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Amid health care reform, free clinics see no end to need

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Dr. Michael Kloess, executive director of Our Lady of Hope Clinic, checks the heartbeat of uninsured patient Donna Dalrymple, recently diagnosed with Type 2 diabetes. Like many health care officials, Kloess anticipates the demand for free clinics will remain strong despite federal health care reform.

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A consumer's guide to the Affordable Care Act

Despite legal and political

On a recent morning at Our Lady of Hope Clinic in Madison, the small waiting room filled quickly with the uninsured.

There was Donna Dalrymple, 48, a newly unemployed mental health aide.

There was Niabi Schmaltz, 21, just graduated from Northwestern University but working a restaurant job and not yet able to afford her employer's insurance.

There was Kathleen McCain, 44, recently hired as a job coach for a nonprofit organization but still on probation and ineligible for benefits.

"I hear stories like these all the time," said Dr. Michael Kloess, the free clinic's executive director. He expects to still hear them after the federal Affordable Care Act is fully implemented.

"My take is you really can't legislate away poverty," said Kloess, who has been with the clinic since its opening in 2009. "There are still going to be those who would love to have insurance but won't be able to afford it, and there will be those who choose not to avail themselves of insurance, for whatever reason."

The new law uses a combination of mandates, subsidies and insurance exchanges in an attempt to increase affordability and coverage. The uninsured can begin signing up for coverage through government-subsidized private

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insurance exchanges on Tuesday.

Although the reform effort is expected to move a whole new group of people onto the insurance rolls — 14 million next year alone — some 30 million still will be uninsured by 2022, according to estimates by the Congressional Budget Office. That's why free clinics absolutely will still be necessary, said Nicole Lamoureux Busby, executive director of the National Association of Free and Charitable Clinics.

"There's a misconception that this is universal coverage. It's not," she said. "The Affordable Care Act is just a first step. It was never meant to cover everyone."

Distinct groups of people will remain uninsured, she said, including undocumented workers, who are explicitly excluded from the new law.

Others will earn so little they will be exempt from the individual mandate to buy insurance, yet they may earn too much to qualify for Medicaid, the government's health care program for poor people.

Still others will not realize they're eligible for Medicaid, choose not to be insured for religious or philosophical reasons, or be temporarily uninsured while changing jobs.

Critical aid

Free and charitable clinics have been a critical piece of the country's safety net since the 1960s. They operate at the grassroots level, relying almost exclusively on private donations and volunteers.

Dalrymple, the newly unemployed mental health aide, came to Our Lady of Hope Clinic because her legs ached and her mouth had become extremely dry.

She had taken a medical leave from her job in January, then lost insurance coverage in July when the medical leave ran out and her job ended, she said. Just prior to losing coverage, she was diagnosed with Type 2 diabetes.

"I consider myself pretty fortunate to be able to come here," said Dalrymple, who has no income and is living in transitional housing.

Kloess evaluated her medication dosage, encouraged her to get more exercise, and gave her practical tips for dealing with the probable side effects of her medication.

The clinic, on Madison's West Side at 6425 Odana Road, is an unusual hybrid of a private clinic and a free clinic. Some patients, called benefactors, pay for "concierge" service — 24/7 access to a personal physician, unlimited clinic visits, same-day scheduling and extended appointment times. In exchange, their money allows Kloess and a group of volunteers to treat 25 to 30 uninsured patients a week.

Asked about the Affordable Care Act, Dalrymple said she is so consumed with just trying to get by that she has no idea of its particulars or what it may mean for her.

It was a common theme in the waiting room that day.

It could work, as long as the homeless don't bother the patrons.

Terrible idea. It's a library, not a homeless shelter.

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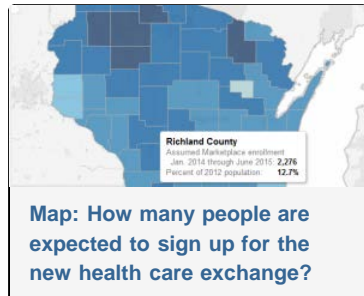
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"I honestly don't know much about it," said McCain, who recently moved to Madison from the state of Oregon and has lacked insurance since a divorce more than a decade ago. "There's been so much transition in my life lately, and I'm really not a political person."

Schmaltz, who recently earned a bachelor's degree in history and political science, said she's been trying to research the new law, both because of her own uncertain situation and because her mom also lacks insurance.

"There is promise in this idea," she said of the law. "But it's confusing, even for someone with determination and access to the Internet. I don't know what kind of coverage I'd be eligible for or what it would cost."

Sorting it out

At the Community Connections Free Clinic in Dodgeville, seminars this fall will try to help people understand the new law.

"We want to do everything we can to get any person who wants to and can to sign up for the new coverage," said Molly Zuehlke, clinic manager. "But I think people who work in health care don't see this as solving the problem of unaffordable insurance and issues with access."

In states that have agreed to a federal expansion of Medicaid, the ranks of the uninsured may indeed decline, said Busby, of the national association. But she's not prepared to call the declines dramatic. And in states that have opted out of full Medicaid expansion, such as Wisconsin, the calculus is even murkier.

Wisconsin Gov. Scott Walker considers his alternative plan a partial expansion of Medicaid. It lifts the state's enrollment cap on childless adults enrolling in BadgerCare — what Wisconsin calls its Medicaid program — thereby opening up government coverage to more people. But at the same time, it tightens the income eligibility guidelines for low-income families, a move likely to bump tens of thousands of people off BadgerCare and onto the private insurance market.

Zuehlke said it remains to be seen whether the families bumped from BadgerCare will be able to afford private insurance or become part of the uninsured population. Robin Tranzo, founder of InHealth Community Wellness Clinic in Boscobel, said her clinic already is inundated with people unable to access or afford BadgerCare.

"Our patient load started to increase dramatically when BadgerCare started increasing its rates," she said. "Every time we open our doors, we're seeing nine to 10 new patients. We just don't know how much longer we can be the safety net. We're treading water right now."

The economic collapse of 2008 added more financial stress to free clinics, with many donors unable to continue giving at their previous levels, Tranzo said. Now a new fear has cropped up: Will donors mistakenly think the Affordable Care Act eliminates the need for free clinics?

"We don't think we'll be going out of business, although I think that would be the hope one day," said Mary Ann O'Brien, clinical director of the Good Neighbor Clinic in Prairie du Sac.

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