

# Healthcare for All: A Comparative Analysis of Medicaid in the United State of America and Ayushman Bharat in India

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## Abstract:

This paper presents a comparative analysis of two prominent healthcare initiatives: Medicaid in the United States and Ayushman Bharat in India. Both programs aim to improve healthcare accessibility and affordability for vulnerable populations within their respective countries. Medicaid, established in 1965, provides comprehensive health coverage primarily to low-income individuals and families through federal and state cooperation. In contrast, Ayushman Bharat, launched in 2018, seeks to address healthcare disparities by offering health insurance coverage to over 500 million people, focusing on the economically disadvantaged.

This comparative study examines the structures, objectives, implementation challenges, and outcomes of Medicaid and Ayushman Bharat, analyzing their effectiveness in achieving universal health-care goals. Key factors explored include funding mechanisms, coverage criteria, administrative efficiency, healthcare delivery models, and socio-economic impact. By highlighting successes, challenges, and lessons learned from these programs, this research aims to contribute valuable insights into the global discourse on healthcare policy and the pursuit of equitable health outcomes.

**Keywords:** Medicaid, Ayushman Bharat, Universal Healthcare, Healthcare Access, Health Insurance, Comparative Analysis, Low-Income Healthcare, Healthcare Policy, Socio-economic Impact, Healthcare Reform.

## 1. Introduction

In an era where equitable access to healthcare remains a global concern, nations around the world have devised various strategies to ensure comprehensive coverage for their populations. Two significant initiatives, Medicaid in the United States and Ayushman Bharat in India, represent distinct yet converging approaches towards achieving universal healthcare. Medicaid, established in 1965 under the Social Security Amendments, provides health coverage to eligible low-income individuals and families through a partnership between federal and state governments [1]. In contrast, Ayushman Bharat, launched in 2018 by the Government of India, aims to provide health insurance coverage to over 500 million economically vulnerable individuals and families, marking a pivotal step towards addressing healthcare disparities in the country [2].

Both programs reflect their nations' commitments to expanding healthcare access and improving health outcomes, albeit in vastly different socio-political and economic contexts. This comparative analysis seeks to examine the structural frameworks, implementation strategies, challenges encountered, and outcomes achieved by Medicaid and Ayushman Bharat. By exploring these aspects, this study aims to provide insights into the effectiveness of these initiatives in advancing towards the goal of universal healthcare, and to identify lessons that can inform healthcare policy globally.

Through a critical examination of these programs, this research contributes to the ongoing discourse on healthcare reform, policy development, and the pursuit of equitable health outcomes worldwide. Understanding the successes and challenges faced by Medicaid and Ayushman Bharat will not only illuminate their impact on healthcare accessibility and affordability but also inform future policy decisions aimed at achieving comprehensive healthcare coverage for all.

### **A. Medicaid in the United States:**

Medicaid, a cornerstone of the US healthcare system, provides essential health coverage to low-income individuals and families across states. Structurally, Medicaid operates under federal guidelines with significant state-level flexibility [3]. This flexibility allows states to customize eligibility criteria, benefits packages, and delivery systems, guided by federal mandates set by the Centers for Medicare & Medicaid Services (CMS) [4].

Academic journals such as *Health Affairs* and *Medical Care Research and Review* offer comprehensive studies on Medicaid's policy evolution and outcomes, emphasizing its role in reducing disparities in healthcare access and improving health outcomes for vulnerable populations [7] [8] [9].

### **B. Ayushman Bharat in India:**

Ayushman Bharat, launched in 2018, aims to provide health insurance coverage to over 500 million economically disadvantaged individuals through the Pradhan Mantri Jan Arogya Yojana (PM-JAY) [10]. Structurally, Ayushman Bharat includes Health and Wellness Centers (HWCs) for primary care and PM-JAY for secondary and tertiary care services, managed centrally by the National Health Authority under the Ministry of Health and Family Welfare [11].

Reports and policy briefs from the Ministry of Health and Family Welfare and NITI Aayog provide insights into Ayushman Bharat's implementation progress and its integration with broader healthcare reforms in India [12]. Academic institutions contribute studies on Ayushman Bharat's impact on healthcare infrastructure, service delivery models, and socio-economic outcomes, highlighting its potential to reduce out-of-pocket healthcare expenditures and improve access to quality healthcare services [13].

## **2. Comparative Analysis:**

Ayushman Bharat, launched in India, and Medicaid, implemented in the United States, represent two distinct approaches to addressing healthcare accessibility and affordability for vulnerable populations. Structurally, Ayushman Bharat is a government-funded health insurance scheme aimed at providing coverage to over 500 million low-income individuals. It consists of two components: Health and Wellness Centers (HWCs) to provide comprehensive primary healthcare, and the Pradhan Mantri Jan Arogya Yojana (PMJAY), offering financial protection against catastrophic health expenses through insurance coverage. In contrast, Medicaid in the US is a federal and state-funded program providing healthcare coverage to low-income individuals and families, operating under state-specific guidelines while adhering to federal mandates.

Objectively, both initiatives aim to improve healthcare access and outcomes for underserved populations.

Ayushman Bharat focuses on financial protection and access to quality healthcare services, particularly for the economically disadvantaged, aiming to reduce out-of-pocket expenses and provide essential health services. Medicaid, on the other hand, seeks to ensure coverage for essential healthcare services, including hospitalizations, physician visits, prescription drugs, and preventive services, thereby reducing health disparities among low-income Americans.

Implementation challenges vary between the two programs. Ayushman Bharat faces hurdles such as operational scalability, ensuring quality healthcare delivery in rural areas, and addressing regional disparities in healthcare infrastructure and workforce availability. In contrast, Medicaid navigates challenges related to funding uncertainties, eligibility criteria variations across states, and ensuring adequate provider participation and reimbursement rates to maintain service delivery standards.

Outcomes of Ayushman Bharat and Medicaid also reflect their respective healthcare landscapes. Ayushman Bharat has made strides in expanding health coverage, with millions of beneficiaries receiving treatment for serious illnesses and surgeries without financial distress. However, challenges remain in achieving equitable healthcare access nationwide. Medicaid has been instrumental in reducing the uninsured rate among low-income Americans, improving access to primary and preventive care, and enhancing health outcomes in areas with robust program implementation.

In comparing Medicaid in the United States and Ayushman Bharat in India, significant differences and similarities emerge in their objectives, structures, implementation strategies, and impacts on healthcare accessibility. Medicaid, established under federal law, aims to provide comprehensive health coverage primarily to low-income individuals and families across states, with each state having flexibility in program design [1]. It focuses on reducing disparities in healthcare access and improving health outcomes among vulnerable populations through a combination of federal and state funding mechanisms [1]. In contrast, Ayushman Bharat, launched in 2018, targets over 500 million economically disadvantaged individuals in India by providing health insurance coverage for hospitalization expenses up to a specified amount per family per year [2]. This initiative includes the establishment of Health and Wellness Centers (HWCs) for primary care and the Pradhan Mantri Jan Arogya Yojana (PM-JAY) for secondary and tertiary care services, aiming to alleviate the financial burden of healthcare costs on low-income households [2]. Structurally, Medicaid operates through state Medicaid agencies in collaboration with the federal Centers for Medicare & Medicaid Services (CMS), allowing states to customize eligibility criteria, benefit packages, and reimbursement rates within federal guidelines [1]. This flexibility has led to variations in coverage across states and challenges in maintaining consistent benefits nationwide. In contrast, Ayushman Bharat is centrally administered by the National Health Authority (NHA) under the Ministry of Health and Family Welfare, with a uniform coverage scheme across India but facing challenges in equitable implementation and quality assurance [2].

Funding mechanisms differ significantly between the two programs. Medicaid receives federal matching funds that vary by state, encouraging states to innovate delivery models such as managed care to improve efficiency and outcomes [1]. In contrast, Ayushman Bharat relies on a combination of central and state government funding, supplemented by beneficiary premiums and potential corporate social responsibility contributions to sustain its ambitious coverage goals [2].

Both initiatives aim to strengthen healthcare infrastructure and improve service delivery. Medicaid utilizes existing healthcare facilities and providers in the US, emphasizing managed care and health information technology to enhance coordination and efficiency [1]. Ayushman Bharat, on the other hand, seeks to bolster healthcare infrastructure, particularly in underserved areas, through the establishment of HWCs

and partnerships with public and private hospitals accredited under PM-JAY [2].

Challenges faced by these programs include administrative complexity, funding constraints, and ensuring quality healthcare delivery. Medicaid encounters disparities in coverage and service quality among states, while Ayushman Bharat grapples with identifying eligible beneficiaries and ensuring standardization of care across diverse healthcare settings [1] [2]. Despite these challenges, both initiatives have demonstrated early successes in expanding healthcare access and reducing financial barriers for their respective populations. Medicaid expansions have been linked to improved health outcomes and economic stability for beneficiaries in the US [1]. Similarly, Ayushman Bharat has shown promising early results in increasing healthcare utilization and providing financial protection against catastrophic health expenditures in India [2].

In conclusion, Medicaid and Ayushman Bharat exemplify bold efforts by their respective governments to achieve universal healthcare coverage, tailored to their unique socio-economic contexts. While each program faces distinct challenges, they highlight the potential of policy initiatives in addressing healthcare disparities and improving access to essential services globally. Continued evaluation and adaptation of these programs will be crucial in advancing towards equitable health outcomes and sustainable healthcare systems worldwide.

### **II.A. Objectives and Coverage:**

Medicaid aims to provide comprehensive health coverage primarily to low-income Americans, focusing on reducing disparities in health outcomes (CMS).

Ayushman Bharat targets economically disadvantaged individuals in India, aiming to reduce out-of-pocket healthcare expenditures and improve access to tertiary care services [11].

### **II.B. Structure and Implementation:**

Medicaid operates with decentralized administration across states, leveraging federal funding mechanisms and state flexibility in program design (KFF).

Ayushman Bharat, centrally administered through the NHA, provides standardized coverage nationwide but faces challenges in equitable implementation and quality assurance across diverse healthcare settings [14].

### **II.C. Funding Mechanisms:**

Medicaid receives federal matching funds, with states contributing and receiving waivers to innovate service delivery models (KFF).

Ayushman Bharat relies on central and state government contributions, beneficiary premiums, and potential corporate social responsibility initiatives to fund its ambitious coverage goals [13].

### **II.D. Healthcare Delivery and Infrastructure:**

Medicaid utilizes existing healthcare infrastructure in the US, emphasizing managed care and health information technology to enhance coordination and efficiency (CMS).

Ayushman Bharat aims to strengthen healthcare infrastructure, particularly in underserved areas, through HWCs and partnerships with accredited hospitals under PM-JAY [14].

### **II.E. Challenges and Outcomes:**

Medicaid faces challenges such as funding constraints, administrative complexity, and disparities in coverage and service quality (KFF). Studies indicate improved health outcomes and economic stability for beneficiaries (Medical Care Research and Review).

Ayushman Bharat confronts challenges in beneficiary identification, quality assurance, and sustainable funding, yet early outcomes suggest increased healthcare utilization and financial protection against

catastrophic health expenditures (Social Science & Medicine).

### **II.F. Socio-Economic Impact:**

Medicaid has contributed to improved health outcomes and economic stability for low-income families in the US [20].

Ayushman Bharat aims to reduce poverty due to health expenditures and enhance health outcomes among economically vulnerable populations in India [8].

### **3. Results**

Medicaid in the United States serves as a critical safety net, providing healthcare coverage to low-income individuals and families through a decentralized system that allows states to tailor programs to local needs. This flexibility enhances usability by accommodating diverse state-specific healthcare challenges and priorities [4]. However, variations in eligibility criteria, benefit packages, and service delivery models across states can lead to disparities in coverage and accessibility for Medicaid beneficiaries, posing usability challenges [1].

In contrast, Ayushman Bharat in India introduces a standardized approach through the Pradhan Mantri Jan Arogya Yojana [10], aiming to simplify access to healthcare services for over 500 million economically disadvantaged individuals. This national health insurance scheme enhances usability by offering a uniform framework across the country, reducing administrative complexities and streamlining access to healthcare (National Health Authority). Nonetheless, implementation challenges such as identifying eligible beneficiaries and ensuring consistent service quality across diverse healthcare settings can impact the scheme's usability and effectiveness [2].

Accessibility to healthcare services is a crucial aspect where Medicaid and Ayushman Bharat diverge in approach. Medicaid expands coverage across states, improving access to healthcare for vulnerable populations who may not afford services otherwise. However, disparities in coverage and service availability between states can create barriers to accessibility for Medicaid beneficiaries, particularly in regions with limited healthcare infrastructure [4]. In contrast, Ayushman Bharat addresses accessibility by providing financial protection against catastrophic healthcare expenditures, aiming to ensure equitable access to healthcare services across India. Despite this, geographic disparities in healthcare infrastructure and challenges in rural accessibility remain significant barriers to achieving universal coverage under PM-JAY [10].

Regarding transparency, Medicaid in the US maintains a degree of openness through publicly available program guidelines, policy updates, and administrative data provided by the Centers for Medicare & Medicaid Services (CMS). This transparency fosters public awareness and accountability in program administration and policy decisions [5]. Conversely, Ayushman Bharat enhances transparency through regular publication of policy documents, reports, and updates by the Ministry of Health and Family Welfare, facilitating clarity in program implementation and policy dissemination [11]. However, limited public awareness and understanding of PM-JAY benefits and eligibility criteria pose challenges to transparency and outreach efforts, potentially hindering the scheme's effectiveness [10].

### **4. Conclusion**

Medicaid in the US and Ayushman Bharat in India represent significant efforts towards achieving universal healthcare coverage, each tailored to their respective socio-economic contexts. Despite challenges, both initiatives underscore the pivotal role of policy interventions in expanding healthcare

access and improving health outcomes for vulnerable populations. Continued evaluation and adaptation of these programs will be pivotal in advancing towards equitable health systems globally, drawing insights from comparative analyses and global perspectives offered by organizations like the WHO and Health Systems Global.

While Medicaid and Ayushman Bharat pursue distinct approaches to achieve universal healthcare coverage, each faces unique challenges and offers specific strengths in terms of usability, accessibility, and transparency. Medicaid's state-level flexibility enhances usability but may lead to disparities in coverage. Ayushman Bharat's standardized scheme simplifies access but grapples with implementation challenges. Accessibility-wise, Medicaid expands coverage while facing disparities, whereas Ayushman Bharat aims to protect against financial burdens but struggles with geographical disparities. Finally, both programs strive for transparency, with Medicaid emphasizing administrative openness and Ayushman Bharat focusing on policy dissemination, highlighting the ongoing need for adaptation and improvement in healthcare delivery systems globally.

In conclusion, while Ayushman Bharat and Medicaid differ in structure, objectives, implementation challenges, and outcomes, both initiatives underscore the importance of government intervention in expanding healthcare access and improving health outcomes for vulnerable populations. Each program reflects its country's unique healthcare system and socio-economic context, illustrating varying approaches to achieving universal health coverage and addressing healthcare disparities.

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