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ABSTRACT

The Patient Protection and Affordable Care Act (ACA) signed into law in 2010 will provide over thirty million Americans with health care they can afford without concern for preconditions; the legislation was decades in the making. The ACA is incredibly complex, as coverage for that many individuals without overbearing costs to the federal government, state governments, private insurance companies, and individuals is not a simple feat. A major component of the ACA in providing more vulnerable individuals coverage that they can afford is the widening of Medicaid eligibility, a program that currently provides services to over 3 million persons with disabilities. I intend to investigate the extent to which the expansion of Medicaid eligibility will affect those that have been previously covered.

Medicaid has provided essential benefits for the disability community since 1965, and there was a sense of further reprieve through the passage of health care reform, but it has yet to be equivocally determined whether the ACA in its current form will prove effective for people with disabilities. Will the expansion of eligibility truly provide needed services to more individuals, or will it result in spreading the same amount of resources amongst more recipients, whereby inadvertently lessening aid to people with disabilities? To what extent were persons with disabilities considered when deciding the intricacies of the Affordable Care Act? Does lumping the disability community together with other vulnerable communities when determining policy and legislation, such as those that are aging or low-income, benefit or hurt the parties involved?