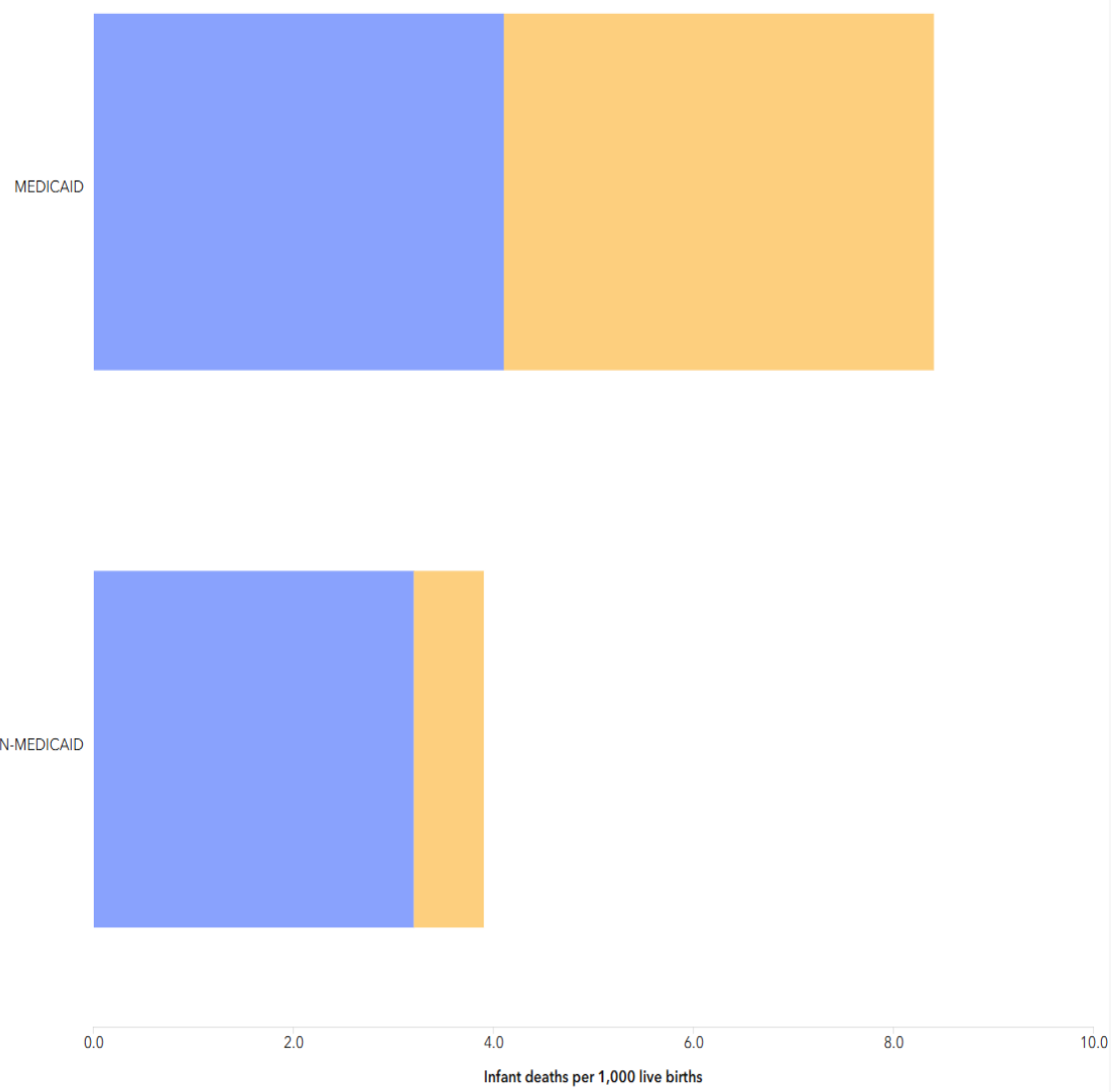




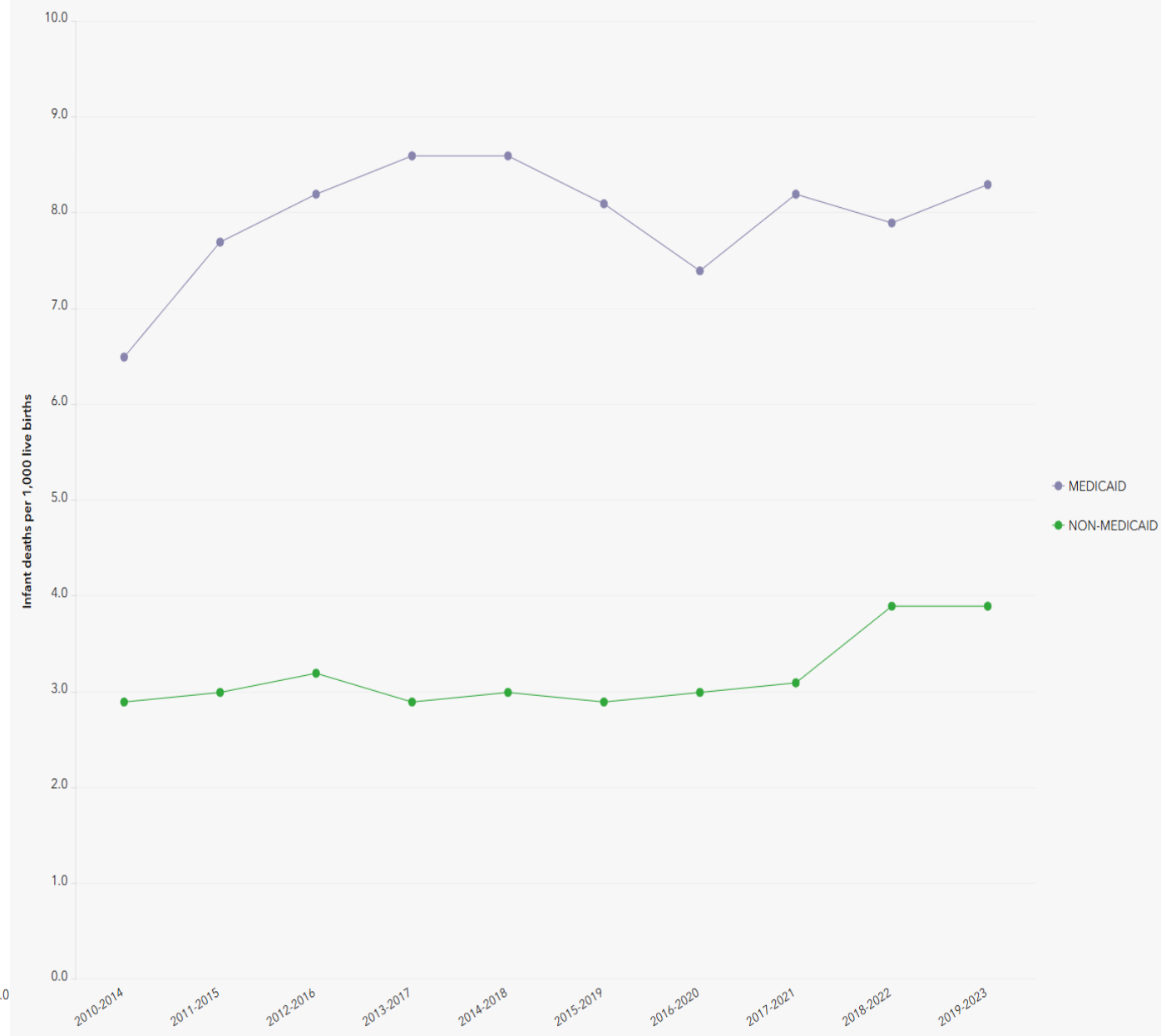


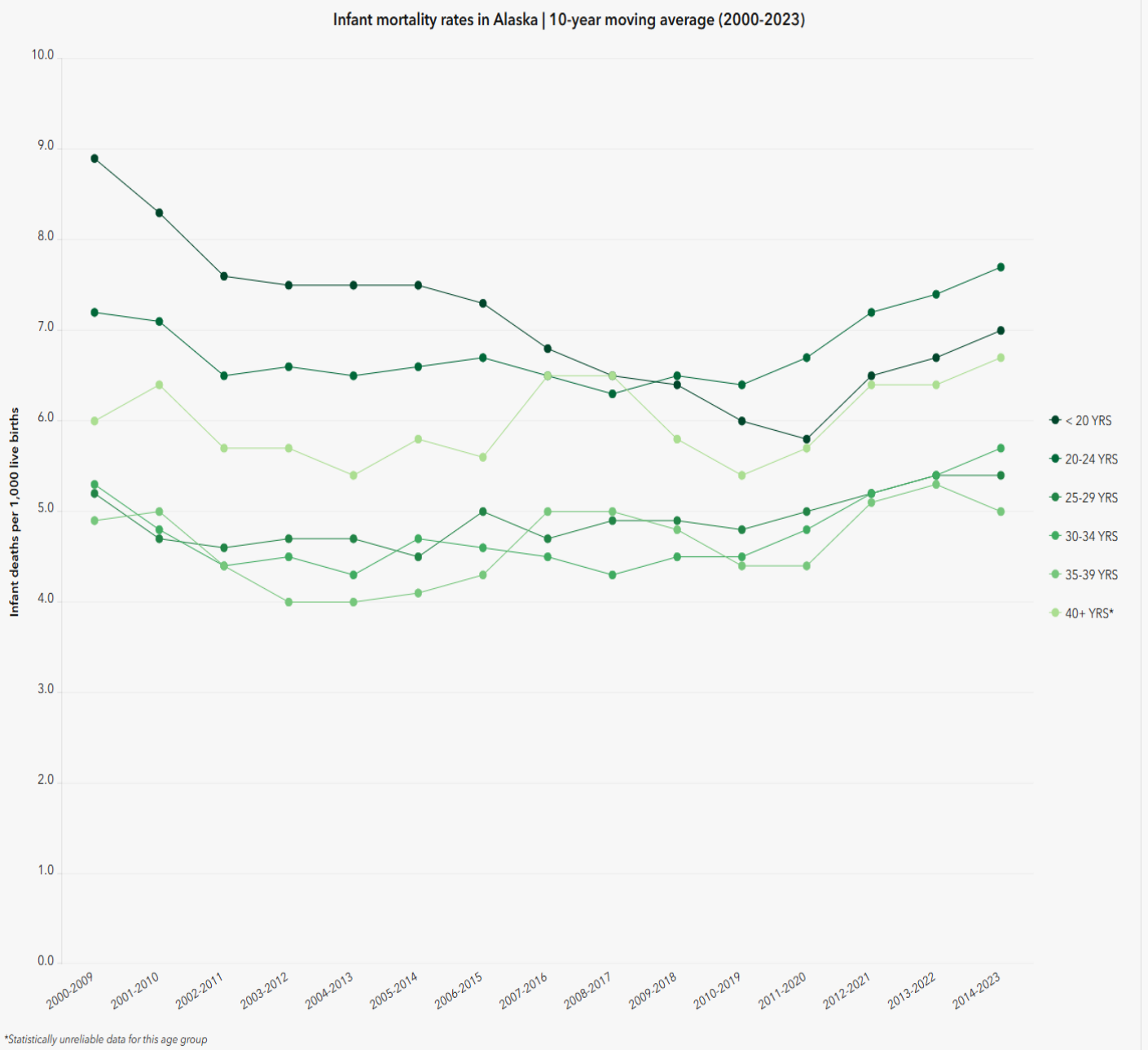
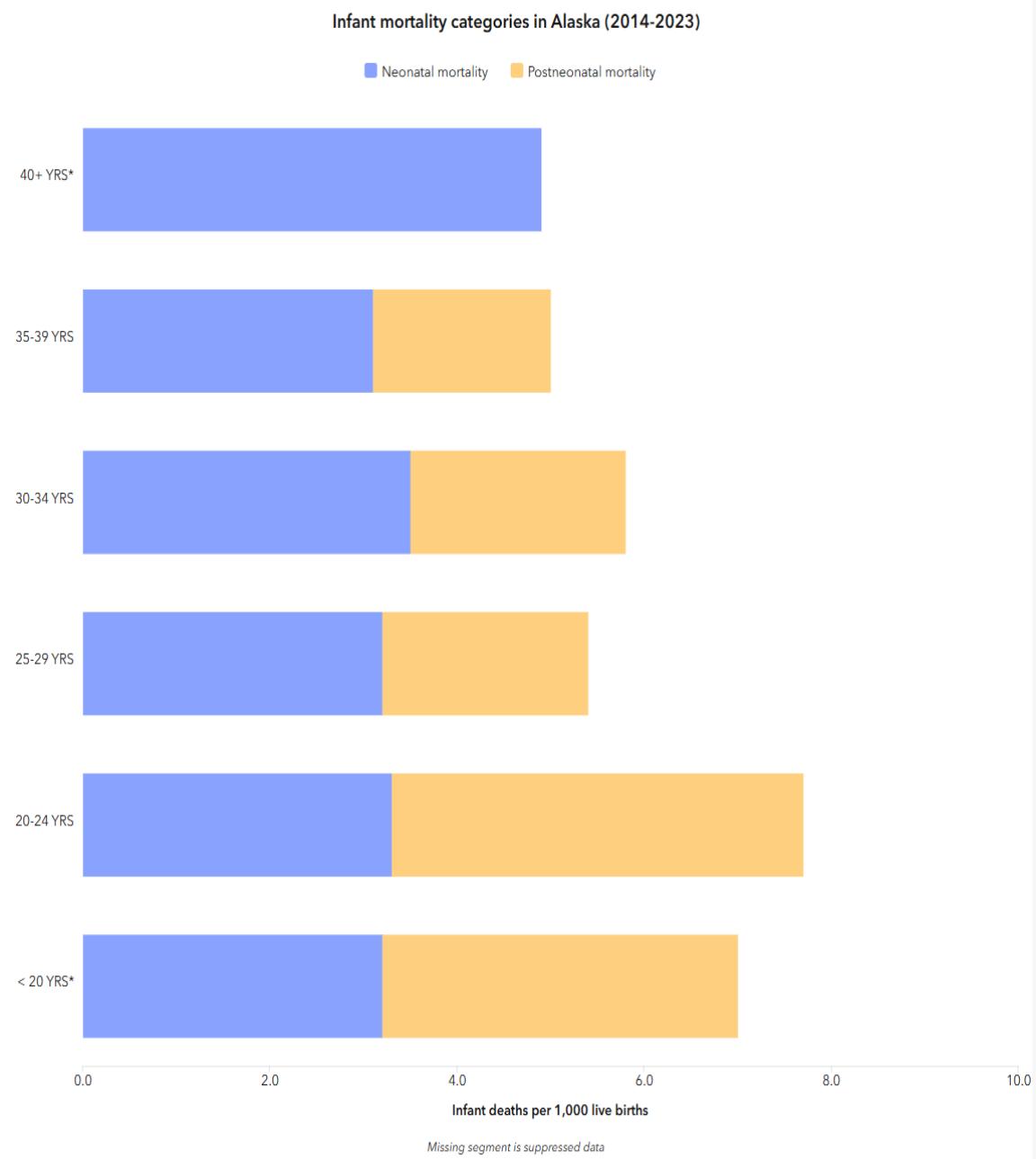
Infant mortality categories in Alaska (2019-2023)

Neonatal mortality Postneonatal mortality



Infant mortality rates in Alaska | 5-year moving average (2010-2023)

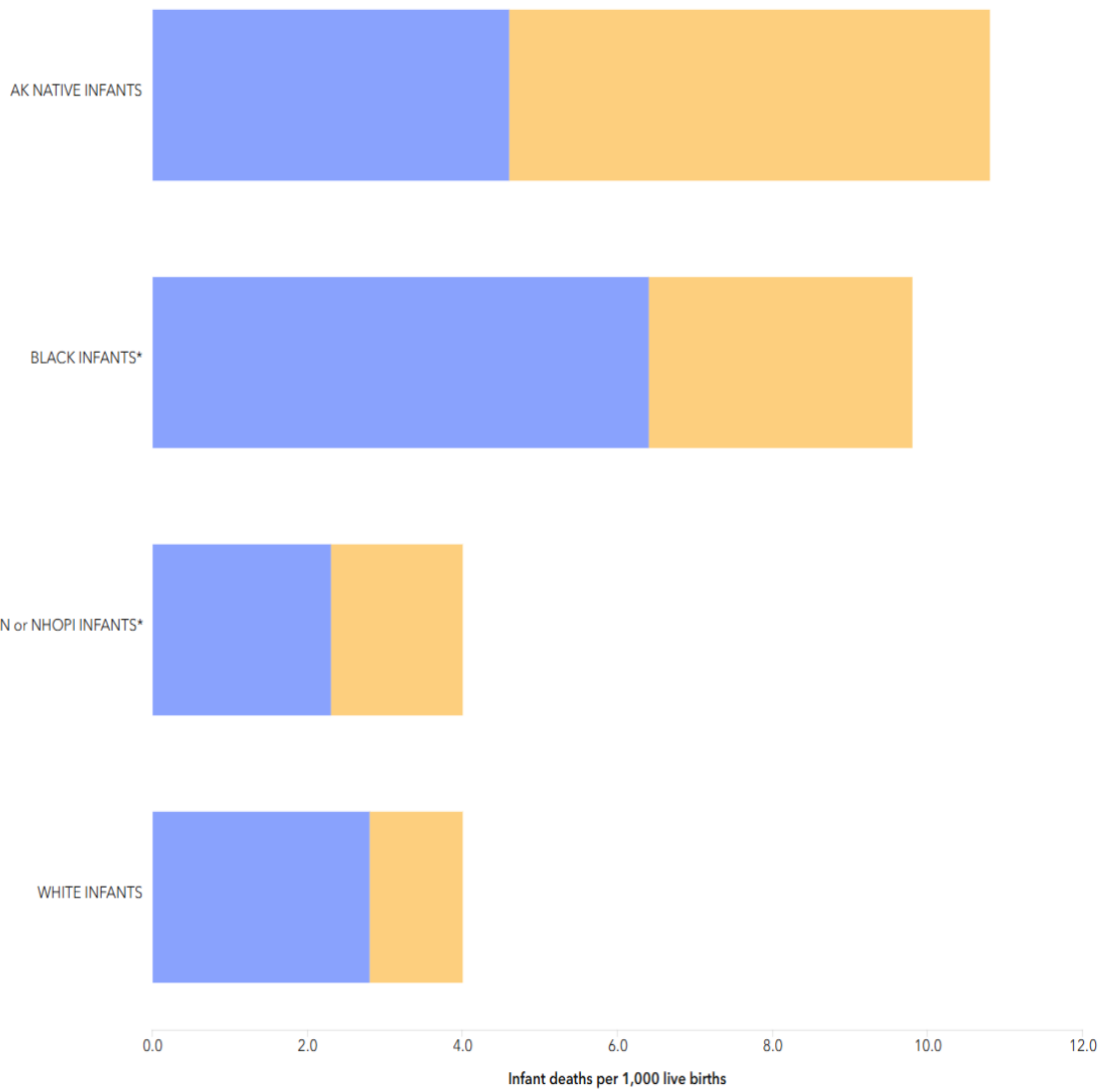






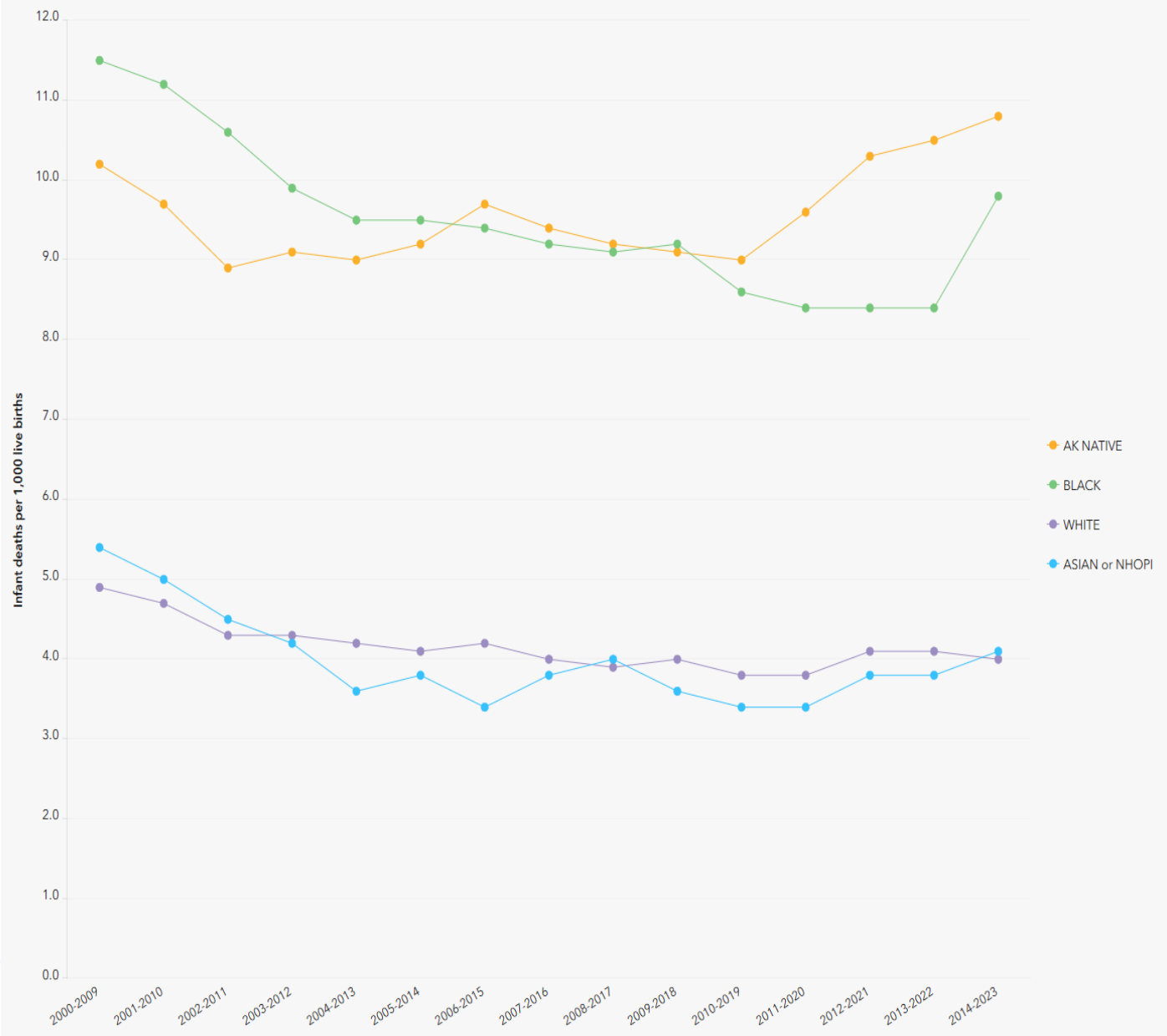
Infant mortality categories in Alaska (2014-2023)

Neonatal mortality Postneonatal mortality



*Statistically unreliable for postneonatal rates

Infant mortality rates in Alaska | 10-year moving average (2000-2023)





Infant mortality categories in Alaska (2014-2023)

Neonatal mortality Postneonatal mortality



Infant mortality rates in Alaska | 10-year moving average (2000-2023)

