

# No insurance, but still clinging to hope

By Wendy Leonard, Deseret News  
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SALT LAKE CITY — Utahns frustrated by the Legislature's refusal to accept the federal dollars and state costs that would come with Medicaid expansion say they aren't sure where to hang their hope.

"Prayer is my health insurance," Heather Hirsche, of Lindon, said Friday. "It's worked for me so far."



Hirsche is one of an estimated 70,000 Utahns who is without access to health care. Smack dab in the middle of the coverage gap, she isn't sure that any of the proposed plans, aside from full expansion, will end up helping her.

"It's very frustrating. It makes me feel like there's no value put on the health of people in my situation," Hirsche said, adding that she lost everything in a divorce several years ago. "I'm trying to get myself to a better place in life so I won't be a burden, and I need an education to do that."

She is nearly through six years of undergraduate and graduate education at the University of Utah, where she is studying to become a social worker to help people who find themselves in situations similar to her own.

"I never saw this coming, and that adds to the stress of it," Hirsche, 53, said. "Knowing that I'm just one illness or accident away from medical bankruptcy or a life of chronic illness because I can't afford treatment at this point in my life. It would really impede the direction I'm going and the career I'm trying to build for myself."

The road has been long and hard, she said, adding that her view on government programs has changed in recent years.

"I've shifted to more middle-of-the-road because of my experiences," Hirsche said. "I see the roles that government plays in helping those that are truly needy."

And because advocates for Medicaid expansion have been disappointed in the past two years, where discussions on the matter have ended in an impasse, Hirsche believes people might be slow to show support this year.

"I believe access to health care is not a luxury, it should be something that all people can have access to and use to maintain their health and be able to pursue their rights to life, liberty and happiness," she said, adding that she hopes lawmakers see the struggling Utah families much like they view their own, "with the same basic needs and wants."

Proposals that stand to offer smaller percentages of people the care they need are going to be welcomed, of course, Hirsche said, "but covering 100 percent of the coverage gap is a lot better than just covering 15 percent of those in the coverage gap."

Bill Tibbitts, director at the [Crossroads Urban Center](#), has expressed concern over homeless advocates losing ground last year while supporting a bill that didn't pass and not fully vetting others that could have made a dent in the access problem for the very low-income populations the center serves.

So, this year, Tibbitts said he is looking for anything that will help.

"Is there something we can get done to cover the population that there's at least a consensus that they need to be covered," he said. He's hoping a bill to help the poorest of the poor will gain some favor and help alleviate some of the stress for Utah's homeless.

And [Voices for Utah Children](#), which advocates for the rights of children in the state, is awaiting robust discussion surrounding the issue, but also looking at other strategies that could bring coverage to more uninsured children.

The hope from Medicaid expansion options for children is that coverage extended to parents would net more children enrolled in health care, too, said Jesse Mandle, Voices for Utah Children health policy analyst. She said coverage for low-income parents is a top priority.

"It might not be feasible, but from our perspective, a plan that covers the entire coverage gap would be the best option for the state," Mandle said.

In addition to high hopes for expansion of existing Medicaid programs, the group is also pushing to make small changes that could potentially bring more kids into coverage. One such measure would be instituting 12-month continuous eligibility, so when parents see a bump in their income, due to seasonal or contract work, kids don't get kicked off insurance rolls, but maintain coverage throughout the year.

"Not all parents know they can re-enroll when the job goes away, so we see a lot of kids fall through the cracks," Mandle said.

Another potential initiative aims to get funding for more outreach efforts, specifically at the state level, to help enroll more kids in Utah. Mandle said 85,000 children are uninsured in the state. And while various, not-for-profit organizations, schools and other groups are already working to reach families without access to insurance, the state lost its outreach funding during the recent recession.

Voices for Utah Children is also supporting efforts to remove a five-year waiting period for immigrant children who come to the state legally, so they can get and keep coverage earlier.

"There's a lot of people not signing up out of confusion around the rules," Mandle said, adding that removing trickier stipulations might help.

"We're getting creative with different solutions," said Rylee Curtis, senior health analyst with [Utah Health Policy Project](#), a group that advocates for the state's uninsured. She said aside from full expansion of Medicaid in Utah, the entire coverage gap may not get help from the initial bills in this session.

But they are remaining hopeful something will help.

"We still want full expansion, but if we could get a bill that would cover some 20,000 homeless or at-risk of becoming homeless, it would be something," Tibbitts said.

"There's a lot of services they can't get because they don't have a way to pay for it."

He said any group of uninsured Utahns would likely be grateful for the help, and it "could change lives."

"When you're in that situation, you are very clear you'd like to get the health care you need," Tibbitts said, adding that 96 percent of people who stayed at the shelter in the past year reported extremely low incomes. And 82 percent of those had no form of health care insurance.

The numbers are similar for people living in supportive housing programs throughout the state.

He said if even a portion of those people were eligible for insurance, it could change the face of homelessness in Utah.

"We know everyone is in a tough place with this," Mandle said. "We all want to close the coverage gap. We're all struggling to get something that will work for everyone involved."

Email: [wleonard@deseretnews.com](mailto:wleonard@deseretnews.com), Twitter: [wendyleonards](https://twitter.com/wendyleonards)