January 2013

FACES OF THE MEDICAID EXPANSION:
How Obtaining Medicaid Coverage Impacts Low-Income Adults
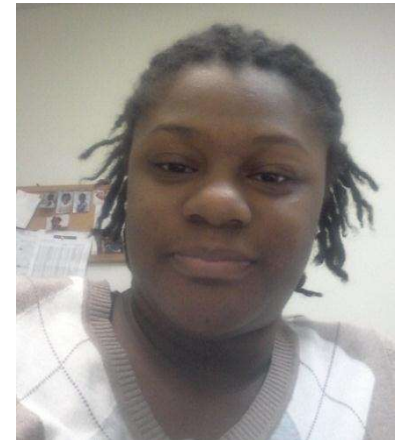
EXECUTIVE SUMMARY

The Affordable Care Act (ACA) seeks to fill the longstanding gap in Medicaid coverage for low-income adults by expanding eligibility to a minimum floor of 138% of the federal poverty level (FPL), or $24,344 for a family of 3 in 2012. However, the Supreme Court ruling on the ACA effectively made implementation of the Medicaid expansion a state choice. If a state does not expand Medicaid, poor uninsured adults in that state will not gain access to a new affordable coverage option and will likely remain uninsured. To provide insight into the potential impacts of expanding Medicaid, this report highlights the experiences of adults in California, Connecticut, Minnesota, and the District of Columbia, which all have already expanded Medicaid to adults. Based on focus groups and interviews with previously uninsured adults who recently gained Medicaid coverage in these states, it examines the personal impacts gaining coverage had on individuals' health, finances, employment, and overall well-being.

Findings

The participants covered by Medicaid expansions are a diverse group of adults with varying health needs who face ongoing financial struggles. Participants range in age and race, have differing family circumstances, and include a mix of healthy individuals and those with serious and chronic illnesses and physical and mental health needs. Nearly all participants said they are struggling financially. They worry about paying bills and affording basic necessities like groceries. While many have recently gained employment or are working part-time, others have lost jobs and are looking for work. While most are living in their own homes or rented apartments, some have moved in with friends, parents, or other relatives. A few are receiving assistance from other social service programs.

> **"It's very stressful wondering where your next pay is going to come from; how you're going to pay [bills]…even for those that…have some type of income, it's still a struggle. It's like you're getting paid but then you still don't have enough money to survive."** Angelette, California

While uninsured, participants could not afford to obtain needed care, resulting in significant negative impacts on their health and contributing to major stress and worry in their lives. Participants used words such as "scared," "uneasy," "insecure," and "nervous" to describe what it felt like to be uninsured. While uninsured, they were often unable to afford needed care or medications. Some participants described instances when they got sick or injured and had to decide whether their conditions were serious enough to seek care and face the large bills associated with that care. Participants described waiting until conditions worsened or became unbearable before seeking care and frequently relying on the emergency room when they did seek care, which resulted in large bills they could not pay. Moreover, a number said they were unable to obtain recommended follow-up care after receiving emergency treatment.

> **"Being uninsured felt horrible [be]cause you basically have to be on your death bed before you go to the doctor's because you can't afford it."** Cindy, California
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> **"My head was bleeding and…the ambulance came and I was supposed to go to the hospital, but I didn't…because I didn't have insurance."** Susan, Minnesota
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> **"I broke my hand and…I went to the emergency room…but I didn't go for follow-up care because I didn't have insurance. [I] basically worked with a broken hand for two months… I should have had a doctor take care of [this] for me, but I didn't because I didn't have insurance."** John L., Minnesota

Obtaining Medicaid coverage enabled participants to access care for unmet needs and preventive care, which had positive impacts on their health and other areas of their lives. Gaining Medicaid coverage provided a significant sense of relief to participants. They used words like "secure" and "grateful" to describe what it feels like to have Medicaid coverage. Many noted that obtaining coverage enabled them to get medications and needed care they had gone without while uninsured. In addition, many obtained a physical after enrolling in coverage and are hoping to follow up with other preventive services, such as colonoscopies and well-woman exams. For some participants, physicals led to the diagnosis of conditions such as diabetes, asthma, and anemia, for which they are now receiving care. Participants also noted that having Medicaid enables them to seek care from a physician early rather than waiting until conditions worsen or using the emergency room. Many participants have established a relationship with a primary care provider and say they appreciate having a doctor who can get to know them and coordinate their care. Participants also emphasized that, by enabling them to get their health needs met, obtaining Medicaid coverage facilitated their ability to take charge of their lives and focus on other goals and priorities, such as employment.

> **"You would put it off and put it off and put it off until you were almost at death's door and you had to go to the emergency room, you didn't have a choice. But…now…you can go to your doctor, you can discuss what you need and then you can go get your prescriptions and fortunately everything is good."** Matthew, DC
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> **"It makes me feel better because I have…family history and I have to make sure that I'm staying on top of things…So being able to have a doctor where I can say…I need to get this checked out because I might be at risk for this…makes me feel a lot better."** Alfreda, California
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> **"That's a huge support system for me to…look for a job and do all these other things…[be]cause I have the health coverage I have and that's a security."** Low-income adult, Connecticut

Nearly all participants said that states should expand Medicaid and cited broad positive impacts of expanding coverage. When told that other states will decide whether to expand Medicaid, participants urged state leaders to consider the financial burden of being uninsured on families and noted that coverage would provide their residents financial security so that they do not have to make difficult decisions between paying for medical care and taking care of their families. Others stressed that as hard-working, tax-paying citizens, they deserved some help during difficult economic times. They noted that being able to manage their health enables them to better focus on work and obtaining jobs, which has long-term economic benefits for the state. Several participants acknowledged states' concerns about the costs, especially given already tight state budgets, but noted that there were already high costs associated with providing care to uninsured people in the emergency room.

Conclusion

These findings suggest that the Medicaid expansion would have significant positive impacts on individuals' personal lives by enabling them to obtain needed care, providing financial protection from the cost of care, and alleviating a significant source of stress and worry. They further show that providing Medicaid coverage enables individuals to utilize physicians for care rather than delaying care and ultimately turning to the emergency room. As such, coverage can facilitate earlier diagnosis and treatment of conditions and improved care management, which may help lead to less serious and costly health problems in the long run. Moreover, by helping individuals get their health under control, providing Medicaid coverage supports their ability to take charge of their lives and focus on other priorities and goals, including employment. This broad array of potential personal impacts is another factor to be considered as states weigh going forward with the Medicaid expansion.
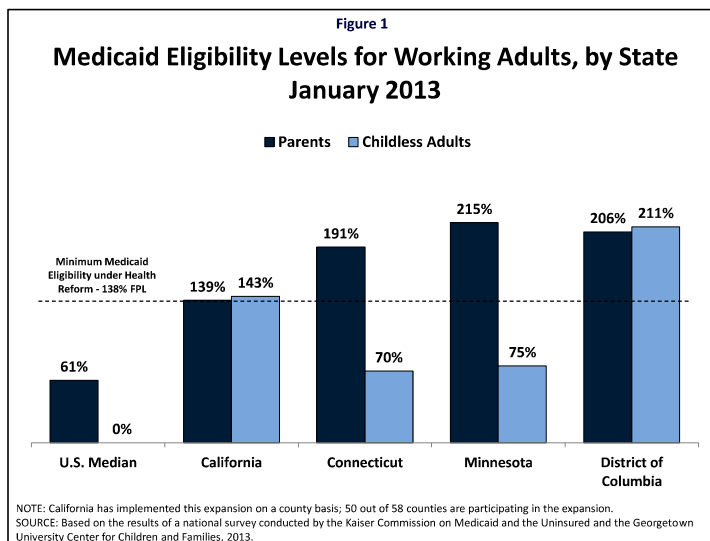
INTRODUCTION

Today, adults with limited incomes have a high uninsured rate with over four in ten (42%) of those with incomes at or below 138% of the federal poverty level (FPL) ($15,415 for an individual or $26,344 for a family of three in 2012) lacking coverage.[1] This high uninsured rate reflects longstanding gaps in Medicaid coverage for adults. Today, parent eligibility is very limited in many states, with nearly two-thirds of states limiting eligibility to parents below the poverty level, and most states do not cover other low-income adults regardless of how low their income is.

The Affordable Care Act (ACA) seeks to fill these gaps in Medicaid for low-income adults by expanding eligibility to a new minimum floor of 138% FPL. This expansion would significantly increase eligibility for parents and other adults in many states, making millions of adults newly eligible for the program. However, the Supreme Court ruling on the ACA effectively made implementation of the expansion a state choice. If a state does not expand Medicaid, poor adults in that state will not gain access to a new affordable coverage option and will likely remain uninsured.

To provide greater insight into the impacts of expanding Medicaid, this report highlights the experiences of adults in several states that have already expanded Medicaid to adults. It explores how gaining Medicaid coverage impacted individuals' health, finances, employment, and overall well-being. It is based on focus groups with previously uninsured adults who recently gained Medicaid coverage in California, Connecticut, Minnesota, and the District of Columbia. In addition, it presents individual profiles of selected focus group participants. The findings complement other reports that examine the impacts of being uninsured among uninsured adults who could gain coverage under the expansion (http://www.kff.org/medicaid/8385.cfm) and analysis of the impact of the expansion on enrollment and expenditures (http://www.kff.org/medicaid/8384.cfm), which found that, if all states implement the expansion, gains in Medicaid coverage would substantially reduce the number of uninsured and the federal government would fund the vast majority of increased costs.[2]

BACKGROUND

This report is based on 8 focus groups conducted with 64 individuals by the Kaiser Commission on Medicaid and the Uninsured and Lake Research Partners in Los Angeles, CA; Hartford, CT; Minneapolis, MN; and the District of Columbia during summer and fall 2012. These states have all expanded coverage to adults, although they vary in eligibility levels and some remain below the Medicaid expansion limit of 138% FPL (Figure 1). Some of these expansions were in place prior to the ACA, while others were implemented after the ACA to get an early start on the expansion. Focus group

Figure 1

Medicaid Eligibility Levels for Working Adults, by State January 2013

■ Parents ☐ Childless Adults

Minimum Medicaid Eligibility under Health Reform - 138% FPL

U.S. Median: Parents 61%, Childless Adults 0%
California: Parents 139%, Childless Adults 143%
Connecticut: Parents 191%, Childless Adults 70%
Minnesota: Parents 215%, Childless Adults 75%
District of Columbia: Parents 206%, Childless Adults 211%

NOTE: California has implemented this expansion on a county basis; 50 out of 58 counties are participating in the expansion.
SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.

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[1] State Health Facts Online, Health Insurance Coverage of Adults (19-64) with Incomes under 139% of the Federal Poverty Level (FPL), states (2010-2011), U.S. (2011), http://www.statehealthfacts.org/comparetable.jsp?ind=779&cat=3.
[2] J. Holahan, *et al.,* "The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis," Kaiser Commission on Medicaid and the Uninsured, November 2012.

participants were low-income adults who gained Medicaid coverage within the last year and who were previously uninsured. They included a mix of gender, age, race, income, education, employment, and health care status and needs. The focus groups were conducted using a structured guide. Follow-up interviews were conducted via telephone with selected participants to inform the individual profiles.

FINDINGS

Characteristics of Focus Group Participants Covered by Medicaid Expansions

Participants are a diverse group of adults with varying backgrounds and life situations. Participants range in age from 23 to 63 and are of differing races and family circumstances. A few are caring for children, but many others are parents with adult children or childless adults. A number of participants had recently experienced significant life changes such as moves, divorces, or the loss or gain of a new job. While most are living in their own homes or rented apartments, some have moved in with friends, parents, or other relatives. A few are receiving assistance from other social service programs. Several are caring for sick or aging parents and other family members.

Focus group participants face ongoing financial struggles. Many participants have recently gained employment or are working part-time jobs, while others have lost jobs and are looking for work. Some have gone back to school to improve their job prospects. Nearly all participants said they are struggling financially and worry about paying bills and affording basic necessities like groceries. A few are living off savings and managing to stay afloat but feel they lack any financial cushion to deal with unexpected costs. Some are struggling to keep up with their bills. For example, Cosette from Minnesota explained that her home is in foreclosure and she is searching for a new place to live. A number have debt from school loans, credit card bills, and medical visits from when they were uninsured. Overall, participants expressed that it is frustrating and stressful to be living paycheck to paycheck, although many remain optimistic about a better future.

> **"It's very stressful wondering where your next pay is going to come from; how you're going to pay [bills]…even for those that…have some type of income, it's still a struggle. It's like you're getting paid but then you still don't have enough money to survive."**
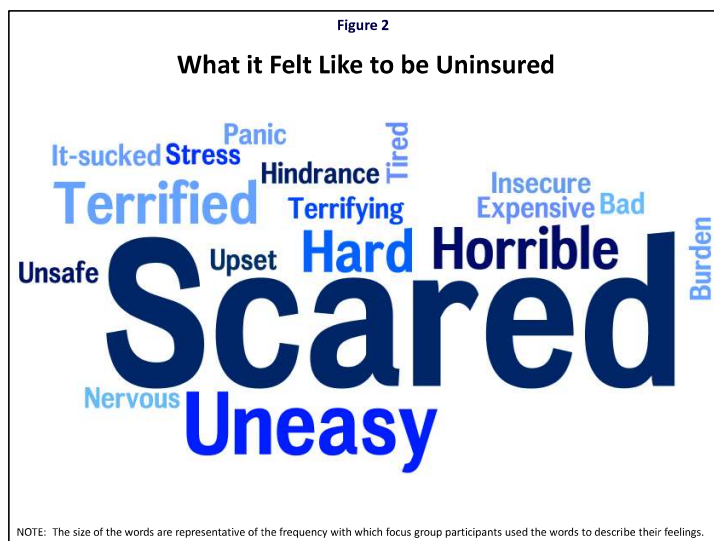> Angelette, California
>
> **"I just think it feels like really like a burden. Sometimes…you feel like; oh maybe things are okay, and then something else happens and so it's like you can't ever just have a moment to breathe."**
> Ashley, DC

Participants include a mix of healthy individuals and those with serious and chronic illnesses or recent injuries. A number of participants described having chronic conditions like arthritis, asthma, allergies, high blood pressure, and diabetes. Others have significant health conditions such as AIDS, multiple sclerosis, and lupus. A few are recovering from recent heart attacks and surgeries, and some reported dealing with mental health conditions like bipolar disorder, depression, anxiety, and panic attacks. Thomas, from Minnesota, who was recently diagnosed with multiple sclerosis, said, "I'm in the worst shape of my life physically, financially, emotionally." Other participants described themselves as being in excellent health, although some worry about developing conditions that run in their families, such as diabetes and heart disease, as they get older.

Experiences While Uninsured

As noted, all participants were uninsured prior to gaining Medicaid coverage. During the focus group discussions, participants were asked to recall their experiences being uninsured, including how it felt to be uninsured and the impacts on their health, health care, and other aspects of their lives.

Participants said being uninsured was worrisome, scary, and stressful. Participants varied in the length of time they had been uninsured prior to gaining Medicaid coverage, ranging from a few months to several years. Prior to becoming uninsured, many had previously been insured through private employer plans but lost coverage when they lost jobs during the recession. Though a number have since found new jobs, many of these new positions do not offer health insurance or participants are not able to afford coverage when it is offered. Participants used words such as "scared," "uneasy," and "horrible" to describe what it felt like to be uninsured (Figure 2). One mother said that being uninsured made her anxious because she feared passing on burdens and bills to her children if something were to happen to her.

Figure 2
What it Felt Like to be Uninsured

NOTE: The size of the words are representative of the frequency with which focus group participants used the words to describe their feelings.

> "I dropped the Blue Cross [be]cause I just couldn't swing the $900 [premiums] for myself alone… I looked into individual policies, but I had a couple of pre-existing mild things that they said they'd be a roadblock or else it'd be so expensive…." Kelly, Minnesota
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> "…When I didn't have insurance for a few years, I was thinking, if something were to happen to me,…my kids would help me when I came out of the hospital, but as far as the bills,…I would feel I'd have to burden them with the bills and that will put stress on me…It turned me into being overly cautious." Louann, Minnesota

While uninsured, participants could not afford needed care or medications and sometimes relied on home remedies instead of seeking professional treatment. Though a few participants said they went to low-cost clinics or urgent care centers to obtain medications and services while uninsured, the majority said they put off obtaining care while uninsured because they feared the bills they would incur. Some participants reported skipping medications and going without regular physicals or preventive care while uninsured. Some described instances when they got sick or injured and had to make difficult decisions about whether their conditions were serious enough to seek treatment and face the large bills associated with care. Others noted that they experienced ongoing symptoms or problems but were unable to obtain primary care or screenings to diagnose their conditions. Participants described waiting until conditions worsened or became unbearable before seeking care and frequently relying on the emergency room when they did seek care, which resulted in large bills they could not pay. Moreover, a number said they were unable to obtain recommended follow-up care after receiving emergency treatment.

> "Being uninsured felt horrible [be]cause you basically have to be on your death bed before you go to the doctor's because you can't afford it." Cindy, California
>
> "Sometimes I skipped medications because I wanted to try to make it last me as much as I could." Ruth, Connecticut
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> "You're feeling sluggish, you're tired, you're putting on weight, you know you're not eating that much…You don't have insurance so how can you diagnose what's going on?...You know if they're going to do a blood test and stuff, it's going to cost me a lot of money." Dolly, California
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> "I broke my hand and…I went to the emergency room…but I didn't go for follow-up care because I didn't have insurance. And basically worked with a broken hand for two months…I basically devised my own splint system that I could take off and on…, something I should have had a doctor take care of for me, but I didn't because I didn't have insurance." John L., Minnesota

Being uninsured had negative consequences on participants' health and impacted their daily lives and finances. For example, Susan in Minneapolis suffered a serious head injury but declined medical care because it was too expensive. Her injury worsened and eventually resulted in a severe staph infection that required a three-month hospitalization. Also, Dolly from California suffered for years with symptoms of hypothyroidism, including fatigue and weight gain, but could not afford to see a doctor to diagnosis her condition. Moreover, many of those without serious conditions said that, even though they felt healthy, they worried about how they would afford care if they got sick. A few said they were more cautious and hesitant to drive or to participate in certain activities because they feared getting injured. A number of participants also noted that when they had to seek care, it resulted in large medical bills that they could not afford. Several accumulated thousands of dollars in medical debt for emergency room or hospital care that they are still working to pay off.

> "My head was bleeding and…the ambulance came and I was supposed to go to the hospital, but I didn't…because I didn't have insurance…" Susan, Minnesota
>
> "I like to do a lot of activity…like skate, bike, hike, football, that stuff. But…at the time… I would always be cautious whether I was gonna get hurt or something. So if somebody asked me, "Hey, you want to go play football?" I'd be like…I don't have insurance to do that kind of stuff right now." Salvador, California
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> "I have medical [debt]. I was in an accident…so I have the hospital bills…about $1300…for less than three hours, a visit to the emergency room and one ibuprofen…" Alfreda, California

Obtaining Medicaid Coverage

Nearly all participants learned about Medicaid from a provider or a friend or family member. A number of participants said that when they went to a hospital, clinic, or emergency room, a doctor or nurse told them about Medicaid and helped them apply for coverage. One participant saw signs in a local clinic where he had been receiving care and decided to enroll. A number of participants, particularly Hispanic participants in California, said they heard about Medicaid from friends or family who encouraged them to apply. A few participants also described learning about Medicaid by researching coverage options online. Some said that the enrollment process was long and complex, but generally felt it was worthwhile to complete the process to obtain coverage. Some participants received help from clinics, community groups or staff in eligibility offices to complete the application or called toll-free numbers to have their questions answered. Many said that these resources made it easier to enroll.

> "I ended up in the ER… and had to have surgery and I didn't have any insurance, and they…said …we offer this insurance, and I'm, like, okay…The next thing I know, I got a card in the mail and the bill was paid and that's how I found out about it." Bobby, DC

Participants enrolled in Medicaid coverage to get specific health services, for peace of mind, and because it was affordable. Several participants said they "wanted to stop being sick" or needed help paying for specific services to diagnose and treat ongoing health conditions. For example, Anna from California began searching for coverage to pay for a blood test to determine the cause of chronic pain. Paula from Minnesota enrolled to obtain care and medications to manage her HIV. Some parents cited the desire to get coverage for their children as a key motivation for enrolling. These parents had children who were also uninsured and the whole family signed up together. One mother said, "I have three kids…they have to have a healthy mom." Another explained that "I just have more peace of mind…that if I get sick or my kids get sick, I could just go to the doctor." People's fears about developing hereditary conditions also motivated them to enroll in coverage, as they wanted to obtain preventive care and screenings. Moreover, for many participants, enrolling helped provide financial protection in case of an emergency. They feared the high costs of care and becoming a burden on their families if something happened. They believed Medicaid would be affordable and provide peace of mind knowing that they would not be left with large bills if they sought care.

> **"…there's certain things like high blood pressure and cancer and diabetes that run in my family so it's like a red flag for me…am I going to get this too, do I need to go to the doctor to make sure I don't already have it?"**
> Margo, DC
>
> **"I needed to be in [Medicaid] because I didn't have the finances…Because I needed medications for my depression."**
> Low-income adult, Connecticut

Impact of Gaining Medicaid Coverage

Obtaining Medicaid coverage provided a big sense of relief to participants. They used words like "secure," "grateful," and "comfortable" to describe what it feels like to have Medicaid coverage (Figure 3). Some of those with health conditions or undiagnosed symptoms said they were thankful that they can now finally obtain needed care and medication. For example, Stephanie, whose fibromyalgia and anxiety caused constant pain and limited her ability to work, described the ability to get medication and care as a "mental uplift." Even those without significant health problems said that they worried about their health while uninsured and having Medicaid coverage provided "peace of mind." For example, Thomas from Minnesota has a family history of a number of health conditions including heart disease, Parkinson's Disease, and schizophrenia, and says it is "comforting" to know that he can get checkups and care when he needs it. Many participants expressed that obtaining Medicaid allows them worry less since they know that, if necessary, they can get affordable health services.

Figure 3

What it Feels Like to Obtain Medicaid Coverage

NOTE: The size of the words are representative of the frequency with which focus group participants used the words to describe their feelings.

> **"There is like a mental uplift in just knowing that if you have problems things will be better…you know if you're feeling depressed about it or anxious you can go and talk to someone…It just changes everything when you know that there are options available to you."** Stephanie, Minnesota

Participants sought treatment for unmet health needs and preventive care after enrolling in Medicaid and described positive impacts on their health. Many participants noted that obtaining Medicaid coverage enabled them to get prescription medications and to see physicians and specialists for care they had gone without while they were uninsured. For example, Kelly from Minnesota had been unable to obtain a follow-up Pap test to determine if she had cancer while uninsured. As soon as she obtained Medicaid, she went for a follow-up test and was able to get needed surgery. Margo from DC used her new Medicaid coverage to obtain mental health services and care for her high blood pressure, helping to relieve the stress and insomnia she suffered while uninsured. Thomas had been unable to get an MRI to determine the cause of debilitating headaches and later learned that he had multiple sclerosis. In addition, many participants said they obtained a physical after enrolling in coverage and are hoping to follow up with other preventive services, such as colonoscopies and well-woman exams. For some participants, these physicals led to the diagnosis of health conditions such as diabetes, asthma, and anemia, for which they are now receiving care.

> **"I did get the insurance and then I did go for the Pap test…Luckily it wasn't cancer and everything is fine…But oh my God the relief…[if] I hadn't started the insurance it could have then developed into something."** Kelly, Minnesota
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> **"A lot of my family members have thyroid problems…and, for a long time, my thyroid looked enlarged, so I thought I had a thyroid problem and then finally when I got [Medicaid] I was able to go get it checked out and I'm fine…It's good to know that nothing's wrong."** Fadimo, Minnesota
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> **"It makes me feel better because I have…family history and I have to make sure that I'm staying on top of things…So being able to have a doctor where I can say…I need to get this checked out because I might be at risk for this…makes me feel a lot better."** Alfreda, California
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> **"I found out I am anemic…if it's left untreated it would be bad…I didn't go for any checkups for many years. It was only because I went for a physical that they found that, so I wouldn't have known otherwise."** Christopher, Minnesota

Participants noted that having Medicaid enables them to seek medical care from a physician early, rather than delaying care until conditions worsen and using the emergency room. Prior to enrolling in Medicaid, most participants went without care or delayed seeking care because they could not afford it and often waited until conditions worsened, eventually turning to the emergency room when they finally did seek care. New enrollees say that they can now go to a physician if they need care for a minor injury, flu, or other non-life-threatening condition. For example, one participant described having to call ahead to different doctors to ask about prices before seeking care when he was uninsured. Now, with Medicaid coverage, he is able to visit a primary care doctor without worrying about costs. A few participants did mention long wait times to see providers and difficulty finding some specialists. However, they noted that these issues are not unique to Medicaid and felt fortunate that they had much better access to physicians compared to when they were uninsured.

> **"You would put it off and put it off and put it off until you were almost at death's door and you had to go to the emergency room you didn't have a choice. But…now…you can go to your doctor, you can discuss what you need and then you can go get your prescriptions and fortunately everything is good."** Matthew, DC
>
> **"When I didn't have insurance, I didn't see anybody. …Now…I get a chance to go and see somebody if something is going on…I can at least approach a doctor."** Alfreda, California

Many participants have established a relationship with a primary care provider to help oversee and coordinate their care. A few mentioned that their primary care provider utilizes a team-based approach to coordinate services. Participants said they appreciate having a primary care physician who can get to know them and a group of doctors who follow up with them about appointments and care plans. For example, Salvador from California has a physician with similar knee issues and asthma that he experiences and said he appreciated the time the doctor took to explain his conditions and give him alternative ways to exercise to reduce pain. Erica, who has been suffering with new food allergies and ulcers, said her new physician took time to help her figure out what to eat, and she now feels more confident about her diet and has not had an ulcer in months. A number of participants also valued referrals that their primary care providers made to specialists such as dieticians and nutritionists to help maintain their overall health.

> **"Now that I have my primary [care doctor], she knows me and she can go right to my file and pull up, it's more personal, it's more in depth. And if I missed anything she can go back and—well did you do this, did you do this, why aren't you doing this?...I'm happy now with it."** Low-income adult, Connecticut
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> **"I've been able to…feel more healthy; the way that I feel like my allergies are taken care of more than they were before, because it's really difficult when you can't eat nothing and you feel like you're gonna die…my doctor gave me a list of all the things I can't eat and I would never know this if I didn't have a doctor."** Erica, California
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> **"The dietitian calls me like every month…She gives me advice on dieting…because of my diabetes and…heart condition. They're super about it, you know, I don't even got to call, they call me if they don't hear from me."** John L., Minnesota

By enabling individuals to get their health needs met, obtaining Medicaid coverage facilitated participants' ability to take charge of their lives and focus on other goals and priorities, such as employment. Several participants emphasized that getting Medicaid coverage and obtaining care has improved their ability to work and participate in activities. For example, Salvador from California said that getting care for his asthma and arthritic knees meant that life became more enjoyable and he can now run more and do more physical activities with his daughter. When he learned he had asthma, he also stopped smoking. John W., from DC, explained that bad seasonal allergies kept him indoors, but he is now able to afford his prescription nasal spray, which allows him to go out and enjoy life more. A few participants with anxiety, depression, and other mental health needs explained that they can now get medication and see therapists, helping improve their ability to sleep and focus on other areas of their life like finding jobs. Some also said that, under doctors' care, they have been able to lose weight, eat better, and adopt healthier lifestyles. For example, after John L., from Minnesota, enrolled in Medicaid and discovered that he had diabetes and heart disease, he met with a dietitian, enrolled in a gym, and began exercising regularly to manage his weight and other health conditions.

> **"I quit smoking 'cause I found out I had asthma…I run a lot more. I can do a lot more things that I…wouldn't be able to do last year."** Salvador, California
>
> **"That's a huge support system for me to…look for a job and do all these other things…'cause I have the health coverage I have and that's a security."** Low-income adult, Connecticut

THOUGHTS ON THE MEDICAID EXPANSION

After sharing their thoughts about gaining Medicaid coverage, participants were provided information about the ACA Medicaid expansion and told that other states will be making decisions in the near future about whether to expand Medicaid to other adults at their income level. They were told about how coverage options would increase under the expansion as well as some reasons states are considering not expanding Medicaid. Participants were then asked to share their views on these topics.

Nearly all participants believe that states should expand Medicaid and cited broad positive impacts of expanding coverage. When told that other states will decide whether to expand Medicaid, many said that they should do so. They urged state leaders to consider the financial burden of being uninsured on families and noted that coverage provides their residents financial security so that they do not have to make difficult decisions between paying for medical care or taking care of their families. Others stressed that as hard-working, tax-paying citizens, they deserved some help during difficult economic times. They noted that getting help managing their health enables them to better focus on work and obtaining jobs, which has long-term economic benefits for the state. Several participants acknowledged states' concerns about the cost of expanding Medicaid, especially given already tight state budgets, but noted that there were already high costs associated with providing care for uninsured people in the emergency room.

> **"What would you do…if you didn't have insurance and you were in a situation where you or your family member had to go to the hospital or doctor and you had to think; oh my God how am I going to pay this bill, do I pay the medical bill or do I put food on the table for my kids?"** Louann, Minnesota
>
> **"You would want…the people of your state to be healthy 'cause in turn they're going to help you by bringing money in, because…if you're healthy you're gonna work, you're going to shop 'cause you're making money…you know it's going to help your economy in the long run because you're going to have healthy citizens."** Low-income adult, Connecticut

Participants would value a simplified application process and want multiple options to enroll and renew coverage, especially online. Participants also were told about new requirements under the ACA to provide a simplified application and enrollment process for Medicaid beginning in 2014. A majority of participants said that they enrolled in Medicaid in-person at a state eligibility office but would have liked the option to enroll and renew their coverage online to avoid long waits and multiple trips to obtain the right paperwork. Many also said that they would prefer to receive notices and information about their benefits via email and online instead of by mail. However, a number still wanted the option to speak to someone in person or by phone to answer questions and provide assistance. Some participants raised concerns about the privacy of their information online and commented that, for many older individuals and those without computers in their homes, applying for coverage online would be difficult. A few suggested having multiple options available to those applying and offering in-person assistance to help individuals in libraries or other public places apply for coverage online.

CONCLUSION

This study highlights the experience of adults who have recently gained Medicaid coverage in states that have already expanded Medicaid to adults. These individuals are a diverse group, varying in age and family background. While many are slowly recovering from the recession and gaining new employment, they continue to struggle financially. A number also have serious physical and mental health needs that affect their daily lives. The adults that participated in the focus group discussions faced numerous challenges accessing medical care while uninsured, which had negative consequences on their health and lives. Their inability to get treatment for physical and mental health needs and preventive screenings caused stress and worry, and in some cases, resulted in a number of complications and worsening health conditions.

Participants were relieved to obtain Medicaid coverage and are now getting care for previously untreated needs as well as primary care and preventive screenings. Most are establishing relationships with primary care physicians to manage and coordinate their care, and a number have taken steps to improve their health and lifestyles. Although some faced long waits and difficulties finding specialty physicians, they value the ability to get medical care when they need it. These adults feel fortunate to have benefitted from their state decisions to expand Medicaid and support the expansion of Medicaid to adults in other states. They feel that getting health coverage has had broad positive impacts on their lives, especially during difficult economic times, and note larger positive economic impacts for states that decide to expand Medicaid to low-income uninsured adults.

Most participants learned about Medicaid from a provider or through word of mouth from a family member or friend, and a number received assistance with the application and enrollment process. While the new streamlined enrollment processes that will go into effect under the ACA will facilitate enrollment of adults who are newly eligible for the Medicaid expansion, it will be important for states to provide outreach and enrollment assistance to help adults enroll and fully realize the potential benefits of the expansion.

These findings suggest that the Medicaid expansion would have significant positive impacts on individuals' personal lives by enabling them to obtain needed care, providing financial protection from the cost of care, and alleviating a significant source of stress and worry. They further show that providing Medicaid coverage enables individuals to utilize physicians for care rather than delaying care and ultimately turning to the emergency room. As such, coverage can facilitate earlier diagnosis and treatment of conditions and improved care management, which may help lead to less serious and costly health problems in the long run. Moreover, by helping individuals get their health under control, providing Medicaid coverage supports their ability to take charge of their lives and focus on other priorities and goals, including employment. This broad array of potential personal impacts is a factor to be considered as states weigh going forward with the Medicaid expansion.

INDIVIDUAL PROFILES OF LOW-INCOME ADULTS COVERED BY MEDICAID EXPANSIONS

To provide a more detailed understanding of the personal impacts obtaining Medicaid coverage had on individuals' lives, follow-up telephone interviews were conducted with selected focus group participants to inform individual profiles of low-income adults covered by Medicaid expansions. These profiles highlight the array of health and financial challenges facing these low-income adults and the broad range of positive benefits gaining Medicaid coverage had on their lives, enabling them to get needed care for physical and mental health conditions as well as primary and preventive care. By getting their health needs met, the Medicaid coverage has supported improvements in their relationships with family members as well as their ability to work and lead healthy, active lives.

For these individuals, *obtaining Medicaid coverage means:*

- **Stephanie, age 29**: No longer having to live with painful chronic conditions that limited her ability to work.

- **Nicole, age 29:** Improved management of her high blood pressure.

- **Cindy, age 32:** Being able to afford treatment for her multiple chronic health conditions.

- **Thomas, age 50:** Getting diagnosed for multiple sclerosis and obtaining treatment and care.

- **Joy, age 55:** Being able to get her bipolar disorder under control and focus on her job.

- **Salvador, age 31:** Establishing a relationship with a doctor to help him manage his asthma and live an active lifestyle with his daughter.

- **John L., age 50:** Being able to access a comprehensive team of health care professionals to manage his diabetes and help him recover after heart surgery.

- **Bobby, age 46:** Getting treatment for his depression and being able to get care from a doctor instead of relying on the emergency room for care.

- **Ruth, age 43:** Being able to afford medications for her mental and physical health needs so she can focus on getting her life back on track.

- **John W., age 32:** Having access to medications and mental health care that improve his quality of life.

Stephanie

Age 29. Minneapolis, MN

Obtaining Medicaid coverage means no longer having to live with painful chronic conditions that limited her ability to work.

Two years ago, when Stephanie graduated with a degree in theater, she lost her student health insurance that had helped her manage a number of health conditions. Money was tight, but because of her health, Stephanie was only able to work part-time as an administrative assistant. Her job did not offer health benefits, and with a small salary, she could not afford private health insurance on her own. Stephanie describes this period as "completely terrifying." She lived with chronic pain for eight months before enrolling in Medicaid, but says now that life is improving since she is able to get care.

Stephanie suffers from fibromyalgia, a condition that causes severe, chronic pain. She says, "I judge every day how much pain I'm in by whether I want to cry when my cat gets on my lap." Fibromyalgia is typically managed with medication, but while uninsured, Stephanie could not afford the $200 monthly cost for the drugs. She says, "I was only working part-time and there was just no way that I could possibly fill [my prescription] and still eat and keep a roof over my head." Stephanie lived with constant discomfort, unable to sleep, work full-time, or enjoy daily activities. "It really made it hard some days to work." Stephanie also feels that she missed out on other life experiences because she could not manage her pain. She says, "[It] really limited what I could do in life in general, because what it basically meant was every moment that I wasn't working, I had to be resting so that I could work again."

Stephanie describes enrolling in Medicaid as a relief. When she enrolled in Medicaid, she filled her prescription immediately. "Now I can actually afford medication again; it's great." Through Medicaid, Stephanie also found a primary care doctor to help manage her pain and develop a treatment plan. Today, she receives care for all her health needs including migraines and depression, which also went untreated while she was uninsured. However, being able to get medications made the biggest difference for Stephanie. "It really changed with the medication," she says. "There is… a mental uplift in just knowing that if you have problems things will be better… It just changes everything when you know that there are options available to you."

With the improvement in her health, Stephanie is now able to take on more work and pursue her passion, working at a local theater company. Stephanie says that Medicaid has changed her life. "With…proper doctor care…it's a lot easier to have …good health every day…. It's one of those things that, you know if you're being seen appropriately, it just makes all the difference in the world."

> "With…proper doctor care…it's a lot easier to have…good health every day….. It's one of those things that, you know if you're being seen appropriately, it just makes all the difference in the world."

Nicole

Age 29. Washington, DC

Obtaining Medicaid coverage means improved management of her high blood pressure.

Nicole is a working mother living in DC with her husband and her three young children. She is a records clerk but was recently forced into part-time work when her employer cut back her hours. As a part-time worker, Nicole lost her health insurance benefits. She could not afford the $700 monthly premiums she was offered for individual private coverage and became uninsured.

Being uninsured created stress and uncertainty for Nicole and her husband, both of whom suffer from a number of chronic health conditions. "When I lost coverage, I was afraid something might happen to one of us," she says. Nicole has hypertension, and while uninsured, she could not afford medication and regular checkups to monitor and control her high blood pressure. As a result, she found it difficult to be productive and care for her children. She says, "When my blood pressure is high I can tell the difference in my mood. I feel bad...it makes me feel fatigued, grumpy." Nicole was motivated to enroll in Medicaid to treat her hypertension and access preventive services. She says, "I knew I needed to see a doctor for a physical, for my high blood pressure."

Enrolling in Medicaid has helped reduce some of Nicole's anxiety about her health. Nicole found a primary care doctor who worked with her to develop a new treatment plan for her hypertension that focused on fitness, diet, and overall well-being. After a few months of treatment, she was able to get her blood pressure under control and her doctor took her off medication. "I don't have to be dependent on medication for the rest of my life….[my doctor] helped me in the long run; just to be knowledgeable about what hypertension is and how to prevent it," she says. Nicole's improved health is a comfort to her family members as well. "My mom…used to be so worried about me at risk for a stroke or something…[be]cause my blood pressure would be up so high…Now I have no concern of strokes."

> **"I don't have to be dependent on medication for the rest of my life...[My doctor] helped me...just to be knowledgeable about what hypertension is and how to prevent it."**

Nicole also feels grateful for access to coverage that allows her and her family to seek medical care. Without Medicaid, she says, "I'm not sure how my family would get any type of coverage. We can't afford it." While she was uninsured, Nicole put off care but now feels comforted that she can get help when he needs it. "When I didn't have coverage I didn't go to the ER unless I thought I was gonna die," she says. "But now that I have coverage, I'm like, 'Let me go get it checked out.'" She is now following up on a number of preventive services including a well-woman exam. With support from Medicaid and her provider, Nicole now feels educated, especially about hypertension and how to prevent it, which gives her a sense of control over her health.

Cindy

Age 32. Monrovia, CA

Obtaining Medicaid coverage means being able to afford treatment for her multiple chronic health conditions.

Cindy works as an independent fashion designer in the Los Angeles area. Work is slow nowadays, and she finds it difficult to make ends meet. Each month poses a new challenge as Cindy struggles to pay mounting bills, which include $5,000 dollars of medical debt from an emergency room visit while she was uninsured. Still, Cindy feels fortunate today to have Medicaid coverage to help care for multiple chronic conditions.

Cindy has bipolar disorder as well as lupus, an autoimmune disorder; and panniculitis, an inflammatory disease that caused her feet to swell to the size of footballs and made it nearly impossible for Cindy to walk. For two years while Cindy was uninsured, she was unable to afford her medications and dealt with painful swelling, restricted walking, and only being able to stand for 10-15 minutes at a time. Though her condition was debilitating, she put off getting any care because of the high costs. "I couldn't work...I couldn't afford drugs, I couldn't afford to go to the doctor's," she says. She describes this period of being uninsured as, "horrible because you basically have to be on your death bed before you go to the doctor's because you can't afford it."

Cindy learned about Medicaid from a friend and applied for coverage online. She wanted to enroll to get treatment and live more independently. She says, "I needed to seek treatment so that I could...function normally, so that I could go back to work...to be able to make my own money and not rely on my friends to take care of me."

Having Medicaid today makes Cindy feel worry-free. She now has a primary care doctor and is getting treatment for her lupus and panniculitis. She says, "I don't have to freak out like, 'Oh my God, I'm gonna die. I can't go to the doctor.'" She can now afford the treatment and medications she needs so that she can walk and work again. "I'm able to see the doctor regularly, which I'm supposed to be doing to manage the symptoms and you know just continue to get treated, and I can afford medicine."

Medicaid has also played a big part in managing her bipolar disorder. Before enrolling in Medicaid, Cindy was unable to control her mood swings and, as a result, lost a number of jobs. Today she is able to get the treatment and medication she needs to keep her stable and able to be part of the workforce again. "I feel healthier because I'm on my medicine, I can function more normally."

> "[Medicaid has] improved my quality of life. I couldn't imagine not having it now, and go back to being uninsured, and ...crying all the time because I knew I couldn't afford to go to the doctor."

Without Medicaid Cindy is not sure how she could manage her conditions. "[Medicaid has] improved my quality of life. I couldn't imagine not having it now, and go back to being uninsured, and ...crying all the time because I knew I couldn't afford to go to the doctor."

Thomas

Age 50. Minneapolis, MN

Obtaining Medicaid coverage means getting diagnosed for a multiple sclerosis and obtaining needed treatment and care.

Thomas recently moved to Minneapolis to work in customer service and help care for his father, who has Alzheimer's. Prior to moving, Thomas was living on the beach in Los Angeles, working for a then-successful start-up, and he was happy with life. Seven years ago, however, his company went bankrupt and he lost his job, his car, his investments, and his health insurance. He was uninsured for nearly five years before enrolling in Medicaid.

While uninsured, Thomas did not get annual physicals or seek treatment for headaches, weakness, and fatigue that came with increasing frequency. He gained weight and became depressed. He visited local clinics and paid for some care out-of-pocket, but he put off more expensive diagnostic tests because he could not afford them. He said "I put off an MRI, medications…they wanted me to have all these tests and I cut back and said…let's wait…it was expensive." Once he enrolled in Medicaid, Thomas learned that the symptoms he was experiencing were signs of multiple sclerosis (MS) and regrets being unable to get the care he needed. He says, "I didn't seek earlier treatment, which would've benefited me… because of…the lack of insurance."

Thomas first learned about Medicaid through the financial services department at county hospital where he went after he could no longer stand the pain from his headaches. At the time, Thomas knew little about his condition or what his treatment options were, but with Medicaid, he was able to connect with a neurologist and develop a treatment and medication plan. He says, "It's one less thing I have to worry about. I'm getting better care and that make me more confident and more comfortable….It makes me more assured that…I'm not alone in this…there's the medical professionals that are there."

> **"It's one less thing I have to worry about. I'm getting better care and that makes me more confident and more comfortable…. more assured that…I'm not alone in this."**

In addition to treatment for MS, Thomas has been able to obtain other health services. "Everything was seamless … a whole host of additional services opened up… from the physical, to the colonoscopy to eye care." These services are important to Thomas given his family history of diseases like colon cancer, Alzheimer's, and mental health conditions. During a recent colonoscopy, his results came back suspicious and he had a number of polyps removed. Thomas says that having insurance and doctors that manage his care makes him feel secure. He is thankful that Medicaid will continue to cover annual checkups to monitor his colon health.

Thomas hopes that policymakers will be able to look beyond the politics surrounding programs like Medicaid and "look at the benefits it would bring to those that truly need… the health care systems." If Thomas' Medicaid coverage were to end, he says it would have dramatic effects on his health. "I wouldn't be getting the level of care and attention that I'm getting [for MS]."

Joy

Age 55. Washington, DC

Obtaining Medicaid coverage means being able to get her bipolar disorder under control and focus on her job.

Joy is single and living in Washington, DC. She is currently working part-time as a front desk clerk at an apartment building. However, her income is inconsistent and she is looking for clerical work in the medical field. Because of her small, unpredictable income, Joy finds it difficult to make ends meet. "I live from paycheck to paycheck," she says, and admits that she sometimes looks to food banks and local charities for help.

While Joy was uninsured, she struggled to find affordable care for her mental and physical health conditions, including bipolar disease, high blood pressure, and an enlarged thyroid. She notes, "Sometimes I'd go to a doctor's office and they'd slap a bill on me and it was very high and it was like, you know how do I pay it; I want to pay it all at once so I can see the doctor again, but I can't do that so I'd pay partial payments. And sometimes I couldn't get the medicine that I wanted."

Joy's financial situation and poor health made her fearful. "There were times that I had to go to the emergency room with heart palpitations and chest pains…it was very uncomfortable and difficult having to go through all that and fearing that I could die; it was scary." She was sometimes unable to see a psychiatrist or afford her mental health and blood pressure medications. She sought help for her bipolar disease through a local mental health agency, but her care there was sporadic "I would be manic, depressed, very down. I would be moody with coworkers; it made a big effect at work…I sometimes lost jobs that way. And, my family, sometimes my mood swings would show. Sometimes they would be upset with me – I'd be so happy one day and then sad the next."

Joy learned about and enrolled in Medicaid through a clinic, and the coverage is now helping her manage her health and reduce her worries. "[Medicaid] keeps me healthy and being on medicine, you know, like…I've got protection, medical protection." Medicaid has also helped lift some of Joy's financial burden as she searches for a better job. "Financially it's great, I don't make a lot of money; it makes such a big difference. I can afford to put food on the table, pay some of my bills off." She describes having Medicaid as a "reassurance…that I won't have to pay a lot of money to see the doctors and get my medicines and…my healthcare will be covered."

> **"[Having Medicaid coverage is] a reassurance…that I won't have to pay a lot of money to see the doctors and get my medicines and…my healthcare will be covered."**

Salvador

Age 31. Rosemead, CA

Obtaining Medicaid means establishing a relationship with a doctor to help him manage his asthma and live an active lifestyle with his daughter.

Salvador is an avid runner and father to a twelve-year-old daughter. He worked as a government office clerk for years but was recently laid off due to budget cutbacks. Salvador is now searching actively for another job to help pay bills and care for his daughter but is thankful for Medicaid coverage that is helping him manage his health.

Salvador was uninsured for five years prior to enrolling in Medicaid. He had always been active in sports and activities, especially with his daughter, but fears about getting injured while uninsured limited his ability to stay active. He says, "I like to do a lot of activity like skate, bike, hike, football…At the time…I would always be cautious whether I was going to get hurt or something…I'd be like…I don't have insurance to do that kind of stuff right now."

While uninsured, Salvador also started experiencing severe knee pain and a persistent cough and became concerned about his health. Because of cost, however, Salvador did not seek care for himself. On one occasion, he fell and injured his wrist while running but did not get care because he could not afford it. He says, "I just kind of taped it up and…basically made my own splint and kept it like that." He describes this period as frustrating. He felt helpless because he could not get the care he needed and anxious about his undiagnosed symptoms. "It made me feel old… made me feel like my body was breaking down."

Salvador ultimately enrolled in Medicaid at a friend's suggestion and sought care for his knee pain and cough, which his doctor diagnosed as asthma. Salvador has since developed a strong relationship with his new doctor, who has similar health issues, and feels very fortunate to be getting personalized care. Salvador says, "He had a lot of the same problems …so he prepares me for the future… He prescribes specific exercises like rowing and biking…as opposed to just running all the time…And he gave me a prescription…It worked really well." Under his doctor's guidance, Salvador was also able to stop smoking and adopt other healthy habits which have improved his health overall. He says, "I can actually say [I am] 90% at physical peak."

Most importantly, Salvador notes that Medicaid has enabled him to be healthy again. "I can… be more physical. Like with my daughter now, I can play soccer with her…I can run a lot more, I can do a lot more things… that you know, wouldn't be able to do last year." Although his future is uncertain, he says that Medicaid gives him one less thing to worry about. He says he feels fortunate that, "There is program out there that I'm already enrolled in that you know whatever happens to me, it's gonna be taken care of."

> **"I can… be more physical. Like with my daughter now, I can play soccer with her…I can run a lot more, I can do a lot more things… that [I] wouldn't [have been] able to do last year."**

John L.

Age 50. Minneapolis, MN

Obtaining Medicaid coverage means being able to access a comprehensive team of health care professionals to manage his diabetes and help him recover after heart surgery.

Last year, John moved back to his childhood home in Minneapolis to care for his mother after her knee replacement surgery. He had been working as a scuba diving instructor in Florida and had hoped to return to his job once his mother recovered. However, John was forced to suspend his plans after experiencing health issues of his own. John had been uninsured for eight years and often worked through injuries and illnesses because he could not afford treatment, but soon after moving home, he was rushed to the emergency room, where doctors discovered that he had been living with diabetes. The hospital treated him, referred him to a doctor for follow-up care, and helped him enroll in Medicaid.

Not long after enrolling in Medicaid, John experienced chest pains while riding his bike and sought care. His doctor concluded that he was having a heart attack and rushed him into surgery. John feels very fortunate that he had Medicaid coverage during this time of unexpected need, as it covered his surgery and follow up care. "I was extremely grateful that they caught it and … that I had [Medicaid]," he says.

John also is grateful for the wide range of services Medicaid provides to help him recover from his heart surgery and manage his diabetes. He says, "I'm able to get medications and go for regular checkups, but if I were uninsured, I don't know that I would." He appreciates the team of doctors that coordinate his care and rehabilitation and says, "The entire rehab team… is awesome. They've got nurses, a separate dietitian…and an exercise physiologist who designed my rehab program, and they're just super people." John also told his doctors about his desire to return to his work and active lifestyle as quickly as possible and says that they are working closely with him to achieve his goal. He notes, "They know that my goal is to return to being a scuba diving instructor and so…they've set up an individually-designed program for me." John also gets regular calls and emails from his physicians to track his progress. "The dietician calls me…every month," he says. "She gives me advice on dieting…because of my diabetes and heart condition. They're super about it."

John believes that having Medicaid coverage saved his life after his heart attack and is helping him get back to work. "If I didn't have [Medicaid], I wouldn't be able to go to the cardiac rehab program," he says. "I wouldn't be able to have my diabetes under control…. I wouldn't be able to have returning to the scuba diving industry as a realistic goal. Having [Medicaid] is absolutely key to my physical recovery and my eventual return to my desired career." John also notes that having health insurance will be important as he gets back to work. He says, "I'm grateful that they have those programs here in Minnesota because if I lived in Florida I wouldn't have access to those…As much as I want to go into the dive business, my health permitting, that's going to have a huge impact on my decision of whether I can…the ability or inability…to have access to the healthcare I do here in Minnesota."

> If I didn't have [Medicaid], I wouldn't be able to go to the] cardiac rehab program. I wouldn't be able to have my diabetes under control… Having the medical insurance is absolutely key to my physical recovery and my eventual return to my desired career."

Bobby
Age 46. Washington, DC

Obtaining Medicaid means getting treatment for his depression and being able to get care from a doctor instead of relying on the emergency room for care.
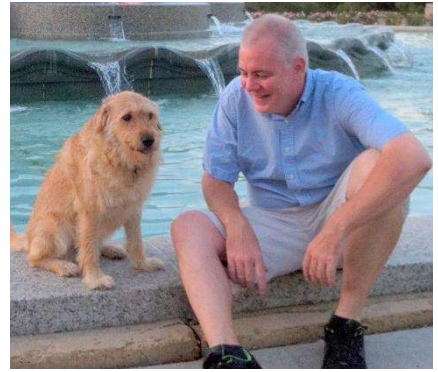
Bobby is a single Boston native now living in Washington, DC. He spent many years as a self-employed contractor in the event planning business. While working, he purchased a private health insurance plan, but it lapsed when his work started to taper off and he no longer had enough contracts to help pay his expenses. Today, Bobby is working part-time as a valet but is hoping to start getting more contract work soon.

Bobby was uninsured for two and a half years after losing his insurance, and he describes it as a challenging period. Without insurance, he was no longer able to afford his $200 monthly prescription for anti-depressants, became withdrawn, and struggled to maintain relationships in both his work and personal life. "I lost interest in getting contracts, and then my significant other moved out… my world basically went into a spiral down."

Eventually Bobby was able to save enough money to see a doctor for a physical at the local hospital, and the visit was turning point. He had been reluctant to enroll in Medicaid previously, but the doctor he saw at this visit helped Bobby see the benefits of enrolling in the program. He recalls that his doctor spent an hour with him; it was unlike any other experience he had with a medical professional in the past. He trusted this physician when she encouraged Bobby to enroll in Medicaid.

With Medicaid, Bobby is now able to get the prescriptions he needs to manage his depression and anxiety. He also feels more connected with his care, "I get my blood work done… I feel like I have accountability…I feel like there's somebody I can call." Bobby has also continued to develop a trusting relationship with his new primary care physician, "I feel like I bonded with my doctor," he says. "I feel like I can be honest with her."

> The program allows me to be healthier, to live longer, and not [have] to use the emergency room."

Bobby explains that life with Medicaid provides more security. For example, he notes that he frequently put off care or relied on the emergency room when uninsured. Today, he says he would visit his doctor for care. Bobby is thankful for Medicaid, explaining, "The program allows me to be healthier, to live longer, and not [have] to use the emergency room."

Ruth
Age 43. Hartford, CT

Obtaining Medicaid coverage means being able to afford medications for her mental and physical health needs so she can focus on getting her life back on track.

Ruth is currently in a transitional living home in Connecticut as she looks for work and gets back on her feet after a period of homelessness. Ruth lost her job as a staff member at an assisted living center for people with cognitive disabilities when she injured her back and was no longer able to carry out her work responsibilities. When she lost her job, she also lost her savings, her apartment, and her health insurance.

Ruth has multiple health challenges, including diabetes and back pain, that were difficult to manage once she lost her health insurance. During the year and a half period that Ruth was uninsured, she sometimes went without her diabetes medication. "There were times when I did not take the medication because I couldn't afford to get the medication… I had to be careful what I ate." Several times, Ruth's blood sugar spiked. She had to go to the emergency room and was left with large hospital bills. Ruth also has serious mental health needs including anxiety, depression, and suicidal thoughts. While uninsured, she could not manage these conditions, which added to instability in her life.

Enrolling in Medicaid helped turn things around for Ruth. She now receives treatment for her mental and physical health needs and feels healthier as a result. "I was kind of borderline [before], but things are improving in the area of my life with my health…. where I'm going to the doctors, following through, and getting my medications." She is seeing a counselor at a nearby clinic, and is able to get all of the medications she needs. She says her prescriptions have made a big difference in her life by "keeping me pretty even-keel[ed] [emotionally]."

Getting her mental health back on track has been a key step in Ruth's progress. She goes to counseling and says, "It makes me feel good because once I can get all [my health issues] straightened out then I'll be able to get back on my feet and get back into working again… I'm still young, I don't want to give up on working." Ruth believes Medicaid has opened up a new chapter in her life. "[Medicaid] means a great deal because my future rides on this. You know I can't keep going through that same old cycle, and now I can work on things that will make me healthier… this way I can succeed and not keep on failing."

> **"[Medicaid] means a great deal because my future rides on this. You know I can't keep going through that same old cycle, and now I can work on things that will make me healthier."**

John W.
Age 32. Washington, DC

Obtaining Medicaid coverage means having access to medications and mental health care that improve his quality of life.

John recently transitioned into real estate after losing his job in customer service. He is now living in DC and has been with his current company for about six months. Sales with his new job have been relatively slow, so John has started to do odd jobs cleaning and organizing homes to help him "stay afloat."

When John lost his customer service job, he was offered COBRA but he could not afford the $400 monthly premiums. He was uninsured for about a year, and struggled to manage severe allergies and depression on his own. John's seasonal allergies caused sinus infections and kept him indoors for much of the spring and summer. While uninsured, he could not afford prescription nasal sprays to help ease his discomfort. He said, "The only thing I could do was stay in the house a lot. I was pretty sick…so I couldn't enjoy life too much."

The stress of making ends meet also affects John's mental health. He says, "When I'm stressed I tend to… have chest pains…But the stress becomes so much sometimes that gets you down, you can't sleep; that sort of thing." He found it difficult to stay balanced but could not afford to see a physician. "When you don't have health insurance, you don't have any way of getting to a doctor or any means of paying for a doctor, and that really took a toll on my health, depression-wise…it was difficult for me at times."

Through Medicaid, John is now able to see a physician who can treat his allergies and depression and help him manage his day-to-day activities more effectively. He now takes a prescription for his allergy symptoms and is very pleased with the care and services he is receiving for his mental health needs. "[Medicaid has] actually been pretty good for me… it's been really helpful." John has gained control over his depression, and now has access to a therapist who helps reduce his anxiety. He says, "It's nice to know it's there if I need it."

> **"[Medicaid has] been really helpful…. It's nice to know it's there if I need it."**