

Faces of Medicaid

Brenda Christiansen
Cancer patient
Murray, Utah



"It was just the thought that I did not have to worry about paying the medical bills. That would have been such a huge worry on my mind."

Brenda Christiansen, age 52, a hospice nurse and the mother of 11-year-old Vanessa, was diagnosed with breast cancer in May 2010. At the time she first noticed a worrisome lump under her arm, Brenda had recently started a new nursing job, but she was uninsured, still in the 3-month waiting period for the health insurance offered by her employer. She was within days of getting this coverage when she was laid off.

Through Medicaid's Breast and Cervical Cancer Prevention and Treatment Program, Brenda is eligible for full Medicaid benefits, and she has needed many of them. Medicaid has covered a hospital stay and surgery to remove her breast, her chemotherapy drugs, and prescription medicines, expensive imaging and lab services, and visits to her oncologist and other cancer specialists. Brenda also needs other specialist care, which Medicaid has covered as well. The one major gap that Brenda has noticed in Medicaid is in dental care. Utah's Medicaid program does not cover dental care for adults, and although seeing a dentist is very important for chemotherapy patients, Brenda has been unable to afford this cost out-of-pocket.

On her very low income – she receives unemployment benefits, and her church and family have helped with house payments, food, and utilities – Brenda says that, without Medicaid, she would probably have had to sell her house and move in with her mother, or declare bankruptcy. She estimates that her chemotherapy alone cost \$25,000 and that the total cost of her cancer care probably reached close to \$100,000. With Medicaid, she has had to pay a small amount for her prescriptions, but she was protected from devastating medical debt.

Brenda has come through her cancer ordeal well and is already actively interviewing for jobs. She is optimistic and determined that she will soon be working full-time again at a job with health insurance.

Darius Antonides
Child with special needs
Lincoln, Nebraska



"He is on that machine every time he has a seizure.. Without [Medicaid] paying for the medication and the machines, my son would not make it 12 hours."

Darius, who celebrated his 9th birthday last November, has periventricular leukomalacia or PLV, a brain injury associated with his premature birth at just 26 weeks. He also has mild cerebral palsy (CP) on the right side of his body. Darius suffers from frequent seizures because of the PLV, and he can stop breathing as many as six times a night because the part of his brain that controls breathing doesn't always work properly – a condition called central apnea. The CP impairs his mobility, balance, and reflexes.

Since the moment Darius was born, Medicaid has covered extensive specialist care, hospital care, prescription drugs, medical equipment, and other services that have saved his life and significantly mitigated the neurological and developmental problems that often come with PVL. Today, Darius is excelling in school, an achievement his mother, Stephanie, credits to Medicaid's coverage of crucial early intervention services, including speech, occupational, and physical therapy, that he received "from day one."

Medicaid covers Darius' visits to his neurologists, gastroenterologist, and endocrinologist; seizure medications; equipment, including an apnea monitor, oxygen regulator, tank, oximeter, and wheelchair; specialized dental care; nursing care; regular physical and speech therapy; and frequent visits to the emergency room necessitated by his seizures and apnea episodes. While social interaction with other children remains difficult, with these services and supports, Darius is able to participate in many normal childhood activities, including basketball.

Stephanie and her husband sometimes have to fight hard for all the Medicaid services Darius needs, but Stephanie describes the program as a life-saver for her son and family.

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Matthew Bardgett
Physically disabled worker
Garden City, Kansas



"I've shown my employers the work I can do and what I'm capable of as my health has been able to be maintained...By putting money back into the system and being a contributor, it made me feel useful."

Matthew Bardgett, now 50, was in a terrible car accident at age 19 that broke his back and left him a paraplegic. At the time, he was employed in the oil fields supply industry and had health insurance that covered his health care and rehabilitation, but Matt was unable to regain the function he lost in the accident and it was a long time before he would work again.

Rather than seek disability benefits, Matt retrained himself as a certified jeweler and went back to work. However, his job offered no health insurance and, unable to get coverage because of his pre-existing condition and unable to afford the premiums for the state high-risk pool, Matt remained uninsured until 2002. For more than 20 years, Matt paid for all of his health care himself but, unable to keep up with the medical bills, he often delayed needed care. In 2002, Matt was encouraged to apply for Working Healthy, which provides people with disabilities the opportunity to get Medicaid while they are working. Matt pays a premium to get Medicaid – about \$70 a month at his current income level.

Having Medicaid has made a huge difference in Matt's life. Since gaining coverage, he has addressed long-neglected health problems such as frequent bladder infections. He has also gotten the preventive care and check-ups he should, as well as specialist care and improvements in his wheelchair, and he has treated a depression that he now looks back on. "I really got my health back and I have a positive outlook on my life," Matt reports. Equally important to the quality of his life, Medicaid covers help from a personal attendant with bathing, transferring, cooking, dressing, and other everyday tasks that it took Matt extraordinary time and effort to do by himself.

Today, while continuing to work as a jeweler, Matt has gone back to school, where he is earning a Bachelor's degree in organizational leadership.



Carmen Rosado and her two daughters
Family with school-age children
Hartford, Connecticut

"It's helped them be healthy, be on track with their shots and everything that's needed."

Carmen and her two teen daughters, Crystal Marie (age 18) and Nelly Marie (age 13), are all enrolled in Medicaid. Carmen sought out the program following her divorce several years ago, when she and her girls lost the private health insurance they had through her then-husband's business, where Carmen also worked. Carmen took on a night-shift job for a time, but with no health insurance, and she has been unemployed for about three years now and continues to look for work.

Carmen is grateful that both Crystal and Nelly are in excellent health. The girls enjoy sports and play softball. While enrolled in Husky, as Connecticut's Medicaid program for children is called, Crystal and Nelly have received all their well-child care and immunizations on schedule. Husky has also covered their vision care and eyeglasses and occasional doctor visits for sick care. Carmen values the peace of mind she gets from Husky coverage for her girls.

Carmen has not been as lucky with her health as her daughters. She has required several surgeries in the last two years to remove cysts, and she also suffered a severely sprained ankle and some infections. Medicaid covered all the hospital and physician care and prescription medicine that she needed as a result. Carmen estimates that, without Medicaid, she would be facing over \$30,000 in medical bills for her hospitalizations alone.

Medicaid, the nation's public health insurance program for low-income people, covers millions of children and parents in working families, pregnant women, seniors, and individuals with disabilities. Beginning in 2014, Medicaid will expand under the Patient Protection and Affordable Care Act (ACA).