

# [Example of the history of medicare and medicaid essay](https://assignbuster.com/example-of-the-history-of-medicare-and-medicaid-essay/)

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President Lyndon B. Johnson signed the Medicare and Medicaid programs into law on July 30, 1965. They held the ceremony in Independence at the Truman Library and former President Truman attended and was the first to sign into the program because the roots go back another twenty years to his administration. This to acknowledged Truman’s efforts to enact health care coverage proposed in back in 1945. No president before him ever publicly endorsed a national health insurance program. When he was a senator, Truman was worried about the number of draftees who failed induction physicals for World War II. He knew that it meant the average citizen was not getting proper health care. . The Truman Library web site quotes him as saying, “ that is all wrong in my book. I am trying to fix it so the people in the middle-income bracket can live as long as the very rich and the very poor.” Because of this, Truman proposed doctor and hospital insurance for Americans of working age and their families. His proposal included a federal health board to administer the program and the government keeping the right to fix fees. Doctors would have the right to decide whether they wanted to participate. There were many reasons it was defeated; but when the American Medical Association called it “ socialized medicine” and took advantage of America’s fear of communism, that killed it.

Congress created Medicare as Title XVIII of the Social Security Act to provide health care for senior citizens. It covered people age 65 and older no matter what their health or income. Before he did that, only about half of Americans that age had health insurance, the rest just could not afford it. This was because they had to pay twice as much as younger people for insurance and only had half the income. The Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) administer the Medicare and Medicaid Programs, but enrolment is at The Social Security Administration offices that determine eligibility and process payments.

The Department of Health and Human Services Centers for Medicare and Medicaid Services have three divisions, Medicare, Medicaid and CHIP, which stands for the Children’s Insurance Program. Medicare Part A covers inpatient care in hospitals; Medicare Part B covers outpatient care and other services not covered by Part A. Chip covers children up to age eighteen and students up to age twenty-one. This offices process accounting information and cost projections. These go to the Medicare Board of Trustees that issues annual reports on the Medicare’s financial status. There are also private contractors that process claims, payments, enrollment, fraud investigation and run call centers.

The programs have changed since they started. In the beginning, they only cost a couple of dollars a week for enrollee. Now the payments are deducted as part of everyone’s payroll taxes. The Patient Protection and Affordable Care Act passed in 2010 improved Medicare’s financiers. However, because of the ageing population Medicare spending is expected to rise and experts are looking for ways to trim costs.

When it was enacted, Medicare was part of the new Social Security legislation and was considered almost revolutionary. Now Social Security and Medicare are a part of our lives. In addition to health care, Medicare also helped with another social problem of that time. The bill also helped with integration because the payments were not available to doctors and institutions that practiced segregation.

## References

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