Student Assembly

# Resolution 53: Enhancing Federal Healthcare Access at Cornell Health: Medicaid, Medicare, and Veterans Community Care

**Abstract:** This resolution calls on Cornell University to expand and strengthen Medicaid and Medicare access at Cornell Health by addressing existing service gaps, improving navigation, and aligning waiver and referral systems with federal coverage standards. Although Cornell currently accepts Medicaid for medical services (excluding pharmacy) and cannot directly bill Medicare, this resolution outlines actionable steps to reduce out-of-pocket costs, enhance care coordination, and promote health equity for federally insured students.

**Sponsored by:** David Duan ’28, Davian Gekman ’27, Sara Almosawi ’25, Getulio Gonalez-Mulattieri ‘26

**Type of Action:** Recommendation

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**Current Status:** Adopted by the Assembly, 23-1-0, 05/01/2025

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## Context & Problem Statement

**Whereas,** Cornell’s Student Health Plan (SHP) costs $3,828 per year, plus an additional $550 in annual health fees, totaling $4,378 annually per student, which imposes a financial burden on students who already qualify for federal insurance through Medicaid or Medicare;

**Whereas,** although Cornell Health accepts New York State Medicaid for most in-house services, it does not currently accept Medicaid for pharmacy billing, thereby forcing Medicaid-covered students to pay out-of-pocket for essential prescriptions or travel off campus to fill them, which creates delays in treatment and added financial hardship;

**Whereas,** Cornell Health does not bill Medicare, and students on Medicare must pay the full cost of services provided on campus or navigate complex and often delayed referrals to external Medicare-participating providers, which disrupts continuity of care, especially for those with chronic conditions or disabilities;

**Whereas,** these barriers disproportionately impact students with disabilities, international graduate students with dependent coverage, DACA students on Medicaid, and students from rural or low-income backgrounds who rely on Medicaid or Medicare as their primary insurance;

**Whereas,** students who cannot utilize their federal insurance through Cornell Health must either purchase duplicate SHP coverage or forgo timely, local care—resulting in an avoidable $4,378 annual expense, which is approximately 21% of the estimated off-campus cost of living for a Cornell undergraduate;

**Comparative Institutional Models**

**Whereas,** peer institutions have implemented successful models of Medicaid and Medicare coordination that Cornell can emulate:

- Columbia University accepts New York Medicaid and enables eligible students to waive its student health plan, providing referral support and integrated financial counseling;
- Harvard University provides waiver options for Medicare-covered students and coordinates with external Medicare providers to support graduate students with long-term medical needs;
- The University of Michigan allows Medicaid billing for campus services and partners with managed care providers for coordinated referrals;
- UCLA and UC Berkeley facilitate Medi-Cal (California Medicaid) billing for most health services, host campus-based enrollment drives, and provide detailed multilingual information to students on how to access these benefits;

**Whereas,** according to the American College Health Association (ACHA), "colleges and universities should ensure that financial barriers do not prevent access to care," recommending that institutions accommodate federal coverage plans to support equity in student health;

**Public Health, Financial, and Equity Benefits**

**Whereas,** expanding the usability of Medicaid and Medicare at Cornell Health would yield substantial financial savings by allowing eligible students to avoid the $4,378 annual cost of duplicative SHP enrollment, which is unaffordable for many from low-income households;

**Whereas,** Medicaid's broader service scope—including dental, vision, prescription medications, long-term behavioral health care, and chronic illness management—would fill critical gaps currently left by SHP, improving overall student health outcomes;

**Whereas,** allowing Medicaid-covered students to receive their care in one place without unnecessary off-campus referrals promotes continuity of care, reduces treatment disruptions, and prevents delays in managing chronic or complex conditions;

**Whereas,** Medicaid permits coverage of spouses and children, a feature not subsidized by SHP, which makes it the most viable coverage option for graduate students with dependents, thereby supporting family well-being;

**Whereas,** Medicare recipients often include students with long-term disabilities or those aging into eligibility, and improved navigation and care coordination would reduce administrative burden and prevent gaps in access for this vulnerable population;

**Whereas,** according to the Kaiser Family Foundation, Medicaid enrollment is highest among students of color and rural populations, and enhancing its usability at Cornell would reduce structural healthcare inequities across demographic lines;

**Whereas,** student Veterans covered by the U.S. Department of Veterans Affairs (VA) often face barriers to using their Community Care Program (CCP) benefits at Cornell Health due to lack of formal provider integration, resulting in out-of-pocket costs, complex referrals, and fragmented care;

**Whereas,** peer institutions such as the University of Michigan, Rush University Medical Center, and Emory Healthcare have established successful models of VA Community Care integration, allowing Veterans to receive direct, no-cost care on campus or through affiliated providers with streamlined authorization and continuity of care;

**Whereas,** formal CCP integration at Cornell Health or through Weill Cornell Medicine would promote health equity for Veterans—especially those from low-income or underrepresented backgrounds—by enabling direct billing, reducing treatment delays, and improving mental health access for students with service-related conditions such as PTSD;

**Feasibility and Operational Implementation**

**Whereas,** Cornell Health already uses the EPIC system for electronic medical records, which is capable of integrating Medicaid pharmacy coordination modules and tracking voucher utilization;

**Whereas,** Cornell can partner with local Medicaid-participating pharmacies, such as Wegmans and Kinney Drugs, to establish a voucher or direct-billing program to eliminate out-of-pocket prescription expenses for eligible students;

**Whereas,** Cornell Health can host Medicaid enrollment drives twice yearly (in August and January) in partnership with the Human Services Coalition of Tompkins County and NY State of Health Navigators to help students initiate or maintain Medicaid eligibility while on campus;

**Whereas,** Cornell Health can maintain a published, curated directory of nearby Medicare-participating providers in Tompkins County and designate trained administrative staff to assist students in obtaining off-campus referrals and arranging transportation or telehealth when needed;

**Whereas,** SHP waiver criteria can be updated to accept documentation of full Medicare or dual-eligible coverage, reducing redundant costs for eligible students while ensuring appropriate care access through off-campus providers;

**Whereas,** coordination with Weill Cornell Medicine, a Medicare-participating institution, can support the delivery of specialty telehealth services (e.g., cardiology, psychiatry, endocrinology) for Medicare-covered students who cannot receive that care locally;

**Resolution Statements**

**Be it therefore resolved,** that Cornell Health publish and maintain a multilingual, publicly available list of all Medicaid-covered services on campus, clearly indicating limitations (e.g., pharmacy exclusion);

**Be it further resolved,** that Cornell Health establish a Medicaid prescription voucher system or direct-billing relationship with local pharmacies to eliminate out-of-pocket costs for eligible students;

**Be it further resolved,** that Cornell Health host biannual Medicaid enrollment events in collaboration with NY State of Health Navigators and promote them across undergraduate and graduate student channels;

**Be it further resolved,** that Cornell Health maintain a public Medicare provider directory for the Ithaca area and assist Medicare-covered students with referrals, scheduling, and care continuity;

**Be it further resolved,** that Cornell Health, in consultation with the Office of the University Registrar, the Cornell Veteran Affairs Office, and Weill Cornell Medicine, explore and pursue enrollment as a provider within the U.S. Department of Veterans Affairs Community Care Network (CCN), enabling eligible student veterans to receive authorized care through the VA without out-of-pocket cost or referral delays;

**Be it further resolved,** that the SHP waiver process be amended to allow students with full Medicare or dual-eligible coverage to waive SHP if documentation demonstrates adequate alternative coverage;

**Be it further resolved,** that Cornell Health explore and pilot a telehealth partnership with Weill Cornell Medicine to offer specialty care for Medicare-covered students who cannot be served in-house;

**Be it finally resolved,** that the Student Health Advisory Committee monitor policy outcomes annually, collect feedback from students using federal coverage, and issue recommendations for continuous improvement.

Respectfully Submitted,

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