More suburban residents insured via Medicaid after ObamaCare

By Genevieve Bookwalter

Loretta Jung sat against purple cushions in the Erie Family Health Center in Evanston on a recent weekday afternoon, waiting to be called for one of a number of doctor appointments she was trying to squeeze in before changes are made to the Affordable Care Act.

“I’m trying to get everything on track,” said Jung, a 57-year-old Evanston resident.

She was just approved for disability, Jung said, and has a preexisting condition she fears could disqualify her from getting coverage if the ACA is repealed. If her insurers decline to take her on because of the condition, Jung said, “I’m in trouble.”

Records show that Jung is one of the thousands of new Medicaid subscribers in the near north suburbs after it expanded following the implementation of the Affordable Care Act, signed into law by former President Barack Obama in 2010. But recent efforts by President Donald Trump and the GOP-led Congress seek to repeal the Affordable Care Act and implement an alternative health care plan. As the Senate grapples with its replacement plan, patients and health care providers say they’re scrambling to figure out what’s next.

The ACA, commonly known as Obamacare, aimed to ensure all Americans had health insurance. Features include insurance exchanges, where people can buy health insurance if they cannot or do not get it through an employer, and the option for states to expand Medicaid, the state and federal health insurance plan. The ACA also forbade the formerly common practice of not insuring those with preexisting conditions and allowed parents to keep children on their health insurance until age 26.

Illinois was one of the states that expanded Medicaid, and residents who make up to 138 percent of the federal poverty line — or $1,366 per month for individuals and $1,845 per month for couples — now qualify for government-funded insurance. Previously, adults could only earn 133 percent of the poverty line and were required to meet other qualifications to get Medicaid. Those income restrictions totaled $1,273 per month for individuals and $1,719 for couples, according to state data.

A Freedom of Information Act request filed by the Evanston Review shows Jung participated in a trend across
the near north Chicago suburbs: the number of Medicaid participants grew across the board. As of September 2016, that included 3,251 Skokie residents, up 24 percent from January 2014, when the ACA first took effect. In Evanston 2,623 residents signed up for Medicaid through the ACA, up 26 percent; 1,197 in Niles, up 20.5 percent; 1,319 in Lincolnwood, up 25 percent; and 831 patients in Morton Grove, up 26 percent from January 2014. But not everyone is a fan of the ACA. Some say premiums are too high, and they don’t like the fact that their health insurance costs contribute to coverage for other people's illnesses.

Blair Garber, committeeman for the Evanston Township Republican Organization; Illinois State Central Committeeman for the 9th Congressional District; and chairman of the Illinois State Lottery Control Board, said he believes the Affordable Care Act is not working as advertised.

Garber said since the ACA kicked in, he has seen his premiums double and the deductible jump from $1,000 to $7,000 a year on his private insurance.

“This flies in the face of the promise we were all made that Obamacare would save us money,” Garber said. He said he thinks the free market would be able to provide a better and cheaper insurance product than the government ever can.

“I’m a 62-year old man. Why would I want I want in vitro fertilization?” he asked, saying a woman shouldn't necessarily pay for men’s prostate exams and Viagra prescriptions, either. “She should be able to write that out of her policy.”

As for patients with preexisting conditions, who previously had a difficult time finding affordable insurance, that's when the government could help “pick up the tab,” he said.

“There are people who through no fault of their own fall on hard times or don’t win the genetic lottery,” Garber said. “There are ways to take care of that.”

But those who work at Erie say those are the people the Medicaid expansion helps.

More than half of Erie’s patients are insured through Medicaid, said Amy Valukas, chief operating officer for the system of clinics. Erie was founded in 1957 with a focus on affordable health care for low-income patients. Before the ACA, many patients were treated on a sliding scale depending on what they could afford.

At Erie, officials say that enrollment spike translated into a 60 percent jump in clientele over the past five years and more money to expand. Staff has grown 43 percent to 613 employees in a system that includes 11 Chicago clinics, one in Evanston and another in Waukegan. Officials said the Evanston/Skokie clinic, which opened its permanent location in 2013 and was the first Erie clinic outside Chicago, was funded largely with money paid by the newly-insured patients.

But Valukas said staff members are worried. If Medicaid funding is cut, “this would be a significant loss for our
patients and our community and their ability to access preventative, comprehensive health care,” Valukas said. Still, “any changes will not happen quickly,” Valukas said. “Our biggest thing right now is to reassure our pa-

tients.”

An afternoon visit to Erie's Evanston clinic showed a diverse clientele waiting to see the doctor.

Fariba Panahi, 29, of Evanston, wore a mustard-colored tunic and brown, leopard-print hijab and talked on the phone while she waited for her appointment.

A recent immigrant from Afghanistan, Panahi said her family depends on the Affordable Care Act to get her three children, “a baby and two kids under 9,” the health care they require.

“Obamacare is really good. We need that. My family, we are new here,” Panahi said.

Panahi said she is a stay-at-home mom and though she's less worried about her and her husband, she believes it would be expensive to treat their children without health insurance.

“Kids all the time they get sick. They need to see the doctor,” she said.

Changes, though, might not necessarily relate to fewer patients on Medicaid. Experts say the state of Illinois could choose to keep the Medicaid expansion, paying for the funding the federal government would remove. That decision could depend on what cuts and restrictions federal lawmakers decide to make.

Regardless of what Illinois decides to do, Andrea Callow, associate director of Medicaid initiatives at Families USA, a health care advocacy group in Washington, D.C., said the state could be hampered if Congress decides to place national restrictions on who qualifies for Medicaid and how much it may or may not pay for treatment. While “we can't predict the future,” Callow said, “if the idea is to save money, Medicaid will be a target because there is a lot of money in Medicaid. Medical clinics and patients everywhere really are at risk.”

Meanwhile, representatives for Republican Gov. Bruce Rauner referred questions to a statement he made in May, after the U.S. House of Representatives approved their proposed changes to the Affordable Care Act.

“Recent changes did not address fundamental concerns about the bill’s impact on the 650,000 individuals that are part of our Medicaid expansion population;” among the others who participate in the Affordable Care Act, Rauner said. “We will continue to voice our concerns as the law moves to the Senate.”

Back at Erie, Andre Wells, 43, of Evanston, said he doesn’t dwell on the legislative wrangling. Instead, he said, he's getting treatment he might not be able to afford if he had no health insurance.

“Just getting seen by a doctor is a blessing,” Wells said.