Five Key Facts: Veterans and Medicaid Expansion

Date: March 12, 2013

The Medicaid Expansion is critical to veterans. By accepting federal funding to expand Medicaid, states can improve veterans' access to health care. Here are some key facts:

1. **Not all veterans are eligible for health care services through the Department of Veterans Affairs**

The Department of Veterans Affairs ("VA") considers a veteran's active duty status, condition of discharge, and length of service in determining eligibility for health care services. In addition, the VA uses a priority enrollment system to facilitate the management and delivery of health care services.[1] There are eight priority groups that determine a veteran's eligibility and priority for using health care services.[2] Priority status is based on several factors, such as service-related disabilities and income-level. Depending on the VA's medical care budget, veterans in lower priority groups may face restrictions on new enrollment or lose their eligibility.[3]

2. **Uninsured veterans have substantial medical needs**

Uninsured veterans have a disproportionate amount and complexity of health issues. Over 40 percent of uninsured veterans report having unmet medical needs.[4] About one-third of uninsured veterans have at least one chronic health condition, while over 15 percent have physical, mental, or emotional health problems.[5]

3. **Nearly half of today's uninsured veterans would get the coverage they need with Medicaid Expansion**

There are approximately 1.3 million uninsured veterans nationwide.[6] Nearly half of the uninsured veteran population reports family income below 138% of the federal poverty level, and would get coverage if states accept federal funding to expand Medicaid.[7] Only 10% of these veterans appear eligible for Medicaid under current law.[8]

4. **Rural veterans often have no VA facilities near them**

Veterans eligible for VA health care services usually receive those services at facilities operated and staffed by the Veterans Health Administration.[9] Proximity to VA facilities may impact the likelihood of veterans seeking health care services.[10] This is particularly true for those in rural communities located far from VA facilities.[11] If these veterans had additional coverage through Medicaid, they could access local providers and get regular care.

5. For some veterans expanding Medicaid *automatically* improves their standing in the VA's priority system

Veterans eligible for Medicaid benefits may be placed in a higher priority group in the VA's priority enrollment system.[12] Therefore, if a state expands Medicaid, in addition to receiving Medicaid coverage, many veterans will also automatically have improved access to health care through the national VA system.

---

[1] Congressional Budget Office, *Potential Costs of Veterans' Health Care*, p. 4, (Washington, DC: Congressional Budget Office, 2010), http://www.cbo.gov/publication/21773.

[2] *Id.* at 2.

[3] *Id.* at 4.

[4] Jennifer Haley et al., *Uninsured Veterans and Family Members: Who Are They and Where Do They Live?*, Urban Institute, p. 6, (2012), available at http://www.urban.org/UploadedPDF/412577-Uninsured-Veterans-and-Family-Members.pdf.

[5] *Id.*

[6] *Id.* at 1.

[7] *Id.* at 3.

[8] *Id.*

[9] Cong. Budget Office, *supra* note 1, at 1.

[10] Haley, *supra* note 4, at 1. For a list of VA facilities by state *see* U.S. Dep't of Veterans Affairs, *Facilities by State*, http://www2.va.gov/directory/guide/home.asp?isflash=1.

[11] *See* U.S. Dep't of Veterans Affairs, VHA Office of Rural Health, *What is "Rural"?*, http://www.ruralhealth.va.gov/about/rural-veterans.asp.

[12] See U.S. Dep't of Veterans Affairs, *Priority Groups Table*, http://www.va.gov/healthbenefits/resources/priority_groups.asp.