



Medicaid Enrollees

SPEAK UP

To Sonja Evans, physical therapy benefits through Medicaid opened up a whole new door on life...

Sonja Evans: Helper, UT

Sonja Evans has M.S. and is in a wheelchair. Three years ago she started going to physical therapy twice a week to try to regain some of her strength. Through her persistent effort and bi-weekly visits, she has seen remarkable gains. But her progress will be cut short by the Legislature's cuts of outpatient physical therapy for Medicaid adults, aged and people with disabilities.



Physical Therapy is a critical Medicaid service

Sonja Evans has multiple sclerosis, a painful and debilitating disease that has confined her to a wheelchair. Three years ago, Sonja lost just about all of her strength. She could only lift 2 ½ pounds and was at risk of becoming bed-ridden. She began going to physical therapy twice a week to regain her strength. She can now lift 20 pounds with each arm and has even walked using the parallel bars. Physical therapy has helped her become more independent. At home, she can actually do dishes or cook if she wants to.

"For those of us who are well under the guidelines for income that the state requires for Medicaid, there is no way to pay for these services. I know that physical therapy has kept me from relapsing and allowed me to carry on as normal a life as I can in a wheelchair. Without this program, I or others like myself will not be able to function or be able to even get on with the lives that we lead. I hope that the Legislature will reconsider the effect that their removal of physical therapy will have on those of us that really need and use the program," says Sonja.

A Policy Solution: Restore Optional Services

During the 2008 Special Session, the Legislature cut five 'optional' services for adults on Medicaid, resulting in a savings of \$500,000. Although the fiscal note is relatively low, the cost for those patients who lost these services is very high.

The title "optional services" is a misnomer. These services—dental, eye glasses, outpatient physical and occupational therapy, speech and hearing—provide vital care for low-income Medicaid enrollees, like Sonja. Example after example shows how health and productivity are increased when patients have access to this care. Simple cost-containment strategies within Medicaid could be used to restore funding to these vital services, even in an economic downturn.