Medicaid

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Executive Summary

The Medicaid program was established after the passing of Title XIX of the Social Security Act in 1965. The purpose of Medicaid is to provide financial assistance through healthcare services to eligible individuals, such as low-income adults, pregnant women, children, the elderly, and those with disability. In the states with the expanded Medicaid program established by the 2010 Affordable Care Act, one is eligible for benefits if their household income is up to or below 138% of the federal poverty level (Medicaid.gov). Medicaid is also the primary public provider of long-term care, or LTC, and financial assistance in both community settings and nursing homes (Hooyman & Kiyak, 2011). Without the enormous financial support and healthcare services provided by Medicaid, almost 70 million qualified Americans would be without health insurance.

This policy brief will provide an overview of the Medicaid program and expand upon the importance of furthering the support for this advantageous, joint federal and state welfare program.

Background

Prior to the authorization of Medicaid, low-income Americans had extremely limited access to health services, and were forced to rely solely on public hospitals and charity care (Dickson, 2015). Healthcare services are extremely expensive, and with Medicare being free to very low-cost, it is the ideal option for those who are eligible. Additionally, for those living in low-income communities, money is already scarce; they often struggle to provide education for their children or put food on the table, and having to pay the absurd price for medical treatment without insurance is almost impossible.

Those living in low-income communities and below the federal poverty line also face numerous barriers to access when it comes to healthcare services. For instance, a lack of education, a distrust in healthcare providers, and poor or expensive transportation to areas with adequate medical facilities (Lazar & Davenport, 2018). This is due to their lack of knowledge and poor experiences with the healthcare community, resulting from stereotypes surrounding those of lower socioeconomic status. However, by increasing the support and funding for Medicaid, the community as well as the government can work to decrease these barriers, by providing those who are eligible with easy and affordable access to the proper healthcare.

Although today, Medicaid and its programs do provide healthcare coverage to 67.3 million qualified Americans (Medicaid.gov), increasing that number can only result in rewards and a healthier, happier, America.

Current Policy and Benefits Provided

Medicare is a joint federal and state means-tested program that receives its funding from general tax revenues. Since it is means-tested, eligibility for the program is based on the individual or family's income, instead of age. Medicaid provides a vast quantity of both mandatory and optional benefits available for those who are eligible. Mandatory benefits are required by states under federal law to provide to recipients, while optional benefits are chosen by individual states to provide (Medicare.gov).

Mandatory benefits include: inpatient and outpatient hospital services; Early and Periodic Screening, Diagnostic, and Treatment Services; nursing facility services; home health services; physician services; rural health clinic services; federally qualified health center services; laboratory and x-ray services; family planning services; nurse midwife services; certified pediatric and family nurse practitioner services; freestanding Birth Center services; transportation to medical care; and tobacco cessation counseling for pregnant women.

Optional benefits include: prescription drugs; clinic services; physical and occupational therapy; speech, hearing, and language disorder services; respiratory care services; other diagnostic screening, preventative, and rehabilitative services; podiatry, optometry, and dental services; dentures, prosthetics, and eyeglasses; chiropractic services; private duty nursing services; personal care; hospice; case management; services for individuals age 65 or older in an institution for mental disease; services in an intermediate care facility for individuals with intellectual disability; state plan home and community based services; and self-directed personal assistance services.

In general, all home-based healthcare is mandatory in Medicaid, while home and community services as well as personal-care services are optional and decided by the states (Hooyman & Kiyak, 2011).

The Future

The Medicaid program is not completely perfect, however, it does an excellent job at providing low-income or otherwise eligible families and individuals with essential, free or low-cost healthcare services. Medicaid is responsible for insuring almost 70 million Americans today, and without this insurance, the world would be a diseased and unhealthy place. Imagine 70 million Americans living in the United States without treatment or medications for chronic diseases, cancer, infections, viruses, and any other medical issue that would have been treated or cured with the help of health insurance. The world and the people of the world will be safe from disease and healthy, only if they are financially and by all means able to do so. People of low socioeconomic status simply do not have the resources to seek and provide proper medical attention to themselves and their loved ones on their own: they need the help of the community, they need the help of the government, and they need the help of Medicaid.

References

Dickson, Virgil. (2015). Medicaid a lifeline for the poor and disabled. Modern Healthcare: The leader in healthcare business news, research & data. Retrieved 26 July, 2018, from http://www.modernhealthcare.com/article/20150523/MAGAZINE/305239941

Hooyman, N. R., & Kiyak, H. A. (2011). Social Gerontology: A Multidisciplinary Perspective (9th ed.). Boston, MA: Allyn and Bacon

Lazar, M., & Davenport, L. (2018). Barriers to Health Care Access for Low Income Families: A Review of Literature. Journal of Community Health Nursing, 35, 28-37. Doi: 10.1080/07370016.2018.1404832

Medicaid. (nd.). Medicaid.gov. Retrieved 26 July, 2018, from https://www.medicaid.gov/medicaid/index.html