

Danielle

Howard County, Central Maryland

Danielle had health insurance through her mother's policy until she reached the age of 18. Growing up, she never knew people could be uninsured. She thought people went to the doctor when they got sick and received treatment. Suddenly, Danielle found herself uninsured. She was uninsured for one year before she became pregnant with her first child when she was 19. Luckily, she didn't have any medical emergencies during that year. Danielle went to her local department of social services (DSS) office to inquire about assistance and discovered that she qualified for health care coverage. She now has two

“It's good” to have access to a doctor when her family gets sick without worrying about a large bill.

children and is pregnant with her third. Both children have coverage through the Maryland Children's Health Program (MCHP) and the entire family is healthy.

Danielle knows insurance is important for emergencies and says, “It's good” to have access to a doctor when her family gets sick—without having to worry about a

large bill. And it's great since the family's doctors are within walking distance of her home. It's also easy to schedule an appointment when someone's sick, and she likes the overall services the family receives. Danielle has a toothache and is looking for a dentist who accepts her insurance. She's never had a problem locating a doctor and hopes the same holds true for a dentist.

She says that if she didn't have health care coverage, she would go to the emergency room and work out a payment plan. Thankfully, Danielle doesn't have to go into debt to receive medical care. Danielle grew up with health care and is happy that her children will, too. Her family is healthy, and that's the way she wants to keep it.

Darlene and William

Central Maryland



i Hidradenitis is a non-contagious disease that manifests as clusters of chronic abscesses or infections that can be as large as baseballs or as small as a pea and that attack the glands. The infections are recurring and painful to the touch. These infections are cut and drained in order to relieve the pressure pain that the patient feels, although this often leaves an open wound that heals very slowly if it heals at all. There is no known cure nor any consistently effective treatment.

Darlene's medical problems started while she was fully insured through her employer. She was in and out of the hospital with recurring abscesses on her breast. She was routinely placed on antibiotics, but once the medicine was done, the boils would reappear. Finally, a pathologist diagnosed Darlene with a rare disease, hidradenitis suppurativa, of which there had only been three known cases in the United States. Darlene and her husband, William, were surprised by the diagnosis because, due to Darlene's family history of breast cancer, she would get her yearly mammogram. Unfortunately, the mammogram didn't show any sign of the disease.

After consulting with multiple doctors to confirm the diagnosis and treatment options, Darlene made the difficult decision to have a mastectomy; a procedure that all the doctors agreed would save her life and stop the disease. Two days after her mastectomy, Darlene lost her job and health insurance. She immediately enrolled under the health insurance plan her husband had through his employer. Things went from bad to worse when William lost his job in January 2010 and with it the family's health insurance. They had become uninsured, and Darlene still needed more surgery. The couple learned about Medical Assistance for Families, and without employment and

with Darlene's pre-existing condition, they knew it was their only option. Once the couple applied, they were approved within two weeks.

Now that Darlene has insurance, she is able to finish her follow-up care. She still has thousands in medical debt, due to out-of-pocket expenses from having to meet her deductible under her husband's insurance, that needs to be paid off, but she is very hopeful and eager to finish her treatments and be "back to normal." Now that things are improving for Darlene and William, the couple wants to educate others about hidradenitis suppurativa. They want people to know that the disease affects both men and women. William did his best to care for Darlene through this traumatic time, helping to care for her wounds and doing everything the doctors instructed for Darlene to get better. They learned that this was something the entire family had to take care of together. Although it's been a tough time for Darlene and William, they hope their experience will educate others who may face the same situation.

La Shawnda is a single mother with five beautiful children. At different points in her life, depending on her job, she's used the Medicaid program for health care during her pregnancies. Although La Shawnda's insurance coverage varied, her children always had coverage through the Maryland Children's Health Program (MCHP).

Now, La Shawnda hasn't had health insurance for two years because all of her money goes to pay bills. She makes a little over \$30,000 working two jobs—one part-time and the other full-time. La Shawnda has bad credit due to \$15,000 in medical debt and she knows that the \$1,200 she pays for rent should be going towards a mortgage, but she can't think about home ownership until her credit improves. Despite her tight finances, La Shawnda's rent was late only once in the past year. She takes pride in providing for her family.

La Shawnda's situation took a turn for the worse when she injured herself at her full-time job. Worried about the responsibilities she has at home, La Shawnda didn't want to take off work, but the human resources department required that she see a doctor. La Shawnda had to take a leave of absence from work. Workers' Compensation covered her rehabilitation for six months, but when the doctor released her back to work with a restriction on how much weight she could lift, her employer told her she could no longer perform her job. Now, she's uninsured, in need of additional physical therapy and trying to pick up extra shifts at her part-time job, while looking for new, full-time employment. La Shawnda accepts that she will have back pain for the rest of her life, but she says she can't have a "pity party" because she has kids to care for.

Things are slowly improving for La Shawnda. She has a couple of job interviews lined up and she just learned that she should qualify for health care through the Medical Assistance for Families program. She's thankful her kids have health insurance through MCHP, but now she can get covered too. Her children's insurance is important since her oldest son has asthma, which has required constant care over the years, and her teenage daughter needed intensive dental care. Now, her son's asthma is in remission and her daughter can't stop smiling to show off her beautiful teeth. Soon, La Shawnda can get the health care she needs instead of just toughing it out because she can't afford to go to the doctor.

Linda's looking forward to graduating in 2012 and getting her associate's degree so she can pursue her ultimate goal of being a crime scene investigator. The best scenario, she thinks, would be a job that offers health insurance. Linda's husband started working again in early 2010 after being unemployed since 2008. The family lost their health insurance when her husband lost his job.

Linda's first concern was making sure the kids had health care coverage. Since Linda received assistance from the state before, she knew that help would be available. And she was right. The family applied and immediately found out that they would all be covered. Linda and her husband were covered through the Medical Assistance for Families program, while the children had coverage through the Maryland Children's Health Program (MCHP). The best part is that her children's pediatrician accepts the new insurance so the kids didn't have to switch doctors.

Although there have not been any medical emergencies, each family member has used the health care coverage. Linda's been treated for back pain and a leg injury. Her husband was treated for a sliced finger and a sprained ankle. All of the kids are current with their medical care. If Linda didn't have the health coverage when she was injured, she admits that she would have delayed going to the doctor. And, since high blood pressure and Type II Diabetes runs in her family, she knows insurance is important for preventive care. The insurance company even sends reminders for yearly check-ups.

Now that Linda's husband is working again, she says it was nice to have the health care coverage while the family went through a difficult time.

The best part is that her children's pediatrician accepts the new insurance so the kids didn't have to switch doctors.

Michelle

Prince George's County



Michelle is thankful that her entire family has Medicaid coverage. She learned that she and her husband were eligible while renewing her children's Maryland Children's Health Program (MCHP) coverage. Both parents enrolled in the Medical Assistance for Families program. Michelle and her husband had private insurance through her husband's employer, but once he was laid-off, they lost their coverage.

Michelle had no medical emergencies while she was uninsured, but her husband's asthma had to be treated with an over-the-counter inhaler since they didn't have access to a doctor's care. The inhaler was difficult to locate and they had to purchase it every two weeks.

Medicaid has worked really well for Michelle's family. She said it wasn't hard to choose an insurance provider because her private insurance doctors all accepted her Medicaid coverage. Michelle said, "I was glad. I was like, 'Yes, I don't have to change [doctors].'"

Michelle just graduated with her dental assistant's degree and is looking forward to a new career and an employer that offers health care coverage. In the meantime, she's thankful she and her family have Medicaid coverage because, without it, she would have done all she could for her family, but they wouldn't have been able to go to a doctor.

Sheena

Central Maryland



Sheena is a stay-at-home mom, married, with two beautiful and active young children. Sheena and her husband had health coverage through his employer, but that's about to change because, due to the economy, he lost his job—for the second time in a little over a year. A previous employer offered the family COBRA, but the \$650 monthly premium, to cover only Sheena and her husband, was not an option then and it won't be an option now. Starting over and locating health insurance is never fun, but it's something Sheena will do because she knows her family needs coverage.

Health insurance has saved Sheena's family thousands of dollars in medical bills and ultimately, debt. Sheena's health care journey started with her first pregnancy. She was covered through the state when her daughter was born in 2002. She often refers to her daughter as "the miracle baby" because she was born with a heart condition and didn't breathe on her own for her first three days of life. Sheena says the insurance was a "life saver" because the hospital bills started adding up. Her daughter remained hospitalized for two weeks at a cost of \$6,000 a day—a bill that Sheena could not have paid. Sheena didn't know her daughter was ill until after the birth so she hadn't planned for any complications. Today, her daughter is healthy and actively involved with dance and martial arts, thanks to the medical care she received.

Since 2002, Sheena's had various health care plans. She's paid out-of-pocket for insurance in the individual market, she's been covered through her husband's employers and she's been uninsured. Despite Sheena's health coverage status, her children were always covered, either through a private, employer-sponsored family plan or through the Maryland's Children's Health Program (MCHP). Due to the family's income eligibility, the MCHP monthly premium was \$50 per month for both kids. This was a sum Sheena was happy to pay because she knew it was affordable and her kids were covered.

With her husband's latest lay-off and knowing that she can't afford to be without insurance due to ovarian cysts, Type II Diabetes and being on costly medications—prescriptions that previously cost her husband and mom \$300 per month when she wasn't insured—Sheena applied for coverage through the Medical Assistance for Families program. Thankfully, Sheena and her husband were approved and there was no gap in coverage. And they were fortunate to be able to see the same doctors. A few months later, Sheena's husband started a new job, and when he's eligible for his employer's health insurance, Sheena will look into transitioning once again to private insurance. Despite years of inconsistent health care coverage, Sheena appreciates the state coverage that helped her family through yet another transition.

Stephanie grew up in the New York foster care system, so she knew that assistance was available through the states. Although her kids are covered through the Maryland Children's Health Program (MCHP), and her fiancé is covered through his job, Stephanie feared that she could lose her health care coverage any day. She gave birth to her fifth child seven weeks ago, and was informed that she would be switched to the Family Planning program, which offers limited coverage. However, things took a positive turn when Stephanie learned that she was eligible for coverage through the Medical Assistance for Families program. She plans to enroll.

Stephanie knows how expensive it is to be uninsured. After the birth of her third child, she was admitted to the hospital for a procedure that left her with a \$3,000 hospital bill. She pays what she can, but even after six years, she still owes on the debt. Now, she admits that if she's sick, "I wait until the very last minute to [seek medical treatment]."

And she waits. Ovarian cysts run in her family, all the women get them. Stephanie knows when she has one, but she can't get it checked out because it's another bill. If a cyst does burst, which has happened three times, not only is she in a lot of physical pain, but she agonizes over the treatment costs. There's the cost of an ultrasound, and then the medication. And, since she's allergic to penicillin, she usually has to go back for more medication.

Stephanie's also learned not to take unnecessary risks in life—risks that could result in an injury. She worries that something will happen since she doesn't have

“... it takes a lot to rearrange the budget for any extra bill, including a doctor's visit.”

health insurance. She's noticed that her cautious behavior has rubbed off on her kids and the chances they take, or don't take, because they're being overly cautious.

Stephanie's looking forward to getting comprehensive health care benefits. With five kids and limited finances, it takes a lot to rearrange the budget for any extra bill, including a doctor's visit. Right now, Stephanie's planning a budget friendly wedding, trying to save for a house and take care of her family. She's used to making do with what she has, but once she receives her health insurance, she won't have to make do without health care coverage.



Teressa knows first-hand about the long-reaching effects of being uninsured. She was diagnosed with both basal skin cell cancer and hemochromatosis. (Hemochromatosis is a metabolic disorder that results in excess levels of iron in the blood. When left untreated, this disease can lead to organ failure and death.) In order to keep her iron levels stable, Teressa needs regular tests to check the iron levels in her blood. The process is expensive because the initial test must be administered by a doctor and if Teressa needs a blood transfusion, the procedure needs a doctor's oversight in case something goes wrong. Finally, there's a \$70 fee to dispose of Teressa's tainted blood since it can't be reused. Teressa can handle the physical toll of the procedure that she needs anywhere from once a month to two or more times a week, but when Teressa doesn't have insurance, she can't handle the monetary cost.

Teressa had health insurance when she was initially diagnosed with both diseases. However, a few years after being diagnosed, she lost her coverage when her husband lost his job. Teressa's small business employer doesn't offer health care benefits. With pre-existing conditions, it was impossible for Teressa to find quality, affordable health care in the private market and COBRA was too expensive. She tried applying for state assistance, but didn't qualify. Luckily, she received coverage from the Kaiser Permanente Bridge Program (which offers comprehensive health care benefits to low-income adults who don't qualify for Medicaid and which will cover a person for a maximum of two years during a lifetime) and was able to continue her treatments. When her two years with Kaiser ended, she was completely uninsured and unable to continue her treatments.

Without regular medical care, the entire family's quality of life started to deteriorate. The family's finances were stretched thin and Teressa was forced to go two years without having any blood work done. Instead, she used the money to feed her children and put a roof over their heads. A lack of health care for one person in a household can have ripple effects throughout the rest of the family. Teressa became so tired that she had to

constantly rest. She didn't have the energy to spend time with her family and her daughters had to drop out of their extracurricular sports because Teresa couldn't take them to practices or games.

Teresa was finally able to get health care coverage through the Medical Assistance for Families program. She was recently approved and has started to schedule appointments, like her blood work and MRI scans to monitor her cancer. Her last MRI was in 2005. Now that she is insured, she can get the necessary and proper care that she deserves, not only enhancing her quality of living, but that of her family as well. Teresa proudly declared that her children are once again involved in sports and dance and things are improving for the entire family.

Teresa proudly declared that her children are once again involved in sports and dance and things are improving for the entire family.



Tracy has her own home day care business, a job that requires her to be healthy, but one that doesn't offer health care benefits. Before starting her own business, Tracy had great health insurance through her employer. When she left that job to start her business, tend to a newborn and the rest of her family, health care coverage wasn't a factor in the final decision. She knew sacrifices had to be made to take care of her responsibilities. After being uninsured for the better part of 11 years, she now admits that if she had to make the same decision today, to leave a job with health care coverage, the insurance would be a major factor in her decision.

Tracy was now an uninsured businesswoman paying out-of-pocket for medical care at local health clinics. Although the initial \$20 doctor's fee was manageable, the costs for follow-up visits, tests and x-rays started to add up and Tracy delayed seeking treatment altogether. There were times when treatment couldn't wait, leaving Tracy with medical debt. Although her kids were covered, either through her husband's employer (until the company drastically reduced benefits) or the Maryland Children's Health Program (MCHP), she never thought to apply for herself. That all changed in early 2010. Tracy filled out an application and was approved for comprehensive medical coverage through the Medical Assistance for Families program.

Tracy really likes the care she currently receives from the program. She says she's blessed because she's not an unhealthy person, but as she gets older, she knows access to health care is necessary to manage her yearly appointments. She doesn't even hesitate as she proclaims, "I will definitely be using the insurance." Tracy's aware that some people will judge her for her Medicaid card, but she also understands that many Maryland families need a little extra help every now and then. She says, "People do get a misconception of people [with state health care coverage], but I think, as our society changes, people are starting to see that it's just not the man who is homeless who needs insurance. It's just not the woman who doesn't have a job who needs insurance that gets state insurance." Tracy figures that even if she made \$75,000 a year, her family would still have trouble getting quality, private health care coverage while juggling the everyday bills. That is why she's grateful for her local health department staff who helped with the enrollment process and for the state's leadership for increasing parent eligibility to Maryland's health care program.

Before May 2010, when she received health insurance through the Medical Assistance for Families program, Violet had been uninsured for a very long time. She didn't qualify for her employer's health coverage because she was a part-time employee. While she was uninsured, Violet says "I didn't have the money to see a primary care doctor, so I would have to go to the hospital." Using the emergency room for medical care is an expensive alternative, but a resource she was forced to use since hospitals treat patients first, and bill them later. Once Violet was approved for health insurance, she went to a primary care physician "right away."

Life before health insurance was a juggling act for Violet that resulted in debt. If she was sick, she would prolong seeking care as long as possible to save money. Delaying treatment didn't always work because she got strep throat about four times a year. Before receiving coverage, the strep throat resulted in multiple emergency room visits and a lot of medical debt. Then, she'd have to choose between buying groceries and paying for medicine. This cycle of feeling constantly ill and prolonging medical care caused her to be "miserable" while trying to raise her three young children. Now that Violet has medical insurance, she can get necessary care. For instance, she can see a neurologist about recurring headaches—something she previously just dealt with because she couldn't afford to see a doctor.

Thankfully, her children have been covered through the Maryland Children's Health Program (MCHP). Her oldest child was diagnosed with high blood pressure at the age of three and he had a stroke in 2007. He requires constant monitoring by a doctor. Her youngest child gets sick often and is a strep carrier. As a result, he'll have his tonsils removed. He also has allergies that give him hives. Luckily, all of these medical costs are covered under MCHP: Otherwise, Violet's medical debt would grow exponentially.

According to Violet, having access to health care has provided her with "peace of mind." She says, "If something happens, you know that you can get help and that's a lot off your back when you are already dealing with life and with everything that you deal with everyday." Violet now plans to go back to school to become a physical therapist and work on paying off her current medical debt, without incurring more thanks to her health insurance.

Violet now plans to go back to school to become a physical therapist and work on paying off her current medical debt, without incurring more thanks to her health insurance.

“... means I can go to the doctor now anytime I want. I don’t have to worry about calling my dad or my brother, trying to get money to get prescriptions filled.” – Sean

Sean’s looking forward to getting his health care and prescriptions, without having to go into debt.

Josephine can continue to take care of her children’s health as she had always done before, as well as manage her own health without financial worries.

“This is a great idea because the young people need this coverage and when parents are paying tuition and then on top of that health insurance, it is an added financial burden.” – Fred