

May 2024

# Washington Health Insurance Marketplace Affordability Fact Sheet

This fact sheet is intended to highlight the innovative strategies Washington uses to improve affordability of insurance coverage on their state insurance marketplace, called “Washington Healthplanfinder” (HPF). This is one of a five-state series, presented by Community Catalyst, intended to share information with policymakers about innovations states can employ to make health insurance more accessible for low- and moderate-income individuals. Washington defines “low- and moderate-income individuals” as those at or below 250% FPL. Accessibility includes coverage and subsidies to undocumented Washingtonians. This brief focuses on solutions in the individual market.

# Washington's Insurance Environment

## Washington market characteristics:

- Population size: 7.8 million (2022)
- 272,494 covered under WA HPF (2024)
- 4.7% uninsured (2022)
- \$90,325 median household income (2022)
- Plan standardization
- Medicaid-Marketplace integration
- Democratic-controlled government, leaning “purple”

The state has had its state-based marketplace (SBM), the Washington Healthplanfinder (HPF) platform, and Medicaid expansion since the 2014 Patient Protection and Affordable Care Act (ACA) implementation.

Washington HPF is the enrollment portal for all enrolling in MAGI-based Medicaid in the state, as well as those enrolling in Marketplace coverage. State advocates report that this integration has been key to their marketplace's success in getting residents health coverage. **Appendix A** contains more background on the marketplace and population.

## Standardization (Cascade Care) &

## Public Option (Cascade Select Plans)

In 2021, Washington HPF debuted the Cascade Care program, which encompasses (1) Cascade Care standardized plans<sup>1</sup>, (2) Cascade Select, the [nation's first](#) public option,<sup>2</sup> and (3) Cascade Care Savings, premium assistance-eligible plans. Under [state statute](#),<sup>3</sup> the silver plans in the general marketplace with the lowest actuarial value are required to be Cascade Savings Plans. The [goal](#) of the public option is to increase availability of quality, affordable health coverage, while simplifying plan comparison to factors consumers prioritize: premiums, provider networks, and plan quality.<sup>4</sup> Cascade Plans are standardized with a focus on lower deductibles and covering more care [before the deductible is met](#).<sup>5</sup> Within the

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<sup>1</sup> ASPE Office of Health Policy Issue Brief, Facilitating Consumer Choice: Standardized Plans in Health Insurance Marketplaces, 2021.

<https://aspe.hhs.gov/sites/default/files/documents/222751d8ae7f56738f2f4128d819846b/Standardized-Plans-in-Health-Insurance-Marketplaces.pdf>

<sup>2</sup> Public options add a publicly backed health insurance plan as an option for marketplace enrollees. (Center for American Progress, 2021). <https://www.americanprogress.org/wp-content/uploads/sites/2/2021/07/How-States-Can-Build-on-the-ACA1.pdf>

<sup>3</sup> Health Insurance Individual Market - Premium Assistance - Standardized Plans. S.B. 5377, 67 Leg (WA 2021). This statute also authorized state cost-sharing reductions (CSR), but it has not yet been funded by the Legislature.

<sup>4</sup> WA Health Care Authority. Cascade Select (Public Option). <https://www.hca.wa.gov/about-hca/programs-and-initiatives/cascade-select-public-option>

<sup>5</sup> WA Health Benefit Exchange. “Draft 2024 Standard Plan Designs”.

[https://www.wahbexchange.org/content/dam/wahbe-assets/cascade-care/Draft%202024%20Standard%20Plans%20\\_Public%20Comment.pdf](https://www.wahbexchange.org/content/dam/wahbe-assets/cascade-care/Draft%202024%20Standard%20Plans%20_Public%20Comment.pdf)

state’s marketplace, about half of all plans offered are Cascade Care Plans;<sup>6</sup> and 70% of all enrollees are enrolled in these plans for Plan Year 2024, up from 33% in 2022.<sup>7</sup> For more information on Cascade Care, see **Appendix B**.

## Policies driving coverage affordability and accessibility

Washington HPF has implemented various policies designed to make coverage more affordable and accessible primarily through the standardized Cascade Care program. These policies focus on lowering out-of-pocket (OOP) costs for lower-income residents and expanding coverage access to systematically excluded communities.

### Strengthening affordability of covered benefits

#### Cascade Care Savings

[Cascade Care Savings](#) provides income-based state-funded premium subsidies (in addition to federal Premium Tax Credits (PTC)) to applicants with household income up to 250% FPL, as long as they enroll in a silver or gold Cascade Care plan.<sup>8</sup> Applicants who select non-Cascade Care plans can receive federal APTC and cost-sharing reductions (CSR) if eligible and they select a silver plan or higher, but they would not be able to access these additional state-funded subsidies.

Funding	Authorized under 2021 legislation and funded by the <a href="#">State Health Care Affordability Account</a> <sup>9</sup> annually, out of the state’s general fund. <sup>10</sup>
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<sup>6</sup> WA Health Benefit Exchange “FACT SHEET: HB 2361/SB 6258”. Legislation was under consideration that would phase in a requirement that only standardized Cascade plans could be offered by 2027. The House version of the bill passed in February, but the Senate version did not pass by the end of the 2024 legislative session. <https://www.wahbexchange.org/content/dam/wahbe-assets/events/exchange-board/FINAL-%20HB%202361-SB%206258%20Fact%20Sheet.pdf>

<sup>7</sup> WA Health Benefit Exchange. “Enrollment Reports and Data”. <https://www.wahbexchange.org/about-the-exchange/reports-data/enrollment-reports-data/>

<sup>8</sup> WA Healthplanfinder. “Cascade Care Savings”. <https://www.wahealthplanfinder.org/us/en/my-account/savings-options/cascade-care-savings.html>

<sup>9</sup> WA State Legislature. Revised Code of Washington (RCW). [43.71.130](#). “State Health Care Affordability Account”

<sup>10</sup> WA Healthplanfinder. “State Premium Assistance Policy”. May 2, 2023. The state’s 2024 operating budget designated \$50 million to fund Cascade Care Savings, and an additional \$5 million in pass-thru funding is provided to the program contingent upon Washington’s 1332 waiver. <https://www.wahbexchange.org/content/dam/wahbe-assets/cascade-care/Final%20PY%202024%20Cascade%20Care%20Savings%20Policy.pdf>

<p>Policy levers</p>	<ul style="list-style-type: none"> <li>• Washington HPF sets a maximum per-enrollee premium assistance benefit for Cascade Care, based on the legislative budget allocation. In 2024, the maximum per-enrollee Cascade Care Savings benefit is <a href="#">\$155/month</a> for enrollees who also receive federal APTC, and \$250/month for those who do not, such as undocumented Washingtonians and those ineligible for federal APTC for other reasons, such as tax status.</li> <li>• An applicant shopping on Washington HPF can see tags for APTC, Cascade Care Savings, and CSR, to view which plans are eligible for which benefits.</li> <li>• Additional rolling <a href="#">special enrollment period</a> (SEP)<sup>11</sup> to allow those up to 250% FPL to enroll year-round, if they select an eligible plan.<sup>12</sup></li> </ul>
<p>Impacts</p>	<ul style="list-style-type: none"> <li>• Implementing the SEP in tandem with premium subsidies and standard plan resulted in stronger enrollment, particularly for those just above Medicaid income-eligibility level.</li> <li>• Improved premium affordability: 30% of enrollees now pay \$100 or less per month for premiums; 16% pay \$25 or less; and 12% pay \$10 or less.</li> <li>• Public option plans now include the lowest-cost silver premiums available in 25 counties, compared to 13 counties in 2022.</li> <li>• The flat fee enhances the progressive nature of APTC, but is regressive on its own for APTC-ineligible enrollees.</li> <li>• Between 2021 to 2023, primary care, mental health care visits, urgent care visits, and generic drugs were not subject to the Cascade Care plan deductible.<sup>13</sup></li> </ul>

State officials report that their intent in designing Cascade Care Savings to work in tandem with the rolling SEP and standard plans was to encourage affordability and access for low-income individuals, particularly those just above Medicaid income-eligibility (138 - 250% FPL). This policy addresses churn in and out of Medicaid and resulted in improved enrollment in Cascade Care. State officials reported their public option provisions are not as strong as they would like; however, the recent state funded premium subsidies provision has strengthened public option affordability. These state-funded premium subsidies have strengthened Washington’s public option affordability. For more insights on this policy history and associated tradeoffs, see **Appendix C**.

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<sup>11</sup> WA Healthplanfinder. “Open Enrollment vs. Special Enrollment”. <https://www.wahealthplanfinder.org/us/en/health-coverage/enrollment-periods/special-enrollment-en.html>

<sup>12</sup> This means individuals can enroll year-round, provided they do not exceed the income threshold (250% FPL) and choose to enroll in a Cascade Care silver or gold plan.

<sup>13</sup> WA Health Benefit Exchange. “Offering Only Standard Plans on the Exchange”. Dec. 1, 2023. <https://www.wahbexchange.org/content/dam/wahbe-assets/legislation/12.01.2023%20Washington%20Health%20Benefit%20Exchange%20Standard%20Plan%20report.pdf>

Currently, about 30% of Washington HPF enrollees are income-eligible for Cascade Care Savings but are not enrolled in an eligible plan (i.e., a silver or gold Cascade Care Plan). This may be an intentional enrollee choice, but may be plan selection error, lack of program understanding, or relying on auto-renewal from the previous year’s plan, among other reasons.

## Coverage and Subsidies for Undocumented Washingtonians

Washington was the first and only state (as of April 2024) to obtain a [1332 waiver](#)<sup>14</sup> that allows undocumented Washingtonians [to enroll](#)<sup>15</sup> in coverage through its marketplace<sup>16</sup>, starting with the 2024 plan year. Although undocumented immigrants (including DACA recipients<sup>17</sup>) cannot receive federal subsidies (i.e. APTC), they [are eligible](#) for Washington’s previously discussed income-based premium subsidies.<sup>18</sup> About 2,000 of the 2,200 new enrollees in the program qualified for Cascade Care Savings.

Funding	Authorized under 1332 waiver and funded solely through the state’s general fund.
Policy levers	<ul style="list-style-type: none"> <li>Undocumented Washingtonians who choose not to upload identification verification documents to the state exchange can instead verify with a navigator.</li> <li>Apple Health (Medicaid) is expanding to cover undocumented Washingtonians, who do not qualify for other Apple Health programs, with state-only funds if income is under 138% FPL, starting <a href="#">July 2024</a>.<sup>19</sup></li> </ul>
Impacts	<ul style="list-style-type: none"> <li>According to Washington HPF’s <a href="#">2024 Annual Public Forum</a>, about 100,000 uninsured Washington residents previously ineligible based on “lawfully present” restrictions will be eligible for coverage in 2024.<sup>20</sup></li> </ul>

<sup>14</sup> CMS. “Washington: State Innovation Waiver”. Dec. 9, 2022. <https://www.cms.gov/files/document/1332-wa-fact-sheet.pdf>

<sup>15</sup> United States of Care. “Washington’s Section 1332 Innovation Waiver Explainer”. Jan. 11, 2023. <https://unitedstatesofcare.org/washingtons-section-1332-innovation-waiver-explainer/>

<sup>16</sup> This contrasts with Colorado, which uses a separate enrollment platform for undocumented immigrants. See <https://connectforhealthco.com/get-started/omnisalud/>.

<sup>17</sup> The Biden administration finalized a rule change in May 2024 to allow DACA recipients to use the marketplaces nationwide and qualify for income-based financial assistance. See <https://www.whitehouse.gov/briefing-room/statements-releases/2024/05/03/statement-from-president-joe-biden-on-final-rule-to-expand-health-coverage-for-daca-recipients/>.

<sup>18</sup> WA Healthplanfinder. “Health Care Options for Immigrants”. <https://www.wahealthplanfinder.org/us/en/tools-and-resources/health-care-education/health-care-options-for-immigrants.html>

<sup>19</sup> Full eligibility criteria can be found on the Apple Health Expansion website: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid/apple-health-expansion#what-is-apple-health-expansion>

<sup>20</sup> WA Health Benefit Exchange. “Immigrant Health Coverage Annual Public Forum”. Apr. 8, 2024. [https://www.wahbexchange.org/content/dam/wahbe-assets/events/2024%20Annual%20Public%20Forum%20Presentation\\_FINAL.pdf](https://www.wahbexchange.org/content/dam/wahbe-assets/events/2024%20Annual%20Public%20Forum%20Presentation_FINAL.pdf)

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|  | <ul style="list-style-type: none"><li>• Of the 24,000 Washington residents who created accounts and browsed plan options, <a href="#">2,200</a> Washington enrolled during 2024 open enrollment.<sup>21</sup> This relatively low take-up is likely attributable to the low level of state premium assistance that is currently available.</li></ul> |
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For immigrants who do not want to upload their documents to the state exchange due to concerns over their data privacy, the state negotiated an agreement with the federal government. The agreement allows the state to share only aggregate data with the federal government, and to conduct identity verification in person via navigator meetings with alternative documentation rather than pinging the federal hub. As eligibility expands, the state collaborates with community advocates to spread the word about verifying applicant identity and reporting whether the applicant will be able to afford a qualified health plan (QHP) in advance of needing coverage to avoid bottlenecks.

[Over half](#) of those who enrolled in QHP coverage through the undocumented immigrant pathway are expected to be eligible for Apple Health starting in July.<sup>22</sup> However, this program has capped state-only funding which is expected to fall short of the funds needed to cover all individuals who have indicated eligibility to date. Advocate attention is primarily focused on expanding state funds for the Apple Health-eligible undocumented population. In other words, they are prioritizing providing full-scope affordable coverage to the lowest-income immigrants first before tacking remaining inequities. With a limited state budget, robust expansion of coverage for undocumented Washingtonians in both Apple Health *and* Washington HPF is not currently feasible. For more insights on this policy history and associated tradeoffs, see **Appendix D**.

## Recommendations and lessons learned

Washington has taken steps to strengthen its marketplace affordability in recent years by grouping policies, including state-funded premium subsidies and expanded marketplace, Medicaid, and state subsidy access for undocumented immigrants up to 250% FPL. Opportunities remain to advance these policies, following the Apple Health immigrant expansion implementation in July 2024. Looking toward the future, state advocates are planning to survey for underinsurance in the state and to reinforce input gathered from community member conversations about affordability.<sup>23</sup>

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<sup>21</sup> WA Health Benefit Exchange. “Immigrant Health Coverage: Qualified Health Plan Expansion Data Snapshot.” Feb 2024. <https://www.wahbexchange.org/content/dam/wahbe-assets/reports-data/ihc/021524%20Washington%20Health%20Benefit%20Exchange%20IHC%20Handout.pdf>

<sup>22</sup> Ibid.

<sup>23</sup> Health Care Cost Transparency Board - Various Provisions, S.B. 1508, 68th Leg. (2024). <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/House/1508-S.SL.pdf>

When asked about the feedback most often received from the community and relevant stakeholders,<sup>24</sup> Washington advocates reported that community members are often unsure how to navigate or describe the issues they experience in their health coverage because of how complicated the health system is. They've also heard how significant the equity needs are for the immigrant population and have focused the most recent advocacy on improving affordability for them. Advocates actively engage navigators on monthly trainings to hear from them directly, and to gather insights about existing coverage and access gaps. This, along with HPF data, will continue their evidence-based policy improvements.

## Appendices

The following appendices provide additional detail about the information presented in the fact sheet for those who would like more context. For more information on Washington HPF and related programs, policies, and legislation, see the following links:

1. Washington state Exchange [enrollment](https://www.wahbexchange.org/about-the-exchange/reports-data/enrollment-reports-data/) reports (https://www.wahbexchange.org/about-the-exchange/reports-data/enrollment-reports-data/)
2. Washington state [legislative](https://www.wahbexchange.org/about-the-exchange/reports-data/presentations-reports/) reports (https://www.wahbexchange.org/about-the-exchange/reports-data/presentations-reports/)
  - a. [Overview of Washington state legislative efforts](https://www.wahbexchange.org/about-the-exchange/reports-data/presentations-reports/) to improve affordability for health coverage and care. (https://www.wahbexchange.org/about-the-exchange/reports-data/presentations-reports/)
3. United States of Care [summary comparison of public option programs](https://unitedstatesofcare.org/wp-content/uploads/2024/02/2024-Comparison-Chart-of-State-Public-Options.pdf) in Colorado and Washington (existing) as well as Nevada and Minnesota (planned) (https://unitedstatesofcare.org/wp-content/uploads/2024/02/2024-Comparison-Chart-of-State-Public-Options.pdf)
4. Standardized information and private blog posts across states
  - a. [ACA Signups](https://acassignups.net/search/node/washington) (https://acassignups.net/search/node/washington)
  - b. [Health Insurance Marketplaces by State](https://www.healthinsurance.org/states) (https://www.healthinsurance.org/states)
  - c. [XpostFactoid](https://xpostfactoid.blogspot.com/search?q=washington) (https://xpostfactoid.blogspot.com/search?q=washington)
  - d. [State Marketplace Network](https://statemarketplacenetwork.org/): Collective group of 21 SBMs from across the country supported by the National Academy for State Health Policy (https://statemarketplacenetwork.org/)

## Appendix A: Washington Health Insurance Context

### Washington Insurance Environment

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<sup>24</sup> The state meets monthly with Navigators and Assisters monthly for training, so are able to hear feedback regularly.

Washington HPF covers nearly [273,000](#) people through [twelve insurers](#).<sup>25,26</sup> Of the twelve, two (Coordinated Care Corporation and Kaiser Foundation Health Plan of Washington) hold over [one-fifth of the market](#), while three others (LifeWise Health Plan of Washington, Molina Healthcare of Washington, Inc., and Regence BlueShield) hold around ten to fifteen percent of the market each.<sup>27</sup>

## Political Context & Public Opinion

Washington has a track record of prioritizing expansion of health care benefits to underserved groups. In 1987, the state launched a pilot version of its [Basic Health Program](#) (BHP); thus pioneering a prototype of the ACA Federal Basic Health Option.<sup>28</sup> This pre-ACA program served people up to 200% FPL, regardless of immigration status, with sliding scale premiums; though there were often long waitlists. The program ended with the advent of the ACA, but SBM advocates report that Cascade Care and recent immigrant expansions are, in many ways, attempts to restore facets of this pre-ACA program within the ACA framework.

Washington [public polling](#) on consumer health coverage experience in Washington from 2022 reveals that 62% of respondents experienced at least one health care affordability burden in the year prior, and 81% are worried about affording health care in the future. Lower-income, disabled, Black/African American, and Hispanic/Latinx respondents all reported higher rates of going without care and acquiring debt because of healthcare costs.<sup>29</sup>

## Appendix B: Cascade Care Background

Washington's public option was the first in the country and follows a public-private model where the state issues regulations on the plan design and reimbursement, HPF enrolls consumers, and private carriers administer the plans. The availability of Cascade Select Plans has been steadily increasing, and

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<sup>25</sup> WA Health Benefit Exchange. "2024 Open Enrollment Preview Report". Jan. 16, 2024. <https://www.wahbexchange.org/content/dam/wahbe-assets/reports-data/enrollment-reports/2024%20Enrollment%20Preview%20Report%2020240130.pdf>

<sup>26</sup> WA State Office of the Insurance Commissioner. "12 insurers approved for 2023 Exchange health insurance market, 8.18% average rate change". Sep. 14, 2022. <https://www.insurance.wa.gov/news/12-insurers-approved-2023-exchange-health-insurance-market-818-average-rate-change>

<sup>27</sup> WA State Office of the Insurance Commissioner. "Fourteen insurers request average 9.11% rate change for 2024 individual health insurance market". May 31, 2023. <https://www.insurance.wa.gov/news/fourteen-insurers-request-average-911-rate-change-2024-individual-health-insurance-market>

<sup>28</sup> Kaiser Family Foundation. "The Washington State Health Care Landscape". Jun. 13, 2014. <https://www.kff.org/affordable-care-act/fact-sheet/the-washington-state-health-care-landscape/>

<sup>29</sup> Health Care Value Hub. "Washington Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action Across Party Lines." November 2022. <https://healthcarevaluehub.org/advocate-resources/publications/washington-residents-struggle-afford-high-healthcare-costs-worry-about-affording-healthcare-future-support-government-action-acr>



they are available in [37 of the state's 39 counties in 2024](#).<sup>30</sup> In 31 of those counties, the lowest-cost silver plan is a public option (Cascade Select) plan. [Nearly 200,000](#) of the almost 273,000 people who enrolled through Washington Healthplanfinder for 2024 selected Cascade Care plans, including 63,000 who are in Cascade Select plans (public option plans).<sup>31</sup> The early work to ensure all Cascade Care plans are standardized, has been a useful tool to improve affordability.

## Appendix C: Cascade Care Savings Considerations

Although early provisions were not as strong as advocates would have liked, Washington state was able to set public option rates that make OOP costs more affordable for low- and moderate- income people.<sup>32</sup> Provider reimbursements for Cascade Select Plans are capped at 160% of Medicare rates; and average premiums for these increased by only 3% in 2024, versus 8% for non-Cascade plans. With the original bill (SB5526), advocates desired a lower aggregate cap of Medicare on non-drug reimbursement. However, hospital lobbying against this provision was effective. Marketplace advocates comment that this is a “weak spot” of their public option, as are the bill’s hospital participation requirements. Due to the limited reimbursement rate, provider networks are narrower for Cascade Select Plans versus general Cascade Care plans. The state never maps anyone from a non-Select plan to a Select plan during the auto renewal process, since the networks can be very different.

When asked about provisions and tradeoffs between Washington HPF advocates policy goals, versus what they were able to secure, state advocates reported that they are community lead and have resisted age bands when improving affordability, and focused on vulnerable populations. These tradeoffs are more stark when state funding is limited.

The state, however, never lets unaffordable coverage remain as status quo and continues to innovate. In 2021, the legislature passed SB5377 which created the state-funded premium subsidies.<sup>33</sup>

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<sup>30</sup> WA Health Care Authority. “Cascade Select (public option). <https://www.hca.wa.gov/about-hca/programs-and-initiatives/cascade-select-public-option>

<sup>31</sup> WA Health Benefit Exchange. “Washington Healthplanfinder Ends Historic Open Enrollment with Record Numbers”. Jan 18, 2024. <https://www.wahbexchange.org/washington-healthplanfinder-ends-historic-open-enrollment-with-r/>

<sup>32</sup> Washington State Health Care Authority. “Cascade Care FAQ.” January 2020. <chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://www.hca.wa.gov/assets/program/cascade-care-one-pager.pdf>

<sup>33</sup> Washington Health Benefit Exchange. “Cascade Care Implementation Updates.” Accessed May 20, 2024. <https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/cascade-care/cascade-care-2021-implementation/>

# Appendix D: Undocumented Washingtonian Coverage Considerations

State marketplace advocates report that while these policies attempt to restore some provisions from its previous Basic Health Plan (BHP), affordability remains a barrier to coverage for this population. As of 2024, approximately 100,000 uninsured individuals should qualify for marketplace coverage, but only about 24,000 created HPF accounts. Of these, only 2,200 purchased coverage; with 2,000 qualified for Cascade Care Savings. State immigrant residents desire to purchase coverage, but “Exchange subsidy amounts are not sufficient,” according to advocates. Even with premium subsidies, Marketplace coverage is unaffordable for many low-income undocumented Washingtonians because they don’t have access to APTC or further subsidies that make it possible to afford monthly premiums. For those earning under 250% FPL, the average after-subsidy premiums amount is [\\$210/month](#)<sup>34</sup>, which can still be unaffordable, particularly for older adults since premiums increase with age. If the state-funded subsidies increase and enrollment increases follow, they may need to update the state’s 1332 waiver which is currently deficit neutral.

In 2023, [22% of US immigrant adults](#) reported skipping or postponing care and 40% of these reported that their health worsened as a result of skipping or postponing care.<sup>35</sup> In the same year, among non-elderly adults, 18% with documented immigration status and 50% of those with undocumented status were uninsured, compared to only 8% of all US citizens. Kaiser Family Foundation [research](#) found that “the cost of providing insurance to immigrant adults through Medicaid expansion” was found to be “less than half per person cost of doing so for U.S-born adults.”<sup>36</sup> More estimates suggest that “state-funded expansion to all immigrants regardless of status in California could reduce poverty among noncitizen immigrants and their families.” This evidence encourages Washington advocates who are working to reduce the number of uninsured immigrants in their state.

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<sup>34</sup> Seattle Times. “WA expanding health care options for undocumented immigrants.” Mar. 11. 2024. <https://www.seattletimes.com/seattle-news/politics/wa-expanding-health-care-options-for-undocumented-immigrants/>

<sup>35</sup> Kaiser Family Foundation. “Health and Health Care Experiences of Immigrants: The 2023 KFF/LA Times Survey of Immigrants”. Sep 17, 2023. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/>

<sup>36</sup> Kaiser Family Foundation. “State Health Coverage for Immigrants and Implications for Health Coverage and Care”. May 1, 2024. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/>

A [2023 Survey of Immigrants](#) showed that coverage increases and postponing or forgoing care decreases for immigrants in states with more expansive coverage policies for immigrants.<sup>35</sup> Additionally, immigrants in these states are more likely to receive care and have a trusted provider compared to their counterparts living in states with less expansive coverage policies.