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FOR YOUR INFORMATION
The Idaho Statesman
Boise, Idaho
Wednesday Aug. 23, 2017
by **Maria L. La Ganga**
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For Idaho couple caught in Medicaid gap, life is about just ‘hanging on’

Bernice Olivas and Logan Carraway celebrated their 15th wedding anniversary with the first good news they’d heard in a very long time: They could afford to pay their electric bill *and* feed their family for at least another week.

Olivas is an adjunct professor of English at Boise State University. She has her Ph.D. and works between two and four part-time jobs when school is in session; three of them dry up during the long, hot summers. Carraway is an unemployed software engineer, laid low by advanced diabetes. They do not have medical insurance.

“Fifteen years ago when we got married, we were living in a teeny, tiny trailer that cost almost nothing,” Olivas said. “He had a good job. We kind of expected to slowly move up, and 15 years later, I had hoped to be relatively settled.”

On a Friday this summer, she stood beside her husband beneath the afternoon sun in the St. Mary’s Food Bank parking lot on State Street in Boise. Behind them was the used car they are giving back to the bank because they can no longer afford it.

Today, diabetes has taken its toll. Carraway’s lower legs are covered with healing sores, his left big toe has been amputated, and he is missing a front tooth and three molars, as well as part of the index finger on his right hand.

Today, Olivas says, squinting in the brightness, “I’m not looking for much. I just want stability. I just want ...”

Her voice trailed off. Her husband picked up the thread of conversation. “I really didn’t have any expectations 15 years ago,” Carraway said.

If no disasters hit, Olivas and Carraway are able to pay their bills and — maybe — put a little money aside to survive in the lean months. But when you have no medical coverage, when you can’t afford to see a dentist and your eyeglasses prescription is 6 years old, disasters always seem to hit.

The latest one started a year ago and continues to roil them, with no end in sight. But on this day, their anniversary and Carraway’s 48th birthday, the food bank visit gave them enough groceries to free up the cash to keep the lights on. For now.

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“The first time you come to a food bank is heart-wrenching,” Olivas said as she and Carraway loaded up the car. “I would much rather be on the other side of this and be able to give to the food bank than take from it. When we’re doing well, we donate to St. Mary’s. When we’re not, we use St. Mary’s.”

Right now, they are not. For Olivas and Carraway and their sons, Gareth, 12, and Osiris, 10, the key to stability — to financial security, to the middle class, to a life without fear — is medical insurance for all of them. The boys are covered under the federal Medicaid program. Their parents are among the 78,000 Idahoans who are not, as Idaho’s lawmakers have consistently declined to expand Medicaid coverage under the Affordable Care Act.

But the Medicaid gap is not the only black hole that has swallowed this small, tight-knit family. Gareth and Osiris are autistic. The West Ada School District has been “awesome” for the boys, Olivas said, but she and her husband cannot find child care for after school and for the summers. That means only one parent could work at any given time, even if both were able.

“Nobody’s going to take Osiris. I still can’t keep him fully dressed most days,” his mother said. “I think he’s cute, but nobody else thinks a naked 10-year-old is cute. It’s not cute. It’s not fun. I don’t mind ...”

People always talk about living within your means, says this daughter of a migrant farmworker, a woman who went from GED to Ph.D. in 11 years. But how do you live within your means when your income does not cover the basics? When life is a continuous juggling act of what bills to pay and who gets to eat well, which medications to take and what is possible to live without?

“You don’t,” said Olivas, resigned. “A bit here, a bit there, you always have something looming, and all you need is for one of those dominoes to fall, and then everything else falls with it.”

Carraway’s illness is the biggest domino.

NAVIGATING DIABETES

This is what a diabetic needs to remain as healthy as possible:

Lancets to prick a finger tip and draw a drop of blood for testing glucose levels. Blood glucose test strips. A blood glucose monitor. Insulin, if the disease is advanced. A healthy diet that is low in carbohydrates and high in lean protein and fresh vegetables.

This is what a diabetic needs to afford those critical supplies:

Medical insurance and money.

This is what Logan Carraway has to keep his disease in check:

None of the above, more or less.

Sitting in the Albertsons Library at BSU, across the lush campus from her spartan office in the Liberal Arts Building, Olivas talked in an anguished rush about the things she needs to keep her husband alive.

“We cannot afford diabetes minutiae, the things he needs to maintain and track his sugar so we know exactly how much insulin he needs,” she said. “Lancets are super expensive. . . . Strips cost around \$25 at the lowest end, which are not very reliable, to almost \$100 a box for the ones that are fairly reliable. There are anywhere between 25 and 50 in a box.”

Carraway simply guesses how much insulin he needs because he cannot afford the tools to find out for real. He does not check his blood sugar levels. Ever.

“We cannot in any way afford five strips a day,” Olivas said. “Right now, we can’t even afford to replace the needles for his pens. His insulin comes to us free, which is great. And it comes in these little pens. But the needles to inject it do not.

“They come in a box of 50 for \$100. We have all but finished out our box. I know he’s not changing them as often as he’s supposed to, which really worries me, because we don’t need another infection. And I know that it hurts to use after the third or fourth use. They’re not sharp anymore.”

A terrible infection is what landed the family in this precarious situation in the first place.

THE JOURNEY TO TODAY

Last August, Olivas had just returned to Boise from Lincoln, Neb., where she had earned her doctorate in composition and rhetoric. Her dream job was a tenure-track position teaching writing half of the time and working with underprivileged students like her former self for the rest of it. But she had yet to find a job.

Around that time, Carraway went on a camping trip with a friend. Nights in the mountains are cold, so they were bundled up next to the campfire. But diabetes patients often have neuropathy in their hands and feet, which means they no longer have feeling in those extremities.

Carraway got too close to the campfire but did not realize it until both of his feet were badly burned. A particularly bad burn on his left big toe became septic, landing him in the hospital with a life-threatening infection. Doctors amputated his toe.

The hospital bill was \$180,000, Olivas said, money they did not even dream of having. St. Luke’s Health System worked with the family and eventually covered the entire cost. But there was no one to help with the incidental expenses that add up in times of family catastrophe.

Carraway was “in the hospital for almost two weeks,” Olivas recounted. “I’m having to figure out what to do with the boys at the time. My mother-in-law came in to help, and she’s amazing and helps out a lot, but that means we needed furniture for grandma to sleep on. We added another person to feed on a very tight budget.”

To make it all work, Olivas said, she took out an emergency loan with steep interest rates — that she has not been able to pay off. She’s had to take out another loan to deal with this summer’s calamities.

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“And now everything has come due, and I don’t have any extra cash of any kind until September,” she said. “I can afford to keep my rent covered. And I can keep my lights on. Everything else we’ll have to let go.”

If Carraway had Medicaid, Olivas said, “none of this would have happened. ... Last August we went from being relatively stable to not being stable at all, because my husband got sick, and I didn’t have any way to cover it.”

CAUGHT IN THE GAP

Carraway, Olivas and their two young sons are not an isolated incidence of serial bad luck. Rather, they could be a poster family for what happens in a state that has not expanded Medicaid to provide medical coverage to the working poor.

According to Close the Gap Idaho, which advocates for the Legislature to expand Medicaid coverage, 78,000 Gem State residents earn too much to qualify for Medicaid and too little to qualify for the tax credits that could help them purchase coverage on the state insurance exchange. And some cannot afford insurance that covers their needs even with such federal help.

Many of the men and women in the coverage gap work in food service, agriculture and construction. The percentage of veterans who lack health care coverage is higher in the Gem State than nearly any other, according to the organization.

Idahoans like these seek care at places like Terry Reilly Health Services, a network of community clinics, where doctors, dentists and mental health specialists see more than 30,000 patients each year. Nearly 60 percent of those patients are uninsured.

Around the same percentage live in households with incomes below the federal poverty line — that’s \$24,600 a year for a family of four. But Dr. Andrew Baron, the clinics’ chief medical officer, is quick to point out that many of his patients are like Olivas, working two or three low-paying jobs and still struggling to make ends meet.

He can think of nearly a dozen who lost their jobs in the Great Recession and never completely recovered. They were in their 50s when they tumbled out of the middle class, and their MBAs provided little cushion.

“Now, many of them work for Uber,” Baron said, driving other people to and from jobs, parties, restaurants, movie theaters. “They’re in their early 60s, so they’re not quite yet Medicare age. They don’t qualify for retirement or Social Security, and they’re struggling.”

The rate of uninsured patients is even higher in the network’s dental clinics, “pushing 70 percent,” said Dr. Ernest Meshack-Hart, dental director at Terry Reilly, which is among the largest community clinic networks in the state.

“One of the phrases I hear all the time is, ‘People just need to pull themselves up by the bootstraps,’ ” Meshack-Hart said in a recent interview at the network’s Nampa headquarters. “What if they don’t have any boots?”

HOPING FOR HELP

Last spring, Olivas, Carraway and their boys launched a Go Fund Me drive to raise \$2,000 to help get them out of their bind. Carraway had already pawned his guitars and amps for cash.

His left big toe was gone. A wound on his right big toe had stubbornly refused to heal for the past two years. Doctors thought it might be a bone infection, which could cost him yet another digit. There was no money for his medical care.

They called their fund drive “Frankenfoot strikes again or love in the time of Diabetes: a story in need of a happy ending.” They dubbed themselves a “family of sorta super heroes.” Momlady’s superpower, they wrote, is “persistence and multitasking.” Daddyman’s is “the power of support, patience and music.”

Gareth and Osiris are Dangerbaby and Destructo Boy, “an awesomely autistic duo” who do battle against “evil corporate babies who want to babyproof the whole wide world and make everything neat, safe, and educational.”

Their lives are not neat. Their family is not in a safe place. Their parents love them just the way they are.

So far, the Frankenfoot fund drive has raised more than \$1,300. Carraway still has one big toe. The mystery wound has not healed. He and Olivas cannot afford regular wound care or pain management.

“Meanwhile, my summer teaching job fell through,” Olivas wrote in a Go Fund Me update. “My current part-time job had a minor payroll snafu that meant I was paid two weeks late which has cost me in interest and late fees and all the fun that comes with living paycheck to paycheck.

“Right now we are just hanging on.”

“I can afford to keep my rent covered. And I can keep my lights on. Everything else we’ll have to let go. ... Last August we went from being relatively stable to not being stable at all, because my husband got sick, and I didn’t have any way to cover it.”

— Bernice Olivas

What is Medicaid? What is Medicare? And what do the programs cover?

What is Medicaid?

Medicaid is a joint federal and state program that is the single largest health insurer for children in the country, according to the American Academy of Pediatrics and the Children’s Hospital Association. The groups

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figure that 115,000 low-income children in Idaho are covered under the program, which also insures low-income parents, pregnant women, the elderly and disabled adults.

Who is not eligible for Medicaid in Idaho?

Under the Affordable Care Act, states were permitted to expand eligibility to low-income adults who were not previously covered. Idaho's Republican-dominated Legislature has not expanded Medicaid. Advocates for the working poor estimate that 78,000 Idahoans are in the so-called Medicaid gap.

How many people are covered in Idaho?

About 300,000 low-income children, pregnant women, adults, seniors and people with disability are covered by Medicaid in Idaho, according to the Henry J. Kaiser Family Foundation. That includes one in nine adults under 65, two in five low-income residents, two in five children, two in three people in nursing homes and two in five people with disabilities.

How is it different from Medicare?

Medicare is funded entirely through the federal government, which sets the standards for coverage. It serves elderly and disabled people who receive Social Security. Because it was designed for adults, it does not include a benefit package for children. Income is not a consideration.

Who pays for long-term care?

Medicaid helps pay the costs of long-term care in nursing homes for those who are financially and medically eligible, but it does not cover assisted-living facilities. "Some individuals may be required to help pay the monthly costs, which is called the participant contribution or share of cost amount," said Chris Smith, a spokesman for the Idaho Department of Health and Welfare.

"Medicare covers short stays in a skilled nursing facility — up to 100 days per benefit period — after a three-day minimum, medically necessary, inpatient hospital stay for a related illness or injury," Smith said. "Medicare does not cover long-term or custodial care."

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