

Lives of Utahns compromised as Medicaid decision looms

By [Wendy Leonard](#), Deseret News

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SALT LAKE CITY — Even as Utah's governor lays out his albeit unique plan to cover uninsured Utahns, the quality of life for some of those approximately 130,000 people still hangs in the balance.

"It's not hypothetical for me," said Stacy Davis-Stanford, a 28-year-old who was on top of her game in a social work career before a car accident in 2010 triggered a life-changing neurological disorder. She now spends most of her time either in bed from intense pain or in a wheelchair because she doesn't have the strength to stand.



Davis-Stanford believes the right doctors could help her walk, but she can't afford to pay a visit and only gets medical care in an emergency.

"I went from being at the top of my career ... to being fed and bathed," she said. "I still offer a lot to the world, but that is a big difference."

The Salt Lake Community College student and small-business owner is disgruntled with how long it has taken Utah lawmakers to make a decision that envelops her physical, emotional and mental well-being.

"When they do not recognize how gravely important this is, it makes me sick," Davis-Stanford said. She's accumulated more than \$200,000 in medical bills she cannot pay and is putting off tests that could lead to a firm diagnosis and possible treatment that could potentially restore her once-vibrant life.

"They're keeping me from even finding out whether there is hope," she said. "There are options on my list of possible diagnoses that could be fatal."

Covering Utah's uninsured was a major issue before and during the 2013 legislative session, leading lawmakers to study the prospects of expanding Medicaid in the interim. Results of intense study, including [commissioned financial reports](#) and other insight, have led to multiple proposals — the governor's being the third. All three official proposals are very different.

And despite all the talk, many Utahns are avoiding necessary health care to perhaps circumvent a medical bankruptcy.

The alternative, however, lands many disadvantaged Utahns in the emergency room, where they can't be turned away for care that often ends up costing more, the burden of which falls to taxpayers.

Gov. Gary Herbert on Thursday said any assistance divvied out to the poor would be determined by their ability to work. Participants would share in the cost of their care through co-payments, and up to 2 percent of their income towards premiums.



"We have concerns with how the poorest of the poor will be able to comply," said Linda Hilton, project director with the Coalition of Religious Communities, an advocacy group that stems from the Crossroads Urban Center, Utah's busiest emergency food pantry.

"If you are making \$300 a month, every dollar counts," she said. "When that money has to cover rent, utilities, transportation and food, where do you have any give to contribute to your health care?"

Hilton said the governor's plan, which imposes a small percentage of a person's income as a health insurance premium, could be "problematic," landing a financial responsibility on charitable organizations.

"Every dollar in their budget counts," she said. "If you take that out of the budget, then do you go to a food pantry for food, ask for help to pay your light bill or turn the heat off? All of the options don't contribute to a good quality of life."

A student and self-employed artist, Davis-Stanford and her husband can barely afford food and rent. And they don't spend frivolously. Dinner rarely contains meat and most often less-costly potatoes and rice are the filler.

Between the two of them — one disabled and the other her caretaker — they net less than \$12,000 a year, landing them right in the gap where coverage may be iffy with any of the proposed plans.

More than 54,000 Utahns earn too little to purchase subsidized health insurance from the private market — available through the federally operated website, www.healthcare.gov — but earn too much to qualify for Medicaid.

Herbert intends to strengthen the private insurance market with his proposal, extending help to Utahns making less than \$15,500 a year.

"There are good ideas in each plan," said Matt Slonaker, executive director for the Utah Health Policy Project, which advocates for health care access. "The next step is hammering out a deal that gives Utah's low-income residents access to decent health care coverage."

The governor's plan requires negotiation with the federal government, but Slonaker said the latest announcement "gives tremendous momentum to closing Utah's coverage gap."

Each of the proposals faces a steep climb and likely lots of refining before gaining approval of Utah's House of Representatives, Senate and the governor. Aspects of at least two plans also require negotiation with the federal government.

In the meantime, Davis-Stanford hopes lawmakers "realize the seriousness of this."

"There are people actually disabled, chronically ill and even terminally ill waiting on them," she said. "I sometimes want to shake them and say, 'This is my life.'"

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