Medicaid Timeline

1965
Medicaid is established and provides states with the option of receiving federal funding for providing health care services to certain groups.

1967
Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) comprehensive health services benefit is established for all children receiving Medicaid.

1972
Medicaid eligibility for the elderly and people with disabilities was linked to the eligibility for the newly enacted Federal Supplemental Security Income (SSI) program.

1981
Home- and Community-Based Services (HCBS) waivers were established,

1986
Medicaid coverage for pregnant women and infants (up to 1 year of age) up to 100% of the Federal Poverty Level (FPL) was established as a state option.

1989
Medicaid coverage of pregnant women and children under age 6 up to 133% of the Federal Poverty Level was mandated; expanded EPSDT requirements were established.

1990
Federal Medicaid rules required coverage for children ages 6-18 in families under 100% of the FPL. The rules also created the prescription drug rebate program.

1996
Temporary Assistance to Needy Families (TANF) replaced a program that linked Medicaid enrollment/termination with the receipt of welfare cash assistance.

1997
The Balance Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP).

1999
The Ticket to Work and Work Incentives Improvements Act allowed states to cover working people with disabilities up to 250% FPL and charge income-based premiums.

1999
The Supreme Court ruled on a case that established expanded civil rights for people with disabilities. They determined that people with disabilities have a qualified right to receive state funded supports and services in the community rather than in nursing homes or other formal setings.

2010
The Affordable Care Act was signed, providing states with the option to expand Medicaid to adults who earn up to 138% of the FPL.

February 2019
72,232,316 individuals are currently enrolled in Medicaid and CHIP.