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*Section 1115 and Section 1915 waivers for the Medicaid program have existed for some time and are intended to allow states to innovate and improve their Medicaid programs. As part of the Affordable Care Act, use of section 1115 waivers by states increased when implementing their versions of Medicaid expansion, allowing states to stray from program requirements for premiums and co-payments. Section 1915 waivers gave states the ability to expand the use of managed care, which outsources administration of Medicaid to private insurers. While legal scholarship has addressed some aspects of Medicaid waivers, like their legality and associated problems, it has not analyzed the evidence of how policies sanctioned by these waivers are operating in practice, and how they are affecting access to Medicaid and healthcare.*

*The waivers, in effect, outsource administrative processes to private companies and leave Medicaid enrollees at the mercy of a bureaucracy that they do not understand and caught up in a web designed to make them fail and impede access to healthcare. Waivers that were meant to innovate and improve Medicaid have not done so, based on the available evidence from the states. At a time when the Trump administration and the states are pulling back on the administrative state and the enforcement of regulations, an analysis of the policies accepted by Medicaid waivers shows the importance of consumer protection in healthcare and the importance of monitoring the actions of private companies to ensure that enrollees are not being wrongfully denied access. It is the Wild West in terms of oversight and regulation, with most healthcare consumers left unarmed.*