

Vulnerable populations wonder what is ahead given potential for repeal of health reform

By JULIE MINDA and BETSY TAYLOR

Insurance enrollment counselors who work with low-income people are used to hearing heartfelt “thank-yous” when they help their clients sign up for insurance. But it isn’t every day a counselor also receives the promise of delicious eats.

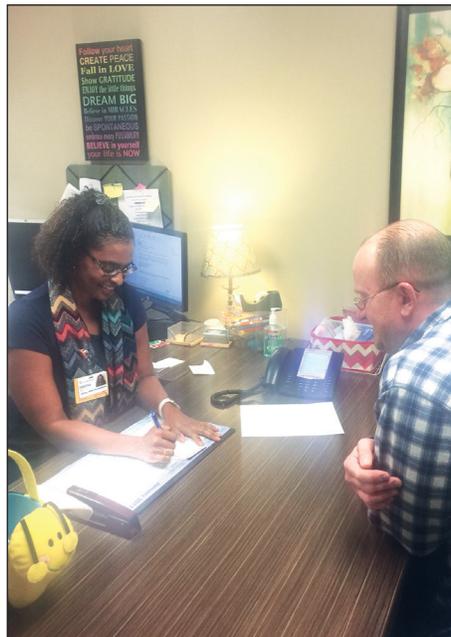
When Joy Salas, a certified application counselor for Mostellar Medical Center in Bayou La Batre, Ala., recently told a client that she qualified for insurance on the insurance marketplace with very low out-of-pocket costs, the woman “just about started crying,” said Salas.

Salas said the client, who had been injured in a car accident and was struggling with medical costs, told Salas she cooks up an excellent gumbo. She promised she’d stop back by with a bowl to thank Salas for helping her navigate insurance enrollment, and for finding her to a plan she could afford.

Ministry employees who assist individuals applying for subsidized premiums in an Affordable Care Act-enabled insurance marketplace, or signing up for Medicaid coverage tied to the ACA, say the vulnerable populations they serve have benefited greatly under health care reform. Some specialists said they and their clients are wary about what the nation’s new political landscape portends for health care benefits, particularly for poor and hard-to-insure people.

“It’s an uncertain future,” said Bryan Trujillo, manager of community health for Centura Health of Centennial, Colo.

Edgar Aguilar is program manager for the Community Health Initiative of Kern County, Calif. The Dignity Health outreach program based in Bakersfield guides individuals and families in securing affordable health insurance coverage. Aguilar said the insurance provided to low-income



Ericka Hill, a social worker with CHI Memorial in Chattanooga, Tenn., discusses health care insurance enrollment with a client. She helped him to navigate the healthcare.gov insurance marketplace.

individuals through Medicaid expansion, or with premium subsidies on California’s insurance exchange has saved lives.

When the ACA took effect, “There were so many people so happy they had access to care,” he said. “We have assisted people who needed surgery. Without the Affordable Care Act, they would have to do without.” The Community Health Initiative partners with a local cancer center to secure insurance for low-income patients. “I see the faces of the people we’ve assisted,” Aguilar said. “They have lost their jobs. They have cancer. They rely on the safety net, now it’s being taken away.”

‘Risky move’

In a December email to the Catholic health ministry, Sr. Carol Keehan, DC,

CHA’s president and chief executive officer, wrote that the law, “which has enabled health insurance coverage to reach an all-time high in our country, with more than 90 percent of individuals in the U.S. covered, is under grave threat.”

As *Catholic Health World* went to press in early January, Republican Congressional leaders had signaled their intent to repeal major provisions of the ACA under a budget reconciliation bill this month. That approach requires a simple majority to pass in both houses of Congress. Sr. Carol wrote, “With Republican majorities in Congress, and a president-elect uniting with them in opposition to the ACA, the path for repeal legislation to pass and be signed into law is wide open.

“As health providers, you know how devastating this would be to the 22 million Americans who have benefited from the law’s provisions, and to those who care for them.”

CHA is urging ministry advocates to contact members of Congress and the media to build awareness that repeal of the ACA in the absence of immediate plans to replace it constitutes what Sr. Carol has called a “premature and risky move that will cause immeasurable harm to the health care system and the people it serves.”

Vital resource

Ministry insurance enrollment counselors who spoke to *Catholic Health World* said coverage sources expanded or created by the act have been vital to their communities.

Linda Connolly, a medical assistance benefits coordinator with Trinity Health’s Pittsburgh Mercy, said in Pennsylvania, “Medicaid expansion has made medical coverage much more accessible to more people, especially the working poor.”

Erricka Hill, a social worker and social services manager with CHI Memorial in Chattanooga, Tenn., helps the uninsured enroll in insurance. She said many in “the working class rely on the exchange,” also known as the insurance marketplace, where they may qualify for significant premium subsidies and cannot be turned down for coverage on the basis of preexisting conditions. “They couldn’t get insurance anywhere else,” she said.

Centura’s Trujillo helps to organize and manage enrollment coalitions with partner organizations in several Colorado cities. He said insured people have the ability to access resources to improve their physical, mental, emotional and spiritual health.

“Who knows what the future will bring (when it comes to repeal), but we don’t want people to disengage” from the health system, Trujillo said.

Mixed reactions

Ministry insurance enrollment specialists said their clientele are concerned about their ongoing ability to purchase insurance should the ACA be defunded or repealed before a replacement is in place.

As *Catholic Health World* went to press, Capitol Hill discussions on repealing the health care law included a two- or three-year delay in the effective date to allow for replacement legislation. According to

Marketplace insurance gives Texas minister access to medications

Editor’s note: With Republicans laying the groundwork to dismantle the Affordable Care Act, CHA is urging legislators to put people above politics and proceed in a way that preserves and ultimately broadens health care access. Beginning in this issue and extending for several issues, Catholic Health World is publishing profiles of individuals whose lives have been improved by ACA-enabled health insurance coverage. Those stories will be compiled on the CHA website. We invite ministry members to contribute patient profiles of their own to this project and to use the stories to reach out to legislators with the message that health insurance matters to the dignity, quality of life and well-being of individuals and families. To contribute profiles, or suggest individuals for profiles, please email jvandewater@chausa.org.

By JULIE MINDA

Trevon Buchanan of Texarkana, Texas, needs a lot of stamina and pep to keep up with his full life. The married father of four is a youth minister at Texarkana’s Westside Church of Christ, where he directs summer camps, weekend retreats and mission work with energetic children.

COVERAGE IS CRITICAL

Buchanan, age 41, a kidney transplant recipient, is insured through a policy he purchased on a federally run exchange at healthcare.gov. The medications that prevent his body from rejecting the kidney cost a few thousand dollars per month; and he would not be able to afford that cost without insurance coverage. Buchanan was underinsured for one month last spring and struggled to pay for his medications. Friends and Good Samaritans at his church helped with the costs of the medicine.

More than a decade ago, Buchanan had qualified for Medicare because of his kidney failure, but once he received his transplant 10 years ago, he no longer qualified for all Medicare

benefits — just a limited set of benefits. Over the last few years, he had purchased a commercial insurance plan on the marketplace to supplement the Medicare coverage. But, his plan’s administrators told him last spring his Medicare policy disqualified him to buy a policy on the exchange. He was able to buy an expensive private policy to replace the marketplace coverage.

Once his Medicare benefits expired in July Buchanan met with an insurance enrollment counselor at CHRISTUS St. Michael Health System in Texarkana. The counselor helped him find a marketplace plan that comes with a tax credit through the Affordable Care Act. That expert also connected Buchanan with a benefit program from CHRISTUS Health and the Ark-Tex Council of Governments, an association of local governments located within nine Texas counties and one Arkansas county. That program now pays Buchanan’s premiums. The family of six qualifies because of its limited income. Buchanan’s only out-of-pocket cost is a monthly \$100 for his medications.

His wife, who previously was uninsured, now is insured under the same



Trevon Buchanan

marketplace plan. (His children, who range in age from 8 to 15, are insured through Medicaid. Texas did not expand its Medicaid program for adults as encouraged by the Affordable Care Act.)

Buchanan said, while not perfect, the Affordable Care Act does provide a way for people with low incomes and preexisting conditions — people like him — to access the insurance they need.

He said if he were to lose his marketplace policy, he would not be able to afford his medications. Without the drugs, he would lose the functioning of his kidney and he’d be back on dialysis, as he was before his transplant.

“With dialysis, it felt like I was bleeding to death without dying,” he said. “I had no energy, I couldn’t be alone with my kids because of the fear that I could pass out.”

He said, “My medications are essential.”



Insurance coverage through the Affordable Care Act will allow 63-year-old Trudy McCarty to start her retirement, and provide her with affordable coverage until she is eligible for Medicare.

Hospital admissions supervisor uses ACA insurance as bridge into retirement

By BETSY TAYLOR

Trudy McCarty, 63, isn't afraid of hard work. She was 15 years old when she started working, but come Feb. 28, she's retiring from her position as an admissions supervisor for same-day surgery at Our Lady of the Lake Regional Medical Center in Baton Rouge, La.

She has newly signed up for insurance through the Affordable Care Act, and while she knows the law has its critics, she says: "Thank God for this."

She has worked at Our Lady of the Lake for 40 years. She'll retire at age 64, a year shy of Medicare eligibility. She looked into coverage through the Consolidated Omnibus Budget Reconciliation Act — better known as COBRA, which provides people a way to temporarily continue their health coverage at group rates — and suffered sticker shock. Her premium would have been roughly \$600 a month. "Absolutely, it was

a shocker," she said.

She made an appointment with Vidette Owens, Franciscan Missionaries of Our Lady Health System manager of financial counseling. FMOL is the parent of Our Lady of the Lake, and Owens assists patients with financial counseling and navigating insurance coverage. Owens helped McCarty find a marketplace plan that costs \$273 monthly with a \$4,000 annual deductible.

McCarty said that's within her retirement budget. The plan allows her to continue with her primary care doctor, and it will cover occasional visits to an orthopedist for arthritis in her one knee. It will pay for the one medication she is on, a drug for Type 2 diabetes.

After decades on the job, and early morning hours admitting patients, McCarty is greatly looking forward to sleeping in beyond her normal workday wake-up time when she starts retirement. "I'm not going to be getting up at 3 a.m.," she said.

Lisa Smith, CHA senior director of government relations, on Jan. 3, the first day of the new Congress, Republicans introduced a budget resolution which includes reconciliation instructions to the health care committees in both the House of Representatives and Senate to draft legislation repealing major parts of the health care law by Jan. 27. An additional instruction would preclude Democrats from using a Senate filibuster to keep the ACA intact.

Wobbly insurance markets

Salas in Bayou La Batre said many of the people coming into the Mostellar Medical Center federally qualified health center seeking enrollment assistance are motivated to avoid a tax penalty for being uninsured. Under several Republican reform proposals being floated, that tax penalty would be eliminated along with the requirement for individuals to have health insurance.

Opponents of repeal contend that doing away with the individual insurance mandate would destabilize the individual insurance market, as healthy individuals opt out of coverage, leaving the sick and those in higher risk categories in the insurance pool. Opponents of repeal maintain that would ignite dramatic increases in premiums, putting coverage out of the reach of many.

Gisel Valdez is a health plan enrollment representative working with patients at Mercy Medical Center in Des Moines, Iowa. She said that only a few uninsured patients have asked her whether they should enroll in coverage, given President-elect Donald Trump's pledge to repeal the ACA as one of the first acts of his administration. She counseled them to sign up and told them she personally believes it is likely that coverage under the ACA will continue while Congress reshapes the U.S. health care landscape by setting new policy directions. But Congress has offered no such solid guarantees to date. Open enrollment for marketplace insurance for 2017 ends Jan. 31.

Enrollment spikes

Nationally, as of late December, enrollment in ACA health insurance purchased through the federal marketplace healthcare.gov for 2017 was about 6.6 percent ahead of the comparable period in 2015. According to the Obama

Administration, about 6.4 million people had enrolled on healthcare.gov with more than five weeks remaining in the 2017 open enrollment period. The enrollment figures do not include insurance purchased on state exchanges, like the one operated by Colorado.

According to a news release from Connect for Health Colorado, the state's insurance marketplace, by Dec. 18 more than 144,000 Coloradans had enrolled in marketplace-based health care coverage for 2017. The release said that rate was "18 percent ahead of signups one year ago."

Colorado was one of the first states to set up a health insurance exchange under the ACA, and participation has been robust, with enrollment figures increasing each

year, according to data from Connect for Health Colorado. Lately though, Trujillo said uncertainty about subsidized premiums and the future of Medicaid expansion has some people "choosing to wait on what this new administration will do."

Preserving gains

The enrollment counselors said they can attest to the positive impact insurance can have on someone who was previously uninsured.

Connolly said, "It's great just to see how relieved people are by acquiring medical insurance. It's a load taken off" of them.

Trujillo said, "We have community members now getting access to preventive services that they otherwise wouldn't

have had access to." Many preventive services are provided at no additional cost to patients insured through policies purchased on and off health care marketplaces.

Now, people are hoping that access — and insurance coverage — will be preserved and improved upon.

Connolly said, "People do question what's going to happen. Everyone's wondering about the unknown. Everyone is waiting to see what will happen and how it will change" health care affordability and access.

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