

Consumer Stories Illustrating Why Florida Needs Health Care Reform

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To submit yours, email lisag@floridachain.org

Christina P.- Hillsborough County

Christina has kidney and liver damage. She is disabled and cannot function independently without assistance. She doesn't have health insurance and can't afford surgery that could save her life. The hospital has only given her pain medication and refused to do the comprehensive tests she needs. Although her doctor has deemed her completely disabled, she still doesn't qualify for medical coverage and has been denied twice because she has not been approved for disability nor does she have any children. The only thing she can do now is go to a methadone clinic to control the pain.

Rob W. – Palm Beach County

Rob has rheumatoid psoriasis that causes massive skin irritation and discomfort and affects his bone structure that could lead to severe arthritis if left untreated. For years, he has paid his premiums and co-pays diligently. Recently, a new medication has come out that treats both symptoms of his condition that would prevent early onset of rheumatoid arthritis. Rob is recently unemployed, and without health insurance, this medicine costs \$3,000 for a month's supply. Because he's on COBRA, he can only get it by scrounging together \$430 for his monthly premium which is nearly impossible. If he doesn't find employment soon, he will not be able to afford the medicine and his condition will turn into severe arthritis.

Nicholas - Hillsborough County

Nicholas has Ontogenesis Imperfect, Brittle Bone disease. Nicholas has had over 500 breaks over his 20-year life span so far. Most recently, he broke his hipbone and had to be admitted for surgery. Nicholas had been a patient at a children's clinic but because he turned 20, they could no longer see him. His mother called the state Medicaid administration to get some help, was referred to the local office, couldn't get through, sent an email, made more calls and finally found someone to intervene. To be navigating through the bureaucracy while her son was in pain was almost as traumatic as the accident itself.

Betty L. - Leon County

Betty retired from the state of Florida after 32 years. Her husband worked for the state of Florida for 18 years at which time he was forced to retire because his Parkinson's Disease had become too debilitating for him to continue working. He is fortunate that he is still covered with the state of Florida health insurance because now he also has cancer. After the state deducts her husband's health insurance from his retirement benefits, they send him his retirement check for \$201.23. Her health

insurance costs are deducted from her own retirement check. After their mortgage is paid from their retirement checks (hers is \$820), there is very little left over.

Marcia Y.- Escambia County

Marcia is 56 years old and currently on disability. She worked all her adult life until 2005 when she had to stop working due to health problems. Finally in 2007, her disability was approved. Marcia qualifies for the Medically Needy program when she spends more than \$1,700 in medical bills per month. She receives \$1,150 monthly in disability but her share of cost is the high amount due to her husband's income (around \$400 biweekly). They struggle to get by each month.

Melody T. – Marion County

Melody wanted to put her newborn daughter in Medipass since her doctors who had been caring for her since her birth did not accept the HMO to which she was automatically assigned. For 2 straight weeks calling many times each day, she tried to call the Medicaid line but wasn't able to get through nor did she get a voicemail. Finally, she called her local Medicaid office and spoke to someone. However, she was told her daughter couldn't get Medicaid until she filed with DCF first. She did that and then called the Medicaid office back but is still pending Medicaid approval. Meanwhile, her daughter cannot see her doctors because this hasn't yet been resolved.

Gail K.- Leon County

Gail needed surgery to help her walk. When her primary care physician called to get authorization for that surgery, the Medicaid representative explained that Gail had been declared inactive due to their inability to reach her. Gail had actually provided written notification four times that her address had changed, but they denied having received any notice from her. As Gail tried to solve the problem, Medicaid continued denying payment for her doctor bills. Now, increasing pain, she waits for her surgery next month worrying about the ongoing problems of getting the doctor bills paid (one of which is over \$3,000). Even more troubling is the apprehension she feels that the bureaucracy will fail her again and she will remain unable to walk.