



Medicaid Matters to Georgia
Stories from Georgia children and families

October 2018

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Introduction



Medicaid provides healthcare coverage to almost **two million Georgians** including **1.3 million children** across the state, and **500,000 seniors** and **people with disabilities**. Medicaid facilitates access to needed health care services that would otherwise be unaffordable for low-income Georgia families and individuals. Coverage through Medicaid helps to improve health and enable success for beneficiaries.

PeachCare for Kids (PeachCare) is Georgia's name for the Child Health Insurance Program (also called CHIP), which provides health insurance to children whose families earn too much to qualify for Medicaid.

Medicaid and PeachCare guarantee that essential services like immunizations, developmental screenings, dental care, check-ups, and prescriptions are covered so kids can grow up healthy and successful. Unfortunately, around 160,000 children in Georgia remain uninsured despite being eligible for coverage through the two programs. Studies show that children with Medicaid coverage have better health outcomes, are more successful in school, and earn more money as adults than uninsured children.

For seniors living on low, fixed incomes, Medicaid helps to pay the costs of their Medicare coverage, and for some, it provides additional health benefits not covered through Medicare. For others, Medicaid allows them to age with dignity in their communities by covering needed home/living adaptations like chair lifts, wheelchair ramps, or engaging day programs with trained staff.

Medicaid enables Georgians with disabilities to live and work independently in their communities. Medicaid's home- and community-based services include personal care services that help people complete daily living activities such as bathing and dressing.

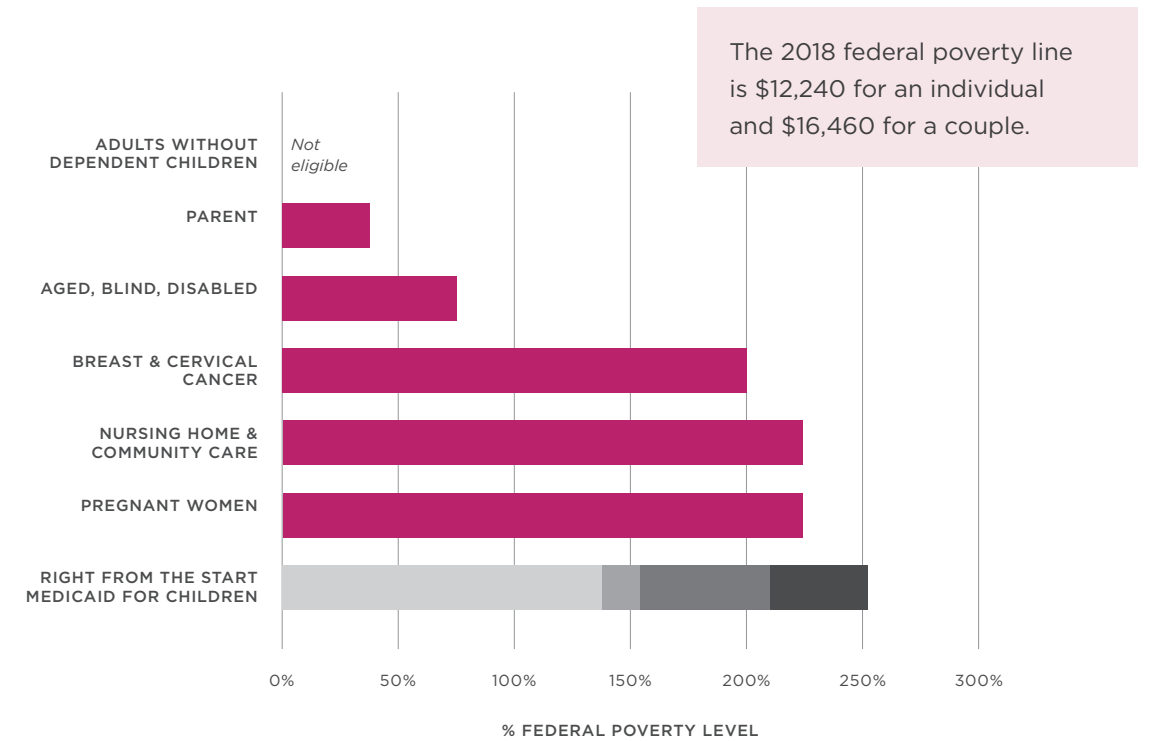
Georgia is among the toughest states for parents to qualify for Medicaid coverage. Parents must make less than 36% of the federal poverty line (FPL) (\$7656 annually for a family of three) to qualify for insurance through Medicaid. For those parents who make between 36% and 100% of the federal poverty line (\$9,096-\$25,100 annually for a family of four), there are no pathways to affordable coverage because Georgia's policy makers have not extended health coverage to all low-income adults in the state.

Under the nation's health law, every person was supposed to have a way to get health care coverage. To cover those making less than 138% FPL (about \$28,000 for a family of three), the health law intended for states to extend their Medicaid programs. Georgia's state leaders have so far refused to take this step and as a result, more than 240,000 hard-working Georgians fall into the so-called coverage gap. These Georgians are veterans and their spouses, parents, young adults, and low-wage workers. They work in jobs that often do not come with health insurance but are the backbone of the state's economy, like food service, construction, education and childcare, and retail.

This storybook is designed to demonstrate the important role that Medicaid plays in the lives of millions of Georgians from all parts of the state, and the role that it could play in helping many more access care and live independently. We hope these stories help policymakers, advocates, and consumers from across the state better understand the importance of ensuring all Georgians have access to quality, affordable healthcare.

Who Gets Medicaid in Georgia?

Several populations are covered and each group has its own income eligibility guidelines.



Children Eligibility Levels are Cumulative

- Children Ages 6-19
- Children Ages 1-5
- Children Ages 0-1
- PeachCare

The Stories

Sherry Ward

77 years old

Chatsworth, Georgia



“I couldn’t make it if I didn’t have [Medicaid]. There would be no way.”

Sherry is 77 years old and lives alone. She gets up every day at 5 am and prepares for her day, which starts with a bus ride to the Rosswoods Adult Day Center. At the Day Center, she engages in arts and crafts and social activities designed to keep her brain and body healthy. She also receives information about her medications and doctor’s appointments.

Sherry has several health conditions including high blood pressure, pacemaker, chronic obstructive pulmonary disorder, a blood clot in her heart, and arthritis in one of her legs. She recently fell and broke her wrist, causing nerve damage.

Sherry pays a \$1.20 copay for each of her seven different medications through the Medicaid program and would not have the financial means to pay the standard \$30–\$50 copay prices without it. Sherry’s Community Care Services Program (CCSP) waiver (a type of Medicaid) provides the transportation she needs to get to the pharmacy to pick up her medications, doctors appointments, and RossWoods. Medicaid and Medicare make it possible to spend her weekdays at RossWoods.

When asked about her Medicaid coverage, Sherry said: “I couldn’t make it if I didn’t have [Medicaid]. There would be no way.”

What was once fragile...

I am 6 months old. I weigh 1 pound, 13 ounces. I live in an incubator and breathe through a ventilator.



Petra, Angel, & Braydi Norman

Mother, future astronauts or presidents

Savannah, Georgia

with Medicaid...

Petra Norman is the mother of two young girls, Angel and Braydi. Without Medicaid, Angel and Braydi may not be here today.

Angel was born more than three months early. Petra was terrified for her sweet newborn who weighed only 1 pound, 13 ounces, but she could see that her daughter was a fighter. Within 24 hours of birth, Angel was removed from the ventilator and breathing on her own; however, she was still so fragile that she had to spend her first three months inside an incubator.

One day in the neonatal intensive care unit (often called "NICU") costs thousands of dollars and if care is needed for several months, the costs add up to an astronomical sum. Thankfully, Medicaid covered the NICU expenses.

Once out of the hospital, Angel received physical therapy, occupational therapy, and speech therapy. Until the age of three, she received care from several pediatric specialists, all covered by Medicaid. All of these medical visits would have meant unimaginable debt for Petra, making it difficult for her

family to be financially successful. Because of Medicaid, Petra could focus on what really mattered helping her daughter Angel grow into a bright, cheerful girl.

Today, Angel is eight years old and is a bright student with a deep love of learning. She is in the top of her third grade class and passes all her tests with flying colors. "She likes everything. She walks around reading the dictionary or the encyclopedia," Petra says. "She said she's going to be president. She said she's going to be a doctor. She says she wants to be an astronaut, everything," her mother shares with a chuckle.

Because of Petra's history, doctors were aware of the possibility of early labor in future pregnancies. Medicaid allowed Petra to receive consistent prenatal care that prevented early labor with her second daughter, Braydi. Now at two years old, Braydi looks up to her older sister and wants follow in her footsteps.

"It was definitely worth the investment for [state leaders]. Because she is going to be somebody someday. It was an investment."

is now thriving!

I am going to be president. I am going to be a doctor. I want to be an astronaut.

Elise Underwood

15 Years old

Cumming, Georgia

with Medicaid...



Elise's family applied for the Katie Beckett Medicaid waiver the week she turned one-year-old and were approved four months later, the day before she was diagnosed with AML leukemia. Because she was so little and because the cancer was so aggressive, Elise had to stay in the hospital for in-patient chemotherapy treatment.

Elise's family faced astronomical hospital bills that would have bankrupted them if they had been forced to pay them out of pocket. Thanks to their Medicaid waiver, the family was able to focus on fighting and defeating Elise's cancer.

After beating cancer, Elise has battled other unique medical issues, any one of which could have financially ruined her family. Because of her Medicaid coverage, Elise has received ongoing therapy to develop independence and sensory issue coping mechanisms, and as a result, her speech has grown by leaps and bounds.

Due to Elise's unique medical situation her mother is unable to work and cannot bring in extra money to help the families expenses.

Elise's mom says that if it had not been for Medicaid, she is unsure if her daughter would have reached this level of her life.

is made possible!

**Elise beat cancer!
She receives
ongoing therapy
and her speech
has grown by leaps
and bounds.**

What was impossible...

**At 16 months, Elise
is diagnosed with
AML leukemia. The
treatments expenses
would have left her
family bankrupt.**



Charlie Ellison

87 years old

Dalton, Georgia

Charlie credits Medicaid and Medicare for being the reason he is able to function and survive today. After suffering a fall while living alone in 2016, Charlie's nervous system was damaged and he was no longer able to live independently. He attended physical therapy for ten months and lived at a nursing home in Dalton during this time, which he paid for out of pocket.

Now that Charlie has Medicaid coverage, he is able to visit RossWoods Adult Day Services every day and enjoys engaging in activities with others his age. He is also able to live at home with his daughter and son-in-law who help take care of him, rather than in a nursing home where he would have less independence and fewer activities to keep him healthy and active.

“Keeping Medicaid is important because it pays for me to come to RossWoods and get services. I couldn't be here without Medicaid.”

Before Charlie's fall, he was already managing his diabetes and high blood pressure, and had a pacemaker in his chest. Charlie's Medicaid coverage picks up the costs of some of his medications that are not covered by Medicare, which ensures Charlie remains as healthy and independent as possible.



Valerie Heard

Mother, Activist

Atlanta, Georgia

Valerie Heard is a mother and health care advocate. She used to work traveling to expos across the country for the Negro League. Valerie now takes an active role in speaking to legislators on the need to protect and expand Medicaid.

*“What human being could not have medical help?
It's dire need—life or death.”*

Valerie is covered by Medicaid because of an eye disease that has left her blind. She also suffers from fibromyalgia, migraines, vertigo, a bladder condition, and high blood pressure.

Medicaid allows Valerie to see a doctor, where she'd otherwise be without one.

“I need specialists. I'm in debt already. I'd be in profound debt without Medicaid. I wouldn't be able to go to my regular visits. This would make my depression and anxiety worse.”



**Yosha
Dotson**
Breast cancer survivor
Atlanta, Georgia

with Medicaid...

Yosha Dotson was laid off from her full-time job at the end of 2009, but was able to enroll in her husband's health insurance coverage. In 2010, when she was 32 years old, Yosha was diagnosed with breast cancer.

Several months later, Yosha's husband lost his job too and they both became uninsured. Yosha applied for Medicaid coverage and was initially told that she didn't qualify because she was "able-bodied." Yosha contacted 2-1-1 and appealed the decision with the help of the United Way of Greater Atlanta and was eventually enrolled in Women's Choice Medicaid, which covers women with breast or cervical cancer.

"There's no telling if I would even be alive today"

In November 2010, Yosha started chemotherapy. The chemotherapy had unusually terrible side effects and she had to stop treatments for several months. During that time, her doctors found the most effective combination of medications that would also result in fewer side effects and Yosha was then able to resume chemotherapy at the start of 2011.

Because of Medicaid, Yosha and her husband were able to afford her cancer treatments and she is in remission today. Yosha doesn't know if she'd be alive today had it not been for Medicaid, but she does know that they would be in insurmountable medical debt without it.

became a "yes"!

**United Way of Greater
Atlanta helped me
enroll in Women's
Choice Medicaid.
Today I am alive and
in remission.**

A "no"...

**I was initially told
that I didn't qualify
for Medicaid because
I was "able-bodied."**

People with disabilities...

At 11 years old, Travis suffered from a series of strokes that left him with several physical disabilities.



Travis Evans

Independent Living
Specialist

Atlanta, Georgia

with Medicaid...

Travis suffered from a series of strokes when he was 11 years old that left him with several physical disabilities. He is one of the approximately 250,000 Georgians with disabilities to be covered by Medicaid.

Several years ago, Travis started volunteering with DisabilityLINK because he believes in the power of community and he likes being able to help others. Since then, he was hired as a Independent Living Specialist at the organization, where he connects people with disabilities to community-based resources and assists in coordinating events at the DisabilityLINK office. He also works alongside other activists on issues such as housing, accessibility and self-advocacy.

Travis recognizes that Medicaid is the reason he is able to financially support himself and work for an advocacy organization. Without the support Medicaid provides, Travis explains, he would not be able to help others the way he has been able to at DisabilityLINK. When asked what he wanted others to know about his Medicaid coverage, he replied,

*“With me working,
I am able to be a tax paying citizen.”*

live independently!

Travis works and volunteers in his community.

Connor Gaunt

Five years old

Marietta, Georgia

with Medicaid...

Connor was born March 21, 2012 and began to have seizures within hours of his birth. He was quickly diagnosed with tuberous sclerosis complex (TSC) and spent his first 37 days of life in the neo-natal intensive care unit (often called the NICU). TSC means that Connor battles seizures, autism and developmental delays.

Connor's family has private insurance through his father's job, but the Katie Beckett Medicaid waiver provides necessary secondary coverage. The family's private insurance would not nearly cover the amount of therapy Connor needs, but Medicaid has allowed him to receive daily therapies that have helped him make great strides.

Connor took his first steps in the pool during aquatic physical therapy and, even though he's non-verbal, in speech therapy he developed the ability to use pictures to communicate. Through occupational therapy, Connor learned to handle small objects and use his right hand more effectively (he was severely under-using it for unknown reasons).



Connor's parents want him to be as self-sufficient as possible so that he can always live at home or in a least restrictive environment. They worry about the costs and Connor's quality of life if he had to live in a nursing home or other long-term care facility. Fortunately, Medicaid means Connor can live at home with the services and supports he needs to develop and grow healthfully.

Developmental challenges...

Within hours of his birth, Connor experienced seizures from tuberous sclerosis complex.

are overcome!

Connor can live at home with the services and supports he needs to develop and grow healthfully.

"No way you could pay that without Medicaid."

—Valerie, page 25

"Poor people can't afford to get sick."

—Mary, page 29

"When you don't have money you have to settle."

—Daffene, page 32

"There's no telling if I would even be alive today"

—Yosha, page 14

"It was definitely worth the investment for [state leaders]. Because she is going to be somebody someday. It was an investment."

—Petra, page 8

"(Medicaid) helps a lot... I have no money and health coverage pays a lot because I can't. It's a good thing because a lot of people here don't have money to pay medical bills."

—Queenesther, page 24

Keeping Medicaid is important because it pays for me to come to RossWoods and get services. I couldn't be here without Medicaid."

—Charlie, page 12

"What human being could not have medical help? It's dire need—life or death."

—Valerie, page 13

With me working, I am able to be a tax paying citizen.

—Travis, page 16

"Sometimes I don't wanna have my cancer taken care of because of the money"

—Susie, page 33

She says that if it had not been for Medicaid, she is unsure if her daughter would have reached this level of her life.

—Elise's mom, page 10

"It is not unusual to have to skip appointments because of transportation costs or her inability to pay a small sliding fee."

—Teresa, page 31

"(Without Medicaid) I would probably die. Because this place gives me something to do in the daytime instead of sleeping, instead of letting my mind trick me into going to do something wrong."

—Ralph, page 22



Ralph

Savannah, Georgia

Struggles with depression...

Ralph says he was at an extremely low point in his life. He was going to commit suicide.

with Medicaid...

Ralph has been a client at Gateway Behavioral Health Services for about a year and a half. He is an active participant in their peer-counseling group that meets every weekday and says that the program saved his life.

Ralph struggles with severe depression and a few years ago things got worse. He had sleeping issues and thoughts of suicide. “I was sleeping 12, 13, 14 hours a day. I think at the height of my depression I was sleeping 20 hours a day,” recalls Ralph. “I would get up just enough to eat something.”

Ralph remembers feeling hesitant to seek counseling for his mental illness: “In the black household, you don’t talk about mental illness. You just don’t talk about stuff like that. It’s just something you don’t talk about.”

Ralph says he was at an extremely low point in his life. He was going to commit suicide. “I was headed to the river. I called my friend, and it must have been something in my voice, by the time I finished talking with him, my caseworker called. And he brought me [to Gateway.] He told me there was somebody here that he wanted me to talk to. This place saved my life.

Because I found out there were other people that were going through the same thing, I wasn’t by myself. Somebody that has been through the ringer and back like I have, understood where I was coming from.”

Ralph was able to join Gateway’s Peer Counseling Group because of Medicaid. Medicaid covers the cost attending of the group and transportation to and from the center. In addition to his medication for depression, Ralph is on other daily medications for blood thinners and diabetes. Without Medicaid, Ralph says he wouldn’t be able to afford his necessary medications.

If he lost his Medicaid coverage Ralph says he would face a lot of hurdles: “to the extreme, I would probably die. Because this place gives me something to do in the daytime instead of sleeping, instead of letting my mind trick me into going to do something wrong. I wouldn’t be able to afford my medication. For me that’s the biggest thing. The medication and not being able to come here. Every day that I come here I learn something new, listening to other people’s stories and constantly reminding myself that I don’t want to go back to where I was. I want to look forward, not backwards.”

transform to victories!

Every day... I learn something new, listening to other people’s stories and constantly reminding myself that I don’t want to go back to where I was. I want to look forward, not backwards.



Queenesther McNeil

Student

Albany, Georgia

Queenesther McNeil is a mother to five children between the ages of 1 and 9.

Queenesther used to work as a waitress but is now enrolled in local GED classes, which she expects to complete soon.

Queenesther enrolled in Medicaid nine years ago. When she became pregnant with her first child, Queenesther enrolled in Medicaid. Since then, she has primarily used the family's coverage when her children get sick or need their regular vaccinations and well-checks. Overall, Queenesther is pleased with the quality of the care their family receives and the coverage provided through Medicaid.

“(State leaders) should protect medicaid! Even people with jobs can’t afford healthcare.”

Recently, Queenesther found out she had an ectopic pregnancy, which is often fatal if not addressed quickly. After having the appropriate procedure, she became sick during her healing process and had to have surgery, all of which was covered by Medicaid.

“(Medicaid) helps a lot,” Queenesther says, when asked about her health coverage. “I have no money and health coverage pays a lot because I can’t. It’s a good thing because a lot of people here don’t have money to pay medical bills.”

Queenesther says she was able to more quickly return to taking care of her family and focusing on school because of her Medicaid coverage. It also helped her recognize the importance of health care for all Georgians:

“What if something happens to people and they don’t have the money to pay? Even people with jobs can’t afford healthcare.”



The Presley family

Culloden, Georgia

Valerie Presley works as an administrative assistant and is a mother to three children. Medicaid has covered all three of Valerie's children for their entire lives.

One of her children has been diagnosed with sensory processing disorder, which is a condition in which the brain has trouble receiving and responding to information that comes in through the senses. The Presleys avoid things like jeans and button-ups because the feeling of the material causes the child anxiety. Her second child lives with chronic allergies, and the third requires mental health services.

Valerie took her youngest child to a counselor when they were struggling with suicidal thoughts. Unfortunately, the waiting period for a new patient appointment was more than two months. Knowing that the delay could be life-or-death for her child, Valerie decided to visit an out-of-network counselor, which costs \$60 out of pocket for each weekly office visit.

Despite the extra steps needed to find a mental health counselor, Valerie appreciates the coverage Medicaid provides for her kids. All three children require medications that would otherwise cost \$400-\$500 per month, but Medicaid covers much of the costs. She says that there is

“no way you could pay that without Medicaid.”

Oliver Griffith

Four years old
(and Clint, Kelly, Cason and Max)

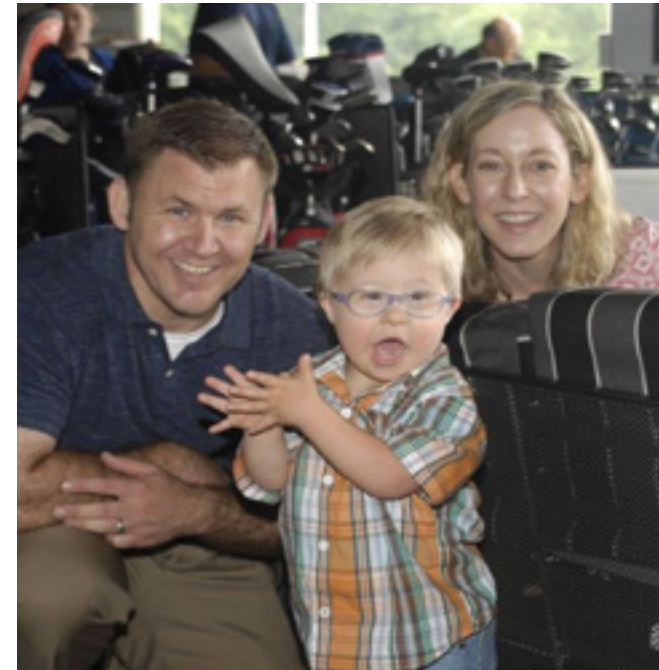
Athens, Georgia

with Medicaid...

Oliver lives with his parents and brothers in Buford, Georgia. When Oliver was born he was diagnosed with Down Syndrome, hypothyroidism, and a congenital heart defect that required open heart surgery to repair at six months of age.

Having Down Syndrome makes it more difficult for Oliver to meet the developmental milestones that other children meet as they grow. Oliver's Medicaid coverage, through the Katie Beckett waiver, has allowed him to receive speech, occupational, physical, and feeding therapies since before he was one year old. Medicaid has helped his family afford the multiple therapies and medical interventions that Oliver has needed so far in his young life.

Oliver is currently in preschool in the public school system, and he is thriving. His therapies and excellent medical care have helped him accomplish so much that he moved up to a less restrictive classroom when he started school in August.



are met!

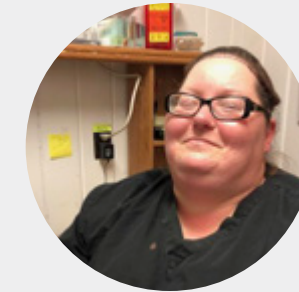
Today, his therapies and excellent medical care have helped him accomplish so much that he moved up to a less restrictive classroom when he started school in August.

Needs...

Oliver was born with Down Syndrome, hypothyroidism, and a congenital heart defect that required open heart surgery to repair at six months of age.

but...

Some Georgians fall into the coverage gap. These Georgians cannot qualify for Medicaid, but make too little money to receive financial help to purchase private insurance through the Affordable Care Act.



Mary Hills

Mother, Grandmother

Fort Gaines, Georgia

Mary Hills is a mother to two children and cares for her grandchild.

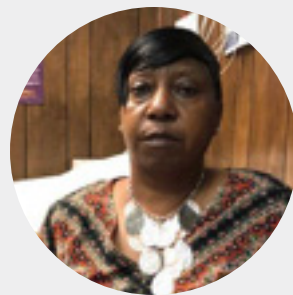
Mary works full-time as a nursing home cook and has been at her job for ten years. Although she works, Mary is uninsured and has been for the last eight years. Making \$16,000 a year, she is stuck in Georgia's coverage gap because she makes too much money to qualify for Medicaid as a low-income parent, but too little to receive financial help to purchase private insurance through the Affordable Care Act.

“Poor people can’t afford to get sick”

Mary lives with high blood pressure, an underactive thyroid, bursitis in her shoulder, and migraines, most of which are treatable with medications, none of which she can afford. She thinks regular access to a doctor would halt the spread of bursitis from her shoulder to her neck, allowing Mary to work without pain.

More than anything else, Mary would like health insurance so she can see a doctor for preventive care. She hasn't had a pap smear in over 18 years and she has never had a mammogram.

In Mary's eyes, poor people can't afford to get sick, an opinion that proved true when she visited a hospital seeking care for a case of bronchitis. The hospital visit cost \$500, almost 40% of Mary's monthly income.



Priscilla Epps

Stroke Survivor

Blakely, Georgia

Priscilla Epps is a 54-year-old former security guard who lives in Blakely, Georgia, a rural community in the southwest region of the state.

Two days after having a sudden stroke, Priscilla lost her job because she was unable to work her scheduled shifts as she recovered that week. Priscilla's health insurance was provided by her employer, so she lost her health insurance coverage when she lost her job, leaving her on the hook for all of the hospital costs that accumulated as she received care for her stroke.

After a two-day stay, Priscilla was told she would have to leave the hospital due to her inability to pay for the costs of in-patient care. Experiencing dizziness, difficulty walking, discomfort in her limbs, and frequent forgetfulness, Priscilla checked out of the hospital. She has since received limited follow-up care from Dr. Karen Kinsell, the only remaining physician in Clay County, who provides care for a sliding scale fee for uninsured community members.

Priscilla is no longer able to live independently and needs more intensive follow-up care to be able to go back to work. Being stuck in the coverage gap has forced Priscilla to move in with a family member and limits her ability to fully recover and regain her independence.



Teresa Mainor

Retired Teacher

Fort Gaines, Georgia

Teresa Mainor was a long-time employee of the school system in Randolph County and worked as a Head Start teacher for 16 years until she retired.

After retirement Teresa's husband became the sole provider for the couple, but his disability check is only \$1300 per month. Because their budget is so limited, Teresa and her husband moved in with their son. At that income level, Teresa is stuck in Georgia's coverage gap; her husband's income is too high to allow her to qualify for Medicaid and too low to qualify for financial help to purchase private insurance through the Affordable Care Act.

If Teresa had health coverage, she would have sought care for a jaw condition that caused her teeth to rot in 2012. The dental surgery that she needed to remove her teeth and repair previous damage to her jaw would have cost \$5,000, an amount Teresa and her husband could not afford. Instead, she managed the pain with whiskey and Orajel. On top of her dental issues, Teresa has neuropathy and fibromyalgia.

Several years ago, Teresa fell and needed an ambulance to be transported to the hospital. The twenty-minute ambulance ride cost \$1,000, on top of the more-than-\$2,000 hospital bill.

Teresa now sees the only physician in Clay County because Dr. Kinsell will see her for free or on a sliding scale when she can afford it. Even with Dr. Kinsell's generosity, it is not unusual for Teresa to have to skip appointments because of transportation costs or her inability to pay a small sliding fee.



Daffene Jordan Cobb

Mother of three

Fort Gaines, Georgia

Daffene Jordan Cobb is a mother of three. Though her children live with their dad most of the time, she shares financial responsibility.

Daffene has worked as a part-time store clerk at a local grocery store for the past eight years. Because her schedule changes weekly, her monthly income varies between \$800 and \$1,000 a month. Daffene had Medicaid coverage more than 15 years ago, but has been uninsured since.

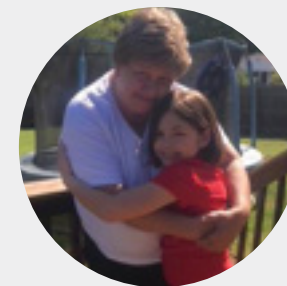
“When you don’t have money you have to settle.”

After a visit to the Division of Family and Children Services office, Daffene was told that she makes too much to qualify for Medicaid, and her income is too low to qualify for financial help to purchase private insurance through the Affordable Care Act. Daffene is stuck in Georgia’s coverage gap.

When asked how health coverage would help her, she says, “It would help me pay for medications and get check-ups. When you don’t have money, you have to settle.”

Daffene has experienced swelling in her leg and thinks it could be a blood clot. She visited the emergency room to have it examined but feels like her leg wasn’t checked thoroughly. Daffene feels that “when you don’t have money, they act like they shouldn’t help you.”

With health insurance, Daffene would be able to get a second opinion about her leg from a qualified physician and take steps to address the cause of the swelling. Without coverage, Daffene manages the discomfort as best she can and hopes that she is not developing any serious conditions.



Susie Sanchez

Sole caretaker for her granddaughter

Douglasville, Georgia

At 60 years old, Susie is battling bladder cancer while simultaneously caring for her granddaughter.

Susie’s three-person family lives off her husband’s \$1200 monthly disability check. They used to have more, but Susie stopped working in November 2017 because she could no longer handle the demands of work while receiving cancer treatment and caring for her young granddaughter.

The family struggles to pay bills and has little left to pay for Susie’s cancer treatment and other medical needs. In addition to a cancer diagnosis, she also manages chronic obstructive pulmonary disease, high blood pressure, high cholesterol, cysts on her kidneys and a history of seizures. Through an especially sympathetic doctor, Susie was able to set up a payment plan through which she tries to pay \$100 per month for her cancer treatment. Her other medical needs go largely unmet because she can’t afford the costs of her needed medications or office visits.

“Sometimes I don’t wanna have my cancer taken care of because of the money”

When Susie applied for private coverage through the Affordable Care Act she was told that she needed to make at least \$16,000 a year in order to qualify for financial help, but she could not qualify for Medicaid because Georgia’s policy makers did not expand the program to cover people like her.

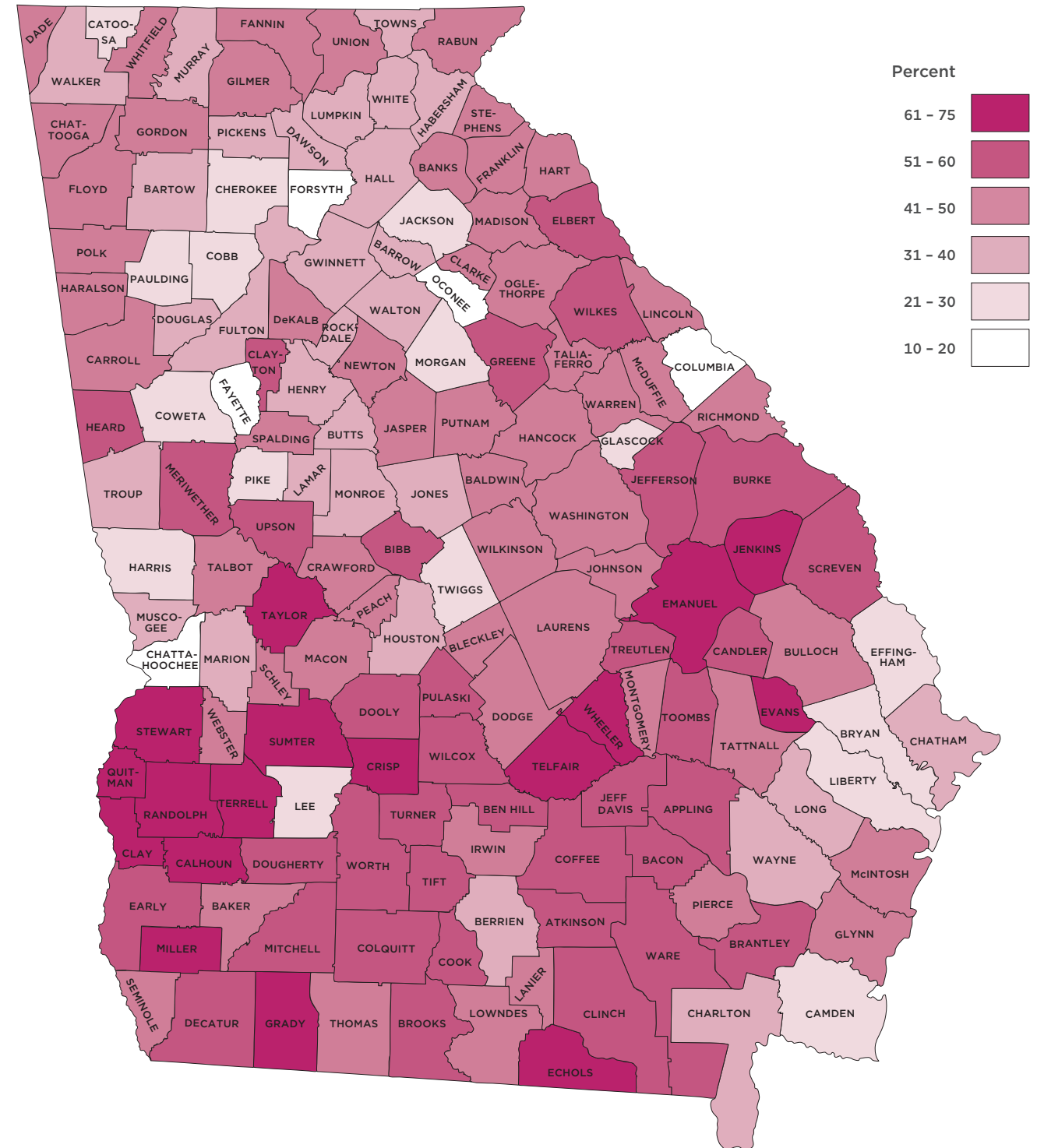
Health care bills have strained Susie’s relationship with her husband and, as a result, they are currently separated. Susie planned to quit her treatment to resolve their problems, but her husband decided to leave so that she would continue getting care. Neither Susie nor her husband wanted to end their marriage but felt like it was the only way to alleviate the financial burden brought on by medical bills.

Susie believes that Medicaid should be expanded so that her cancer treatments and medications could be covered and her hospital bills would no longer get turned over to collections. This would allow Susie to focus on her own health and the health and well-being of her granddaughter.

Appendix

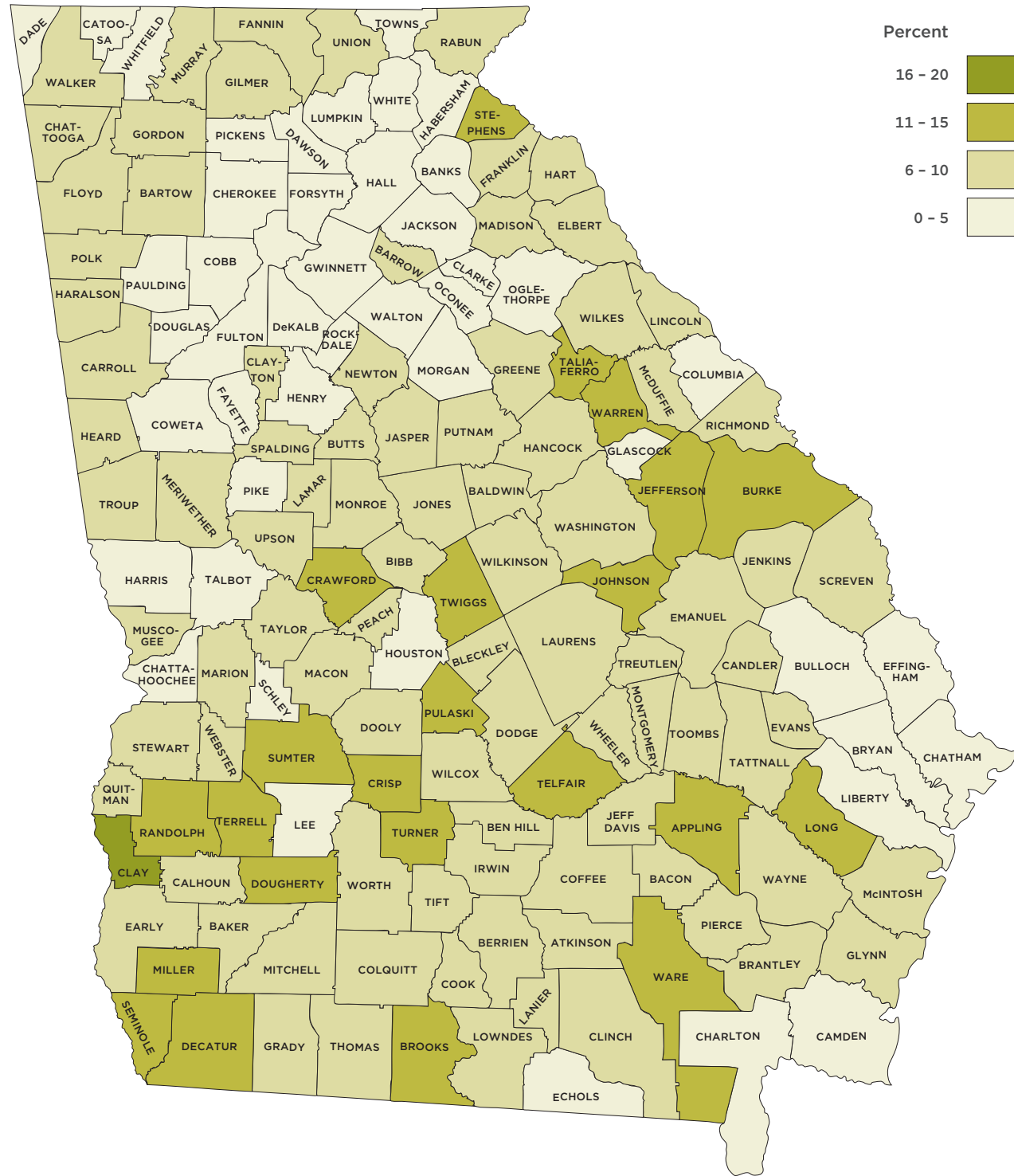
- Percent of children covered by Medicaid and PeachCare by county
- Percent of adults covered by Medicaid by county
- Percent of uninsured adults who could be covered by Medicaid by county
- 2018 Federal Poverty Levels
- Income Ranges for Georgia's Coverage Gap

Percent of children covered by Medicaid and PeachCare by county



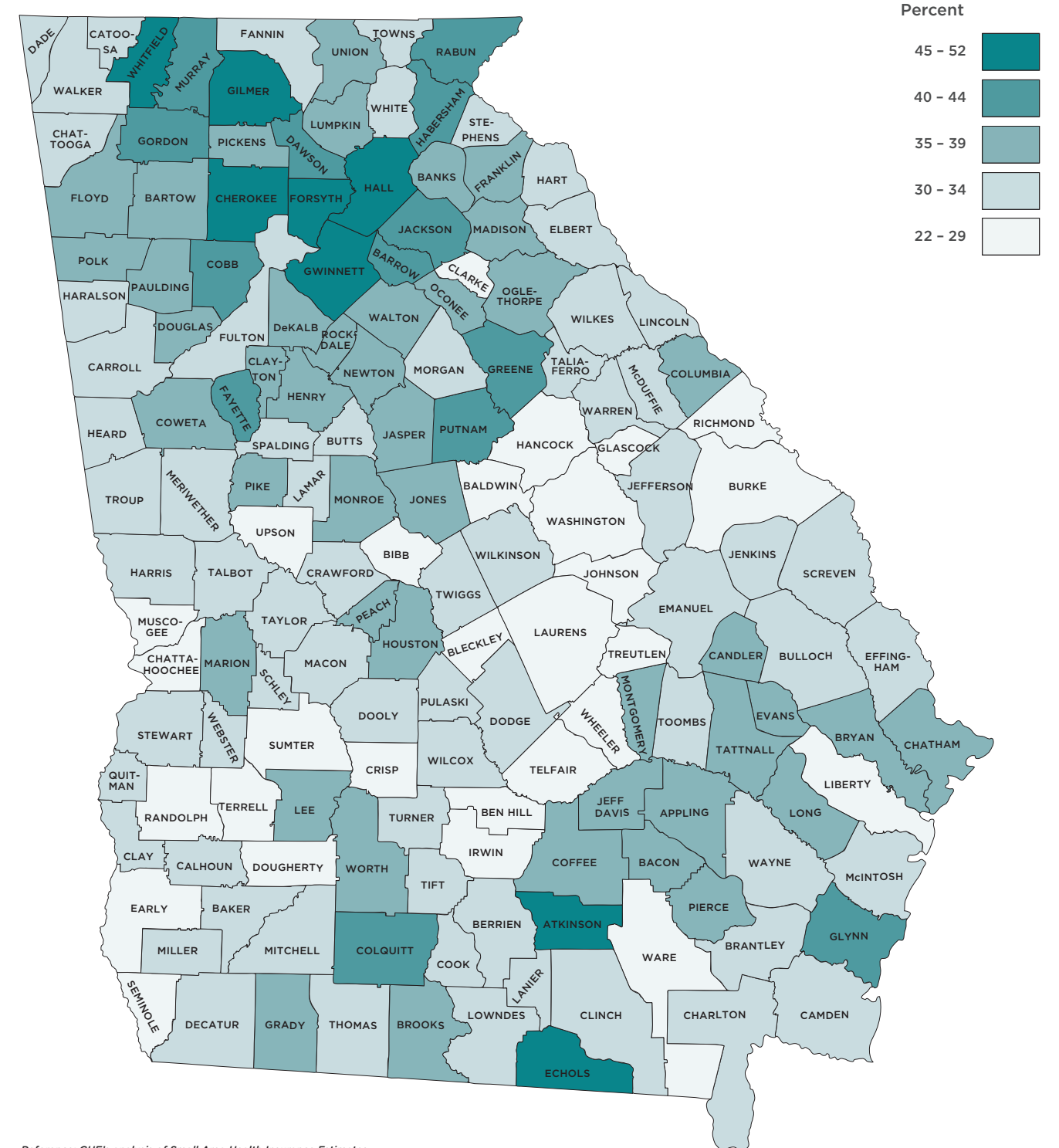
Source: Georgetown University Center for Children and Families analysis of the five-year estimates of summary data from the 2011-2015 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Percent estimates were computed.

Percent of adults covered by Medicaid by county



Source: Georgetown University Center for Children and Families analysis of the five-year estimates of summary data from the 2011-2015 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Percent estimates were computed.

Percent of uninsured adults who could be covered by Medicaid by county



Reference: GHF's analysis of Small Area Health Insurance Estimates

2018 FEDERAL POVERTY LEVELS

Family Size	Monthly Income	Annual Income
1	\$ 1,011.67	\$ 12,140
2	\$ 1,371.67	\$ 16,460
3	\$ 1,731.67	\$ 20,780
4	\$ 2,091.67	\$ 25,100
5	\$ 2,451.67	\$ 29,420
6	\$ 2,811.67	\$ 33,740

INCOME RANGES FOR GEORGIA'S COVERAGE GAP

	Family Size	Monthly Income	Annual Income
Non Parents	1	\$ 0 - 1,011	\$ 0 - 12,140
	2	\$ 0 - 1,371	\$ 0 - 16,460
Parents	1	\$ 361 - \$1,011	\$ 4,322 - 12,140
	2	\$ 526 - 1,371	\$ 6,312 - 16,460
	3	\$ 638 - 1,732	\$ 7,656 - 20,780
	4	\$ 758 - 2,092	\$ 9,096 - 25,100
	5	\$ 875 - 2,452	\$ 10,500 - 29,420
	6	\$ 967 - 2,803	\$ 11,604 - 33,740

Based on 2018 Federal Poverty Levels.





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