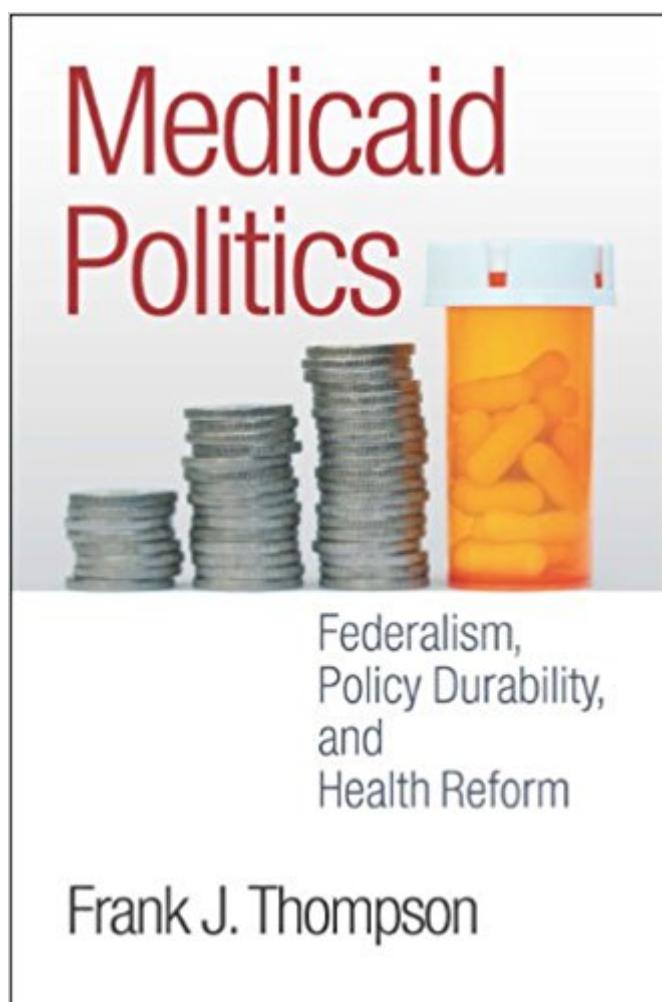


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Medicaid Politics: Federalism, Policy Durability, And Health Reform (American Governance And Public Policy Series)



Synopsis

Medicaid, one of the largest federal programs in the United States, gives grants to states to provide health insurance for over 60 million low-income Americans. As private health insurance benefits have relentlessly eroded, the program has played an increasingly important role. Yet Medicaid's prominence in the health care arena has come as a surprise. Many astute observers of the Medicaid debate have long claimed that "a program for the poor is a poor program" prone to erosion because it serves a stigmatized, politically weak clientele. Means-tested programs for the poor are often politically unpopular, and there is pressure from fiscally conservative lawmakers to scale back the \$350-billion-per-year program even as more and more Americans have come to rely on it. For their part, health reformers had long assumed that Medicaid would fade away as the country moved toward universal health insurance. Instead, Medicaid has proved remarkably durable, expanding and becoming a major pillar of America's health insurance system. In *Medicaid Politics*, political scientist Frank J. Thompson examines the program's profound evolution during the presidential administrations of Bill Clinton, George W. Bush, and Barack Obama and its pivotal role in the epic health reform law of 2010. This clear and accessible book details the specific forces embedded in American federalism that contributed so much to Medicaid's growth and durability during this period. It also looks to the future outlining the political dynamics that could yield major program retrenchment.

Book Information

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Customer Reviews

Absolutely delighted to hear Frank J. Thompson's webinar presentation at the American Society for Public Administration (ASPA) this month. For the field of disability, the book on Medicaid Politics is a good find, even bringing in disability protests and the movement. The heart of community care reform at health care financing - the Home and Community-Based Medicaid Waivers (HCBS) - form a core of several chapters from original community development to the next reinvention. My new book, *Public administration and disability: Community services administration in the US* (Racino, in press, 2014) is designed to assure the durability of community services initiatives on behalf of people with disabilities in the US. As I discussed, the transition from state waivers (still often waiving statewideness, and targeted at categorical groups) were designed to be preliminary to standard community services financing in all states in the US. Notable in Professor Thompson's book is the epic signing of the Patient Protection and Affordable Care Act on March 23, 2010 by President Barack Obama to expand health insurance coverage in the US. Though his intent was to cover everyone, approximately 32 million newly insured were expected to enroll; his efforts to assure coverage of persons with pre-existing conditions is met with "cherry picking" by the responsible parties for our health care (yes, must be universal coverage in US). Thompson's book examines the Medicaid program which is consuming a great deal of state budgets (e.g., Florida at 30% of its overall spending, while ranking low on covering poor people, the target population). The Public Administration and Public Policy Professor also notes that "to a significant degree nursing homes and providers of HCBS (that's our NYSACRA, UCPA and Arcs, too, not particularly noted for well care of elders) provide the primary voice for the elderly on state decisions related to Medicaid" (p.214). Congratulations on the inclusion of Children's Health Insurance Program (CHIP) for insuring children are covered in the US (supported by our counties and non-profits) as a basic to achieve in a health conscious, let alone a world ranking democratic society. The figures of on, off of coverage in states, and the indepth examination of higher and higher specialty costs for children who then remain poorly served on campuses or private, exposed schools, is a tragedy. Thompson's book,

however, is of the new politics of world change, though now to the politics of austerity at the budget gates with advocacy greater for the middle than the low income class, and also for hospital health (often acute care) than community health through non-profit organizations (e.g., personal assistance, home health, consumer-directed services, family support). Still ranking high as think tanks are the Kaiser Commission on Medicaid and the Uninsured (modern long-term care), Families USA, Children's Defense Fund (comes in as supporting disability issues), and the book's supporters (Robert Wood Johnson, Rockefeller Institute). Highly recommended. Julie Ann Racino about.me/julieannracino

Medicaid is a huge and complex public program. Thompson's book does a terrific job of explaining how the program has evolved in recent decades. He details the politics behind major changes in an engaging fashion. For anyone interested in understanding how public health programs in the United States got to be how they are, and possibilities for change, this is an important text.

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