

New Analysis Highlights Urgent Need for Medicaid Reform and Equity-Focused Healthcare Strategies

Dr. Jonathan Kenigson explores US Medicaid for readers in London and surrounding areas who are following US healthcare equity debates.

SOUTHAMPTON, UNITED KINGDOM, May 5, 2025 /EINPresswire.com/ -- A groundbreaking new article, American Medical Insurance for UK Readers: First Submission on [Medicaid](#) Reform, offers an in-depth critique of the American healthcare system, emphasizing the



Image of Dr. Kenigson.

urgent need for structural Medicaid reforms and comprehensive equity initiatives. Drawing from U.S. pandemic-era health policy transformations, the article is poised to inform policymakers, healthcare executives, and academic audiences on both sides of the Atlantic.

Medicaid, America's principal healthcare safety net, serves nearly 70 million individuals and accounts for one-fifth of national healthcare expenditures. Despite its scale, the system remains critically underfunded and fragmented, leaving over 32 million Americans uninsured and disproportionately impacting children and low-income populations. As the article explains, while policy initiatives following the COVID-19 pandemic made significant strides in promoting health equity, systemic challenges and resource misallocations persist.

The analysis positions the COVID-19 pandemic as a "syndemic," revealing how political, economic, and social structures intensified health disparities. In response, federal agencies like the Centers for Disease Control and Prevention (CDC) and numerous state governments launched unprecedented health equity initiatives. Notably, the CDC created its first-ever Chief Health Equity Officer Unit during a public health emergency and invested over \$100 million in targeted equity programs.

State-led efforts also reshaped the healthcare landscape, with new offices of equity, targeted pandemic response strategies, and the incorporation of racial impact assessments into legislative processes. However, the article cautions that these advancements come with

significant administrative burdens for healthcare providers—especially in rural and under-resourced communities—and face ongoing threats from inflationary pressures and political opposition to diversity, equity, and inclusion (DEI) efforts.

Critically, the article highlights the economic imperative for sustained health equity investment. Actuarial studies cited suggest that health disparities cost the U.S. economy \$320 billion annually, with potential gains of \$2.8 trillion in GDP if equity measures are fully realized by 2040.

Nonetheless, the author warns that without sustained funding, technical capacity improvements, and structural Medicaid reforms, the U.S. risks exacerbating inequalities rather than resolving them. Initiatives aimed at addressing social determinants of health often divert resources from clinical care, creating short-term service gaps that most acutely affect marginalized communities.

This timely contribution invites international readers, particularly those engaged in healthcare policy, to consider the American experience as a case study in managing—and mismanaging—health equity. With health equity now firmly on the global policy agenda, this article serves as a critical resource for anyone seeking to understand the complex intersections of healthcare financing, racial justice, and administrative feasibility.

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