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## Guiding Spitzer in Health Care Reform: Medicaid, the Uninsured, and the DRA

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**Problem:** New York must consider ways to reform Medicaid and to cover the uninsured in order to minimize costs and maximize health outcomes.

**Objectives:** Determine what states comparable to New York are doing 1) to enroll the eligible in Medicaid, 2) to decrease the number of the uninsured, and 3) to implement changes under the Deficit Reduction Act (DRA).

**Methods:** Review of the literature, think tank publications, and information interviews.

Results: 1) New York and comparable states enroll the eligible similarly, although some states allow online submissions and self-declaration. Notably, no comparable states require an interview like New York. 2) Many states are examining combinations of initiatives, which involve expanding public insurance – particularly for children – but also increasing incentives for employers and individuals to purchase or provide coverage. 3) Many states are considering restructuring Medicaid, but are in the process of reviewing the DRA and its potential impact, while watching states that have submitted state plan amendments to see if any real change can be made.

**Conclusions:** 1) Asset tests reduce enrollment, while self-declaration, presumptive eligibility, emergency assistance, assistance, and outreach increase it – though at a loss of program integrity. 2) There have been expansions of public assistance, particularly to cover children. 3) The DRA is suspected to offer few benefits from flexibility, as it exempts most high cost populations.

**Public Health Implications:** Narrowing health disparities begins with assuring access to health care – by minimizing the rate of uninsurance, particularly among the most vulnerable populations suffering from the greatest disease.