

Medicaid

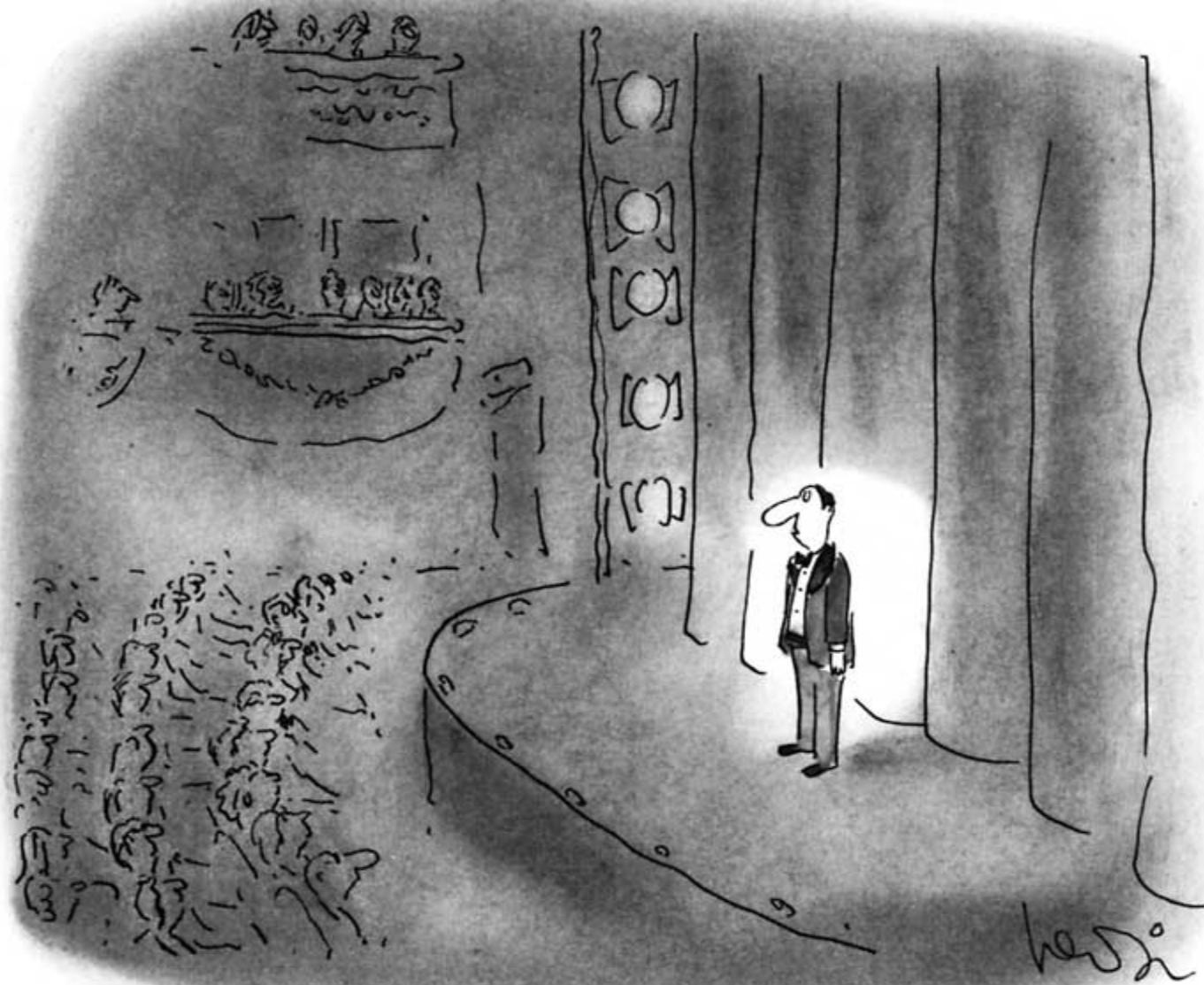
An Executive Branch Perspective

State Medicaid Policy, Healthcare Systems, and Expanding Coverage for the Uninsured

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"Is there a doctor who accepts Medicaid in the house?"

Medicaid, an Executive Branch Perspective

**Largest program in state government—
53 million enrollees**

- Deepening roots across continuum of healthcare and human services

Medicaid, an Executive Branch Perspective

Lifeline for disabled persons

- Increasingly important to mental health and developmental disabilities

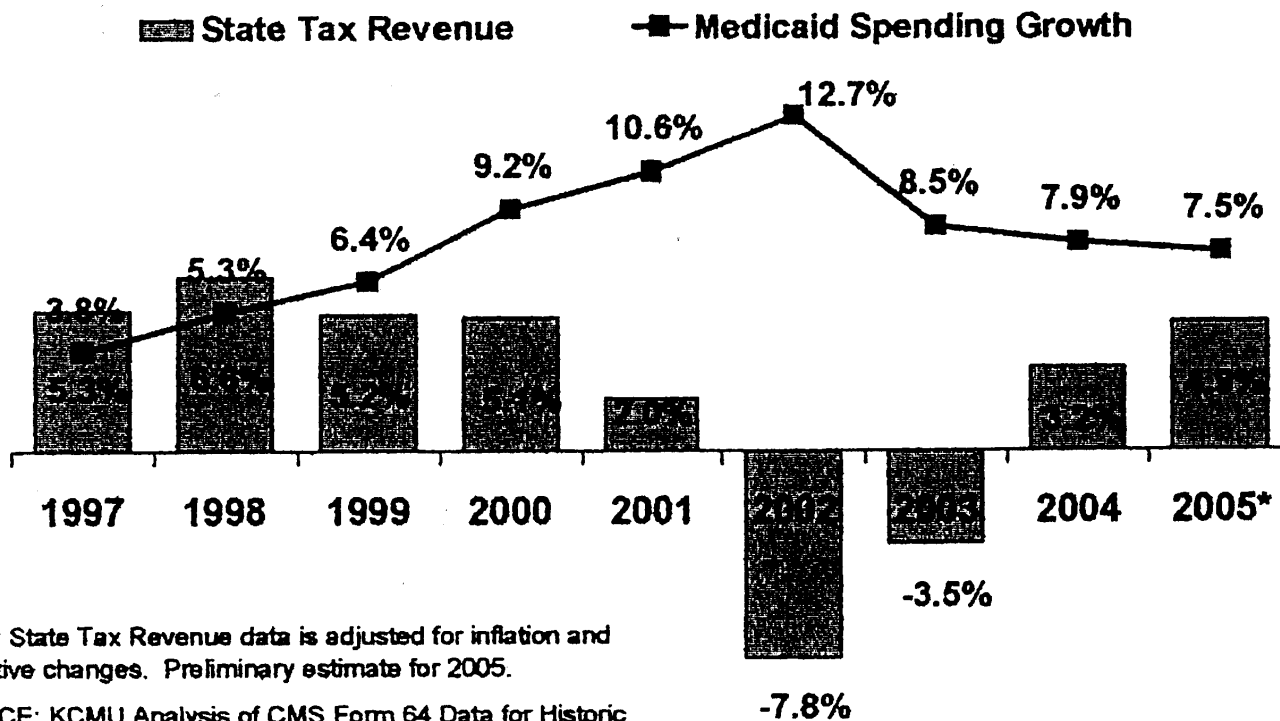
Medicaid, an Executive Branch Perspective

Powerful engine of social policy beyond narrow definitions of health care

- Long-term care options—baby boomers.
- Default insurance system for American long-term care.
- Creative innovations, including ‘cash and counseling.’

Figure 1

Underlying Growth in State Tax Revenue Compared with Average Medicaid Spending Growth, 1997-2005



NOTE: State Tax Revenue data is adjusted for inflation and legislative changes. Preliminary estimate for 2005.

SOURCE: KCMU Analysis of CMS Form 64 Data for Historic Medicaid Growth Rates and KCMU / HMA Survey for 2005 Medicaid Growth Estimates; Analysis by the Rockefeller Institute of Government for State Tax Revenue.

KAISER COMMISSION ON
Medicaid and the Uninsured

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Buffeted by American policy ambivalence:

- Is health care a rich venue for American capitalism or should it be a universal and public utility?

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At state level, count the lobbyists

- Pharmaceutical manufacturer reps
- Provider groups
- Insurance industry

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Changing Federalism

- Big changes—often without benefit of new federal regulations or law changes

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Centers for Medicare and Medicaid Services (CMS) centralization in Washington and Baltimore

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Deficit Reduction Act

- Options for states

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As they say in Maine:

“You can’t get there from here!”