

My name is Rebecca Schroeder and I am a disabled Iowan from DeWitt, Iowa. When I heard about the Governor's decision to change Medicaid to privatized Managed Care Insurance Companies, I was quite bewildered and disappointed in him and those fellow Republicans who stand behind this ill advised decision.

I am not one who is generally opposed to change, but there are times when change is not needed or advisable as it may make things worse for those that the change affects. I have contacted all four of these companies, and at this date, not one of them covers each of my doctors and hospitals that are required for my care. The provider which has been chosen for me is WellCare which we all know has been forbidden by a judge for its circumspect dealings to receive this contract.

When I first began researching these companies, WellCare had a story on the Internet telling everyone how much money they were going to make for their shareholders because of their being awarded one of the Iowa Medicaid contracts. Myself and others remarked about this fact and shortly thereafter, this article was removed and only those purporting their excellent care for their beneficiaries can be found.

I attended a Listening Post in Clinton and spoke about how this change was going to affect me negatively and why. I also spoke about private companies being in the business of making money which may come before helping those who are in need. Two days following that meeting, a DHS worker approached me at our local grocery store and thanked me for the comments I made at the Listening Post. She told me they were not ready for this change and would not be effective in helping their clients as this was all moving too fast.

A physician at that meeting stood up to tell us that his medical group had not been contacted and they had many Medicaid patients. Later, he remarked that he was a part of my Family Physician's group.

I listened to a disabled man speak of his seizures and many other issues he must face on a daily basis as well as the many meds he needs to have a life of quality. He was quite concerned about how this change would affect his care that Medicaid now provides. Rep. Linda Miller spoke up and remarked that instead of the appointments and ER visits he was currently experiencing, maybe he just needed someone to talk to!

This lack of empathy led me later to remark, " Shame on You!" I meant Shame on all who are responsible for putting people with physical and mental conditions as well as the poor who need Medicaid to provide quality care which will provide us with quality of life.

For myself, I have epilepsy which cannot be controlled by either meds or my VNS Implant. I have to be assured that when I go to the ER for the IV that will stop the cycle of the migraine that often occurs following these seizures, Medicaid will continue to consider these episodes as needing ER care.

Some of the companies state that unless you are bleeding, or it's life threatening, I must call them before going to the ER. I stayed in bed 10 days last December, and 14 days in January because I didn't want to be a burden to the system! My doctors do not give IVs...I have to go to the ER! Currently, Medicaid covers me during these visits. Will it when I am switched to one of these private companies?

Linda Miller remarked, after listening to my problems with this new system, that maybe I was one of those people who needed to stay on the, " old Medicaid." If that is a possibility, why don't you just leave us all on the, " old Medicaid." It worked well for us, and if the State finds a savings with the Private companies, it will be on the backs of those who receive Medicaid. She asked for my contact info so that she could try to assist me...I have yet to hear from her.

What about those people who cannot read or comprehend these packets that are just now coming to us? How are they to make an informed decision regarding the company which will provide them with quality care as they have now? For myself, I have two weeks to decide something that others who experience Open Seasons have two months. These are people who do not have the problems I've already mentioned!

With my comments, I have included several articles stating facts about states who switched their Medicaid from state run to private companies. Each talk of the failure to give the same care as their clients received before the change. Or the monies that the private companies asked for after a year in addition to what their contracts had promised...they had bid so low they couldn't even recover their costs, They speak of the huge fines that were assessed on companies such as United Healthcare for over 900,000 violations which set a record.

I cannot understand how a State could ever believe that a privately run company could provide the same care to a group of individuals when we know that their administrative costs along with their profit margins are going to add up to much more than the costs that a state run agency which does not expect to make profits off the illness and disability of their citizens.

I was slated to be one of the speakers tomorrow, but my condition got in the way...I am in bed with seizures and the resulting migraines that are a part of my every day life. I never know when they are coming, nor how long I'll be bedridden following each episode. I wanted to tell your committee so much, but here I lie with only my tablet to relate my concerns.

My hope is that after listening to the many stories of those who will be negatively affected by this change, a decision is made to Not go to privatization! Put yourself in the place of those of us who are affected by this change...would you want to find out that coverage you have grown to count on is now gone because some doctors and hospitals are dropping Medicaid patients as they will no longer be compensated in a fair manner because the profits sent to shareholders take away from their earnings.

If you decide to continue down this wayward path, please give all concerned an additional six months to adjust to this change as we clients cannot be expected to make informed decisions because our providers are yet to be a part of this new Medicaid.

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