

## Needy Families Need Health Care Reform

AS AUGUST WOUND DOWN AND THE health care debate heated up nationally, I started thinking about the lawyers working at the grantee organizations of the Bar Foundation, who confront each day the health care issues of a growing economically challenged society. They are not politicians, but they are using their voices, their brains and their energy to fight for individuals in desperate need of health care.

Health problems are more prevalent among low-income working families than the rest of our community, according to the Urban Institute. Low-income families are also more likely to have a child in poor health than the rest of us. In Philadelphia, according to the Pennsylvania State Data Center, 32 percent of children and 17 percent of the elderly live

at or near poverty. And, a person with a disability is also usually poor; the 2000 U.S. Census reported that the average income for a Philadelphian with a disability was \$12,600.

The statistics showing the relationship between poverty and health are pretty convincing. But what makes poverty so harmful to your health? When one starts looking at all the factors involved, the enormity of problems are overwhelming. For example, low income people are more likely to live in housing that is substandard or in environmentally compromised areas. National grocery store chains are

By Amy Ginensky



often absent from poor neighborhoods leaving residents of these neighborhoods relying on fast food and convenience stores that sell mostly high-sugar, high-fat foods. There's also the stress of being poor. The neighborhoods in which low-income people live are sometimes dangerous, and the stress of

making ends meet (is there going to be enough money for food at the end of the month? is the heat going to be shut off?) adds fuel to an already precarious health situation. And, according to an article in the journal *Psychological Science*, the longer kids spend in poverty, the worse their bodies are at handling these environmental stressors, increasing their risk for long-term health problems.

So imagine Dana, an asthmatic and young mother of a 2-year-old. Dana works part-time for minimum wage and does not have employer-sponsored health care coverage. The only apartment she can afford is above a restaurant where the heating ducts have never been cleaned. Dana receives Medicaid, but suddenly one day, for a reason she doesn't understand, the payment for her asthma medication and inhalers is denied.

Luckily for Dana, Pennsylvania Health Law Project (PHLP) has a program called Helpline, a toll-free hotline that provides low-income consumers access to real-time legal assistance with their health law issues, especially with information about and assistance with eligibility for publicly-funded health programs and access to services within those programs. The PHLP Helpline lawyer helped Dana negotiate with her pharmacy to help secure the life-saving medication without payment and then helped enroll her in a program that would fill in the gap in her prescription drug coverage.

Thousands of people like Dana turn to PHLP to help them navigate a bewildering maze of rules, non-covered drugs, inadequate provider networks, and pre-existing condition exclusions. The organization represents clients throughout the daunting grievance and hearing

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process to obtain the services they need. Using the lessons learned from individual clients' experiences, PHLP also promotes larger policy initiatives that will improve the system as a whole and benefit hundreds of thousands of health care consumers across the state.

One such initiative is collaboration between PHLP and Community Legal Services (CLS), working with the Department of Public Welfare to develop policies and standards for hospitals that treat the uninsured. As Richard Weishaupt, a senior attorney at CLS, explained, each hospital is different, "and it's a pretty mixed bag how they handle treatment of these uninsured individuals." The money the hospitals receive for this treatment comes from a tobacco settlement the state received, and CLS and PHLP are working to see that standards are established so that the millions of dollars involved are used effectively and in the best interest of the patients.

Not surprisingly, uninsured patients accessing health care through hospital emergency rooms are increasingly the newly impoverished – those who have had jobs with employer-sponsored health care, but in the current economy are now unemployed and can't afford to continue paying for their health insurance coverage under COBRA. Kristen Dama, a staff attorney at Community Legal Services, is seeing more people in these circumstances. In the past, Kristen worked to help low-wage workers access health care, but she says, "now I am working with the recently unemployed – people who have never been public health recipients." One of her clients had lost his employer-sponsored health insurance and needed surgery. He was told he was not eligible

*continued on page 14*

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# Bar Foundation

*continued from page 12*

for Medicaid because he was on unemployment and, being unfamiliar with the regulations, he did not know what to do. He called CLS and Kristen helped him figure out how he fit into the policy categories of Medicaid so he could get the surgery he needed.

Of course, one of the most vulnerable populations is our seniors. SeniorLAW Center, whose sole focus is providing legal assistance to seniors, recently secured a victory for the health and end of life wellbeing of Pennsylvania's low-income seniors. Because of its efforts, the Commonwealth adopted a policy of permitting hospice patients to receive Medical Assistance-funded in-home long-term care services.

Like the newly unemployed workers grappling with the loss of their health benefits, SeniorLAW Center is seeing clients who are falling into the gaps in coverage that result from the income requirements for public health insurance programs. One hospice patient lost his

health insurance because he had to quit his job due to his illness. He was under 65 and, therefore, not eligible for Medicare. His household income was slightly over the limit needed for him to qualify for medical assistance, so when he needed it most, this dying senior had no health insurance. Working in partnership with CLS, Roxane Crowley, coordinator of SeniorLAW Center's Hospice Legal Project, was able to help him receive medical assistance for workers with disabilities.

While there is debate about what America's health care plan should be, there can be no doubt that each and every day the lawyers in the Foundation's grantees organizations are out there, on the ground, securing health care for individuals who otherwise would not, but really should not, go without. Whether it is life-saving medication, surgery, or the ability to die at home with dignity, these lawyers secure that service for those who need it most and they deserve our recognition, respect and support.

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