

The Importance of National Coverage Standards in Medicaid

By [Jane Perkins](#) and [Catherine McKee](#)

All people in the United States, including Medicaid enrollees, should have health care coverage that enables them to receive services that meet prevailing standards of care. Standards of care are the evidence-based practices and services that practitioners provide in a given situation and that guide practitioners in screening for, diagnosing, and/or treating a particular disease or condition. They apply across the country and do not vary by state. When people lack access to services that meet standards of care, their health, the health of the general public, and the stability of the health care system are all at risk.

Each state has elected to participate in the Medicaid program and, as a result, receives federal funding to help provide health care to limited-income residents, including children and people with chronic and disabling conditions.

The Medicaid Act currently includes provisions designed to ensure Medicaid enrollees have coverage for services that reflect standards of care. For example, all states must cover certain core services when medically necessary, including physician, hospital, laboratory and x-ray, health clinic, nursing facility, and family planning services. States may not place arbitrary limits on covered services. In addition, under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, states must provide children up to age 21 with a comprehensive scope of services. The purpose of EPSDT is to catch current and potential health problems early, when they are easiest to treat and children stand the best chance of developing to their fullest potential. Services covered under EPSDT include basic preventive and health services, plus services needed to address acute, long-term, and disabling conditions. These include physical and speech therapies, behavioral health therapies (for children with autism spectrum disorders, for example), dental services, prescription drugs, counseling services, and in-home nursing supports (for children with medically complex conditions, for example). Thus, while Medicaid coverage does vary by state, these and other federal protections establish minimum coverage levels that help to ensure that enrollees in every state have access to services that meet prevailing standards of care.

Proposals to transform Medicaid – [by turning it into a block grant or by implementing per capita caps](#) – threaten federal coverage protections and in turn, the ability of consumers to receive services that meet standards of care. Without federal coverage standards in place, states may restrict coverage to such a degree that enrollees cannot access services that reflect 21st century medicine. Federal Medicaid law must continue to ensure that states cannot ignore standards of care when establishing coverage policies for their programs.