

5 Americans: How health care law affects them

February 3 2011, By CARLA K. JOHNSON , AP Medical Writer

(AP) -- A couple on Medicare got a rebate check to help with prescription drug costs. A Chicago man with diabetes got health insurance through a new government program. And a Philadelphia businessman is hoping his company will qualify for a tax credit.

At a critical time for the nation's new [health care](#) legislation, The Associated Press revisited several Americans who first shared their health stories a year ago. Reporters asked: How has the law affected their lives, and how do they see the health care debate now roiling Washington?

Many insured Americans have noticed no substantive difference in their lives under the new law. But health care has changed in subtle, and dramatic, ways for others.

This week, a federal judge declared unconstitutional the law signed by President Barack Obama last March 23. The move sets the stage for the U.S. Supreme Court to decide the issue, while Republicans and Democrats continue to fight over repeal in Congress. Opponents of the law assert easier solutions to the nation's health care problems are available, and that the new health law will cripple the economy. Supporters say the country can't live without it, from either a health or economic standpoint.

Here are the cases of five Americans, a year later:

Name: Glenn Nishimura

Home: Little Rock, Ark.

Age: 61

Employment: Consultant to nonprofit groups.

Household income: \$55,000, including wife's earnings.

Coverage: Uninsured since COBRA coverage from a previous job expired in May of 2009.

Nishimura, a self-employed consultant, has been without health coverage for almost two years. A provision in the national [health care law](#) gave his state \$46 million to insure people like him who've been denied coverage because of pre-existing conditions. He has [high blood pressure](#) and [high blood sugar](#) levels.

Nishimura considered the state program's coverage, but it was too expensive, he said. He would have paid \$7,500 a year in premiums and there was a \$1,000 deductible, meaning he would have had to pay the first \$1,000 out of his own pocket before benefits kicked in.

"It's just not affordable," he said. "It didn't suit my circumstance. I'm happy about the health law and I'm sure it's doing great things for some people, but it didn't fit me."

Nishimura is generally healthy and has low health care costs. He's not yet old enough for Medicare. He'd like to buy catastrophic coverage that would protect him from going bankrupt if he had a serious illness or

accident.

"My view is that there are a wide range of health situations out here," he said. The health reform bill immediately addresses those that are sick now and need coverage now." He has no problem with that.

"As more features of the legislation kick in and we look to improve the bill, maybe we'll get around to designing more health care alternatives that are affordable and give folks the flexibility to make life choices without concerns about losing [health insurance](#) coverage or jeopardizing their financial security," Nishimura said.

Name: David W. Brown

Home: Philadelphia

Age: 48

Employment: General manager of WURD radio, president of BrownPartners, an advertising and marketing agency. He pays in \$150,000 in annual wages.

Household income: \$100,000 including wife's earnings.

Coverage: Provides health, dental and vision coverage to employees of ad agency, but he and his wife get health coverage through his second job at the radio station.

In the past two years, Brown had to lay off three of his seven employees and get a second job. He still provides health insurance as a benefit for the remaining employees at his ad agency. For his own family's health

insurance, he now relies on Philadelphia's WURD radio, where he took a job as general manager.

His daughters, ages 18 and 21, are on the family health plan, and will be able to stay on it if they need to through age 26 because of the Affordable Care Act. "That's very helpful," Brown said.

He doesn't know yet whether his business will qualify for a tax credit worth up to 35 percent of the company's health insurance premium costs, but he hopes it will. His tax preparer is looking into it. A qualifying employer must pay average annual wages below \$50,000 per employee, so his business may indeed qualify.

Brown feels frustrated by the continued battle in Congress over the health law and worries that it will hurt "people who are vulnerable." As a businessman, he's looking for stability.

"This kind of political wrangling doesn't help us in business," Brown said. "If you're waiting to see if something will happen, you can't plan."

Name: Robert Hansen

Home: His pickup truck or a Seattle homeless shelter

Deceased: At age 58

Employment: Vendor, Real Change street newspaper

Household income: \$12,000, including tips

Coverage: Uninsured.

Before he died, Hansen was making \$12,000 a year selling Real Change, a street newspaper. His regular clients loved his bad jokes and cheerful nature.

They may not have known that he was uninsured and found care in community clinics and emergency rooms. Or that he was worried about the tingling in his feet and the occasional purplish color of his hands and whether his symptoms could mean a serious health problem.

Hansen died April 28, 2010. He recently had been hospitalized for internal bleeding. A homeless shelter had a bed for him, but Hansen "was an independent kind of guy," said Tim Harris, executive director of Real Change, the nonprofit organization that publishes the newspaper of the same name. He died where he sometimes spent the night, in his pickup truck.

Hansen, like most poor adults without young children, didn't qualify for Medicaid, the state-federal program that helps low-income families with health care. The Affordable Care Act expands Medicaid to cover people like Hansen, but not until 2014.

Would Medicaid have kept Hansen alive? That's not clear, said Harris.

"Whether he had Medicaid or not, he still would have received poor people's health care," Harris said. "It's anybody's guess whether things would have unfolded any differently. I'm afraid if he had Medicaid, the scenario would have been very similar."

Hansen had been a Real Change vendor for 15 years. His regular sidewalk sales spot became a shrine of flowers and written tributes in the days after his death.

"People were standing there on the sidewalk where he used to sell his

paper in tears," Harris said. "It didn't matter how terrible his circumstances were, he was somebody who just seemed thrilled to be alive."

Name: Carol McKenna

Home: Pembroke Pines, Fla.

Age: 69

Employment: Retired payroll coordinator

Household income: About \$39,000 from Social Security and some earnings by husband as mattress salesman.

Coverage: Medicare Advantage policy administered by AvMed Health Plans.

A year ago, McKenna said she had faith that the health overhaul would work out fine, even though some Republicans were telling seniors they had a lot to lose.

McKenna has seen improvements in her Medicare Advantage plan that are unrelated to the new law. It now offers dental coverage, and drug costs are lower. She still takes part in a Silver Sneakers fitness program that's a benefit of her plan.

Winston Lonsdale, chief Medicare executive of AvMed, the nonprofit organization that administers McKenna's plan, says the new health care law phases in cuts to Medicare Advantage and that's a reason for concern. For now, AvMed has been able to improve benefits for

members, despite the cuts on the horizon, he said.

Nearly 1 in 4 seniors is covered by Medicare Advantage, an alternative that pays insurance companies to run their own versions of the government program. The plans have cost more per patient than regular Medicare, which is the reason behind the cuts in the new law.

McKenna's husband, Morty McKenna, 79, falls in the coverage gap in Medicare's prescription drug program - the "doughnut hole" - that the Affordable Care Act promises to close. That meant he received a \$250 rebate check provided by the new law.

"It paid for one month of his medications," McKenna said. "We were home free for a month."

McKenna said she's frustrated that some in Congress have used the health care law as "the scapegoat for everything."

"They are adults and they need to grow up and stop playing the games and actually listen to their constituents," she said. "Instead of playing politics, listen to the people who put you there."

Name: David Zoltan

Home: Chicago

Age: 33

Employment: Student in retraining program for laid-off white-collar workers.

Household income: \$24,000 in unemployment benefits, stipend from retraining program.

Coverage: Federally funded health plan for people with pre-existing conditions.

Laid off from his sales job during the recession, David Zoltan also lost his health insurance, a dire situation for a diabetic. His health care became charity care from his doctors and assistance programs from several pharmaceutical companies. He had three emergency room visits when he ran out of insulin during the two years he was uninsured.

The Affordable Care Act set aside \$196 million for the state of Illinois to start a new health insurance program for people with pre-existing conditions. Zoltan was one of the first to sign up. He lives frugally so he can pay the \$250 a month for the program, which has a \$2,000 deductible.

"It's life to me. I can get my medicine now," he said. "I can stop worrying about what's going to happen if I can't get my medicine. I can concentrate on living a nice, long, healthy life instead of going day to day."

He's getting back on his feet financially with help from a retraining program designed for laid off Chicago professionals. He's learning to use social media, which he hopes to put to use in a career as a fund-raiser for arts organizations.

His message for Congress?

"Don't take my Obamacare away because I need it."

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