All families deserve access to affordable coverage. Health care in America should not be a privilege only for those wealthy enough to afford the continually rising costs.
Sarah and Valerie are two next-door neighbors. They share a lot, go to the same church, watch each other’s kids — two apiece — and the families often have barbecues together — there’s no fence between their yards. Their children play together and go to the same school. Both families are considered middle-income and both pay their fair share of taxes.

What these two families don’t share is similar health care coverage. Neither of the families has health insurance through an employer — Sarah’s husband’s health benefits were dropped by his employer last year.
Sarah is a stay-at-home mom, and her husband is a maintenance worker. Their income is $35,000, which is 149 percent of the federal poverty level (FPL) for a family of four in Utah. Sarah’s family purchases health coverage on the new health insurance marketplace. Their annual premium for health insurance, $6,088, is offset by a tax credit of $4,716 under the Affordable Care Act, so their family’s share of the premium is $1,373, a price they can well afford.

Valerie is a home health aide, and her husband is an office clerk. Their combined income is $23,000, which is 98 percent of the FPL for a family of four. Their annual premium is the same as Sarah’s, $6,088, but because their income is less than 100 percent of the FPL, they do not qualify for tax credits through the Health Insurance Marketplace. And because Utah hasn’t expanded Medicaid, they cannot get coverage through public insurance either. Valerie’s annual premium would be the full $6,088, a price that is simply too expensive for their family. They would have to earn less than $10,400 per year, a bare 44 percent of the FPL for a family of four, to have Medicaid available to them. That is an income of $866 per month, or $185 per week. Could our legislators afford health care with that income?

Both couple’s children are covered by Medicaid and CHIP. But without the Medicaid expansion, Valerie and her husband cannot currently afford health care coverage for themselves, along with thousands of other hardworking Utah families. They have no option to help relieve the daily, grinding stress of being uninsured, unable to get preventive medical, dental or mental health care, and where a sudden or chronic illness or injury would make it impossible to work, care for their children or even put food on the table. They know that illness or injury strikes everyone at some point.

Without the Medicaid expansion, Utah has created a system where families with incomes above the federal poverty level, like Sarah’s, can get help with the cost of coverage, while the most vulnerable families, like Valerie’s, do not qualify for help.

All families deserve access to affordable coverage. Health care in America should not be a privilege only for those wealthy enough to afford the continually rising costs. I urge Gov. Gary Herbert, the legislative leadership and our legislators to act not in the best interests of ideology or election politics, but for their citizens, especially for those who have little or no voice for themselves in our government. I ask that our leaders accept the Medicaid expansion, paid for by our Utah tax dollars, which would, with other available coverage, provide basic health care for 98 percent of our Utah citizens.

*Dr. Tom Metcalf is a retired pediatrician who remains actively interested in community, state and international health and safety issues.*