

Fair care

It's a reasonable expectation

QUENTRA CROWLEY, BRITTANY NICHOLS, DANIEL EDWARDS, SHERI LINCOLN, AND CRYSTAL MCDANIEL-FREEMAN
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OPINION

Guest writer

Today is the 57th anniversary of President Lyndon Johnson signing legislation to authorize Medicaid insurance for low-income Americans. We are five Arkansans who know Medicaid from the inside. You'd think that 57 years would be enough time to ensure fair and accessible coverage for all who are eligible. We can tell you: it hasn't been.

Take Ms. Brittany's family. This spring, she received two terrifying letters from the Arkansas Department of Human Services (DHS), which runs Medicaid in our state. Brittany's father sustained major head trauma in 1989, a few months before she was born.

He has required 24/7 care ever since. Brittany, now a young mother, assumed caretaker responsibility when his mother passed in 2011.

Although little about Brittany's father's disabilities has changed in 33 years, a "system glitch" resulted in Brittany receiving letters that imply he may lose coverage when the current public health emergency ends. For Brittany, that means she is living in daily fear that a "system glitch" could result in her having to take on the full financial responsibility of her father's full-time nursing home care. This is 2022. Is it too much to expect reliable communications from our state agencies?

We all want the same basic things: to be able to take care of our families, to be healthy and active—and to receive fair treatment. Especially when it comes to the public services our tax dollars help pay for.

Ms. Sheri is grateful for the care she receives, and she wants DHS to know it. Thanks to Medicaid, she recently received dentures. She's eating better now. The Mayo Clinic calls dental health the "window to your overall health." So it's shortsighted that Ms. Sheri's dental coverage is the exception rather than the rule.

Most Medicaid clients receive little to no coverage for dental care. Like Ms. Quenitra. She broke a tooth last December, and it's causing her regular discomfort. If you have an infection in your mouth, she points out, it can go to your brain or your heart. Why wouldn't we take care of the entire body, instead of just parts?

The saying goes that as a whole, we are more than the sum of our parts. But disjointed, uneven health-care coverage can make our communities function at levels less than the sum of our parts.

Mr. Daniel has stage-4 cancer. Pre-covid, he ran an event-planning business. First, the pandemic killed his business, and then he was diagnosed. He is not able to work. He has become homeless. Although he has Medicaid, he still gets bills for his medications, and for ambulance rides. Bills that he'll be paying for the rest of his life. He calls DHS for help understanding why he's getting the bills, and they instruct him to come into the office. When he

explains that he can't drive, they tell him they can't do anything for him until he makes his way into their office.

Medicaid, fortunately, covered a surgery to remove tumors, but then denied the initial chemotherapy regimen his doctor prescribed. Mr. Daniel feels like DHS pats itself on the back for covering one thing while ignoring three other things that it doesn't help with.

When our lives are in the balance, we hope that all the health-care forces will be brought to bear. As they were

for little Levi earlier this year. Ms. Crystal's young son was in the hospital for three weeks,

and he had to be fed through a GI tube. His life was hanging by a thread, but the hospital brought every therapy in its arsenal to save Levi. Medicaid covered the procedures needed.

The doctors warned his parents that even if he survived, the road to recovery would be long. Yet Levi surprised them; a few months later, he's running, jumping, talking, thriving. Ms. Crystal says her son wouldn't be here today if not for Medicaid.

Children are our future, and society must invest in their health. But young men and young women are our today. At a basic human level, we ask whether these kinds of disparities in care feel justifiable.

Fixing the disparities won't be easy. Our health-care systems are over-burdened with bureaucratic requirements; DHS employees are overworked and under-trained.

Amazingly, Arkansas has in hand the funds that could expand better coverage and services. It's being called a "budget surplus." This "surplus" is funds that are siphoned away from all of our public services. They are stealthy savings made to finance tax cuts for a small group of wealthy people.

Instead, we could choose to invest our joint taxpayer dollars in fair care for everyone. We see how powerfully Medicaid can work—just look at Ms. Sheri's and little Levi's experiences. We all want to receive that same level of good care—fairly and with respect.

That's why we urge the Legislature to prioritize making health care more accessible and affordable for more Arkansans. We also ask Arkansas DHS to actively seek ways to distribute services more equitably, and make sure no eligible clients lose coverage as the public health emergency ends.

We are your neighbors, your co-workers, your extended family, and your community members. We are Medicaid clients. Will you join us in demanding fair care for everyone?



Quenitra Crowley, Daniel Edwards, Sheri Lincoln, Crystal McDaniel-Freeman, and Brittany Nichols are Arkansans, Medicaid clients or caretakers, and part of Arkansas Community Organization's Healthcare for ALL community.