Medicare and Medicaid

Name

Institution

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History of Medicare

Medicare and Medicaid are national health insurance systems that facilitate the treatment for millions of Americans. Even though the concept of a national insurance system was proposed as early as 1912, it was until 1965 that President Lyndon B. Johnson signed into law the bill that created Medicare and Medicaid (Catlin, & Cowan, 2015). The premise of the law was to provide hospital insurance and medical insurance to senior citizens at the start but has evolved to include the disabled, people with end-stage renal disease (ESRD) requiring dialysis or kidney transplant, as well as a more comprehensive prescription drug coverage by 1972. Over the years, the success of the Medicare program has been hinged on its measure of financial security and guaranteed access to medical care, thereby serving a large number of older Americans. Besides, Medicare serves the health sector in its entirety as it is the source of income for hospitals, physicians, home health agencies, and other medical care providers. As of 2018, 60.6 million Americans receive health coverage through Medicare, and spending reaches $705.9billion, which is about 20% of the total national health expenditure (Jacobson, Griffin, Neumann, & Smith, 2018).

History of Medicaid

At its inception in 1965, along with Medicare, Medicaid gave medical insurance to individuals getting cash assistance. The purpose of the medical insurance plan was to expand access to mainstream health care for low-income individuals and families (Gottlieb, Wing, & Adler, 2017). Through federal guidelines and state-selected frameworks, eligibility was defined as well as the scope of the services. Changes and modifications of the federal law have been made over the years with the focus areas being eligibility, benefits, payment arrangements, and other administrative details. However, states have the jurisdiction of tailoring services to meet

the needs of their populations. Hence, unlike in 1965, Medicaid offers a wide range of services to 65.7 million Americans (Jacobson et al., 2018).

Populations

Medicaid covers low-income families, children through the Children's Health Insurance Programs (CHIP), pregnant women, people of all ages with disabilities, and people who need long-term care (Alley et al., 2017). Medicare covers senior citizens with over 65 years, the disabled, people with end-stage renal disease (ESRD) requiring dialysis or a kidney transplant (Smith, 2017). Populations eligible for both programs can have a combination of Medicare and Medicaid that sufficiently provides health coverage but also lowers the cost.

State and Medicaid Expansion

Up to date, 37 states have expanded Medicaid, including New York. The expansion is aimed at reaching low-wage groups who remain uninsured. In all states, individuals qualify for Medicaid based on income, household size, and other eligibility factors determined by states. In states with expanded Medicaid coverage, individuals can benefit based on income alone. This makes the service more accessible. The state allowed the expansion of Medicaid to include the population and serve the uninsured community.

Why States didn't expand Medicaid in Some States

Despite the projected benefits in reaching more populations and helping low-income individuals, 13 states did not expand Medicaid. Most states identified the challenge of funding as the main hindrance to the expansion of Medicaid. Ideally, the healthcare sector is taking up most of the state's budget, and increasing it will affect the ability of the state to fund its operations. Further, the federal government only agreed to cover the cost of expansion until 2016, and then take a reducing balance to 10% in 2020. To the states that have not expanded, these costs are a

concern, as they also have reservations on the commitment of the government to honor the promise of fulfilling 10% of the costs incurred.

Besides the high costs of expansion, the states that have not embraced the expansions underline that the expansions have led to the growth in the rate of health care spending. Healthcare spending is one of the main concerns in healthcare, and the expansion process increases the costs of prescription drugs due to higher demand. Further, in states that have embraced expansion, Medicaid costs have doubled, such as in Ohio, leading to higher state budgets than the projected costs. Medicaid, however, remains to be the best option for states to reach out and serve the uninspired child.

Interfacing with Medicare and Medicaid Recipients.

When engaging with Medicare and Medicaid recipients, nurse practitioners have the role of promoting the continuity of care through cost-effective health care service. In part, one has to establish frameworks that reduce costly hospital readmissions and preventable medical errors, providing more affordable, more convenient, and more patient-centered care to the patient. The nurse practitioner has to coordinate care from multiple providers, manage caseloads of patients, and facilitate the transition from a clinical environment to homes and communities (Centers for Medicare & Medicaid Services, 2018). Effectively performing this role will contribute towards better clinical outcomes of both Medicare and Medicaid recipients. Besides facilitating patient education and medication management, it is the responsibility of the nurse to ensure that the approaches used are best suited for the patient.

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