



HEALTHCARE IN HORRY COUNTY

Healthcare in Horry County is a classic example of the social divide that is embedded in our area. Most people who have good jobs with benefits have access to terrific doctors and hospitals, with employer-provided insurance removing financial concerns.

Combatting the Social Divide

But that is not the case for far too many of our citizens. The dominant industry in Horry County is tourism, which relies on low-paying seasonal or part-time jobs. This reality contributes to a high percentage of working adults who do not have health insurance and are often reluctant to seek medical care.

Many of these people are our neighbors, family or friends. They may work two or three jobs just

- **Many Lack Insurance**

to make ends meet, but they earn too much for standard Medicaid or not enough to qualify for assistance through the Affordable Care Act (ACA), known as Obamacare.

- **Many Can't Get Government Help**

Every day they face the risk of an unexpected accident, illness or hospitalization — and perhaps bankruptcy, debt, misery and, often, dim prospects for the future. It is not right that in Horry County we have citizens who are afraid to go to the doctor because of the cost; who do not fill

- **Many Avoid Doctor Visits**

their prescriptions because they can't afford the high price.

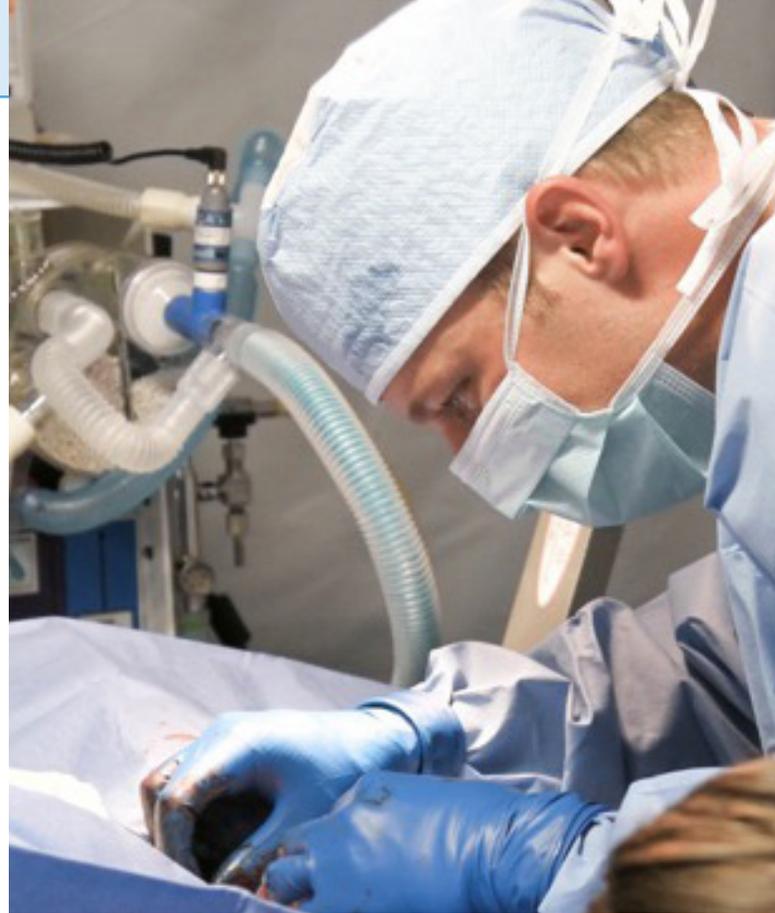
But for many, that is the picture of healthcare in Horry County. And, that is wrong.

In Horry County, an estimated 30 percent of adults aged 18-64 had no insurance coverage as of 2012. While the Affordable Care Act has reduced this number to closer to 10 percent, President Trump and Congressional Republicans, led by South Carolina Sen. Lindsay Graham, have waged an unrelenting effort to dismantle the ACA – and in some measure, have succeeded.

And, other steps have been taken by those in power right here in South Carolina to make it harder – not easier -- for the poorest of the poor to obtain medical care.

- When the Republican-led Congress passed its tax reform act -- which takes effect for the 2018 tax year, essentially lining the pockets of the wealthy and big business -- it killed a key component of the ACA – the individual mandate.
- South Carolina Republicans who control the State House have refused to expand Medicaid, provided for under the ACA, leaving many low income residents without coverage.
- And now, Gov. McMaster is trying to impose new work requirements on Medicaid recipients.

The individual mandate in the ACA required taxpayers to purchase acceptable health insurance coverage or be subject to a financial penalty. Eliminating this requirement will cause an estimated 13 million fewer people to have insurance by 2026 – many of them younger, healthier individuals.



ACA policies will cover older, sicker people, forcing premiums to rise. It's just another way Trump and his supporters have sabotaged the ACA, a singular achievement by President Obama.

Medicaid

Another core component of the ACA was the expansion of Medicaid to cover more low income Americans. Horry Democrats support this expansion in South Carolina to provide hardworking people with access to the medical care they need and deserve.

But Republicans who control state government have refused to take the federal funding provided to help pay for this.

Thus, about 123,000 South Carolinians are in the “coverage gap” with no realistic access to health insurance. They are the state’s poorest residents, with incomes under the poverty level. They do not qualify for subsidies in the ACA exchanges, nor do they qualify for Medicaid. In many cases, they rely on emergency rooms and community health clinics, but future funding for those clinics also is in jeopardy.

Who is currently eligible for Medicaid?

South Carolina saw an enrollment increase of 97,403 people in its Medicaid/CHIP programs between late 2013 and July 2016, an 11 percent increase. In South Carolina, the poverty rate is high – 20 percent of adults and 30 percent of children, so the need is substantial.

South Carolina is one of 19 states refusing to expand Medicaid, even though a 2012 Supreme Court decision made it possible.

Current eligibility guidelines:

Children with household incomes up to 208 percent of poverty.

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- Working parents with dependent children, if their household incomes do not exceed 89 percent of poverty.
- Jobless parents with dependent children, if their household incomes do not exceed 50 percent of poverty.
- Pregnant women with household incomes up to 194 percent of poverty.

No Medicaid coverage is available for non-disabled childless adults, regardless of how low their income is. This is the group most likely to fall into the coverage gap and have little in the way of realistic options for health coverage.

New Work Requirements

Soon, if you are poor and sick, but the least bit able-bodied, you better have a job or somehow be able to pay for your own health insurance, because if you don't in South Carolina you will probably be kicked off of Medicaid.

The Trump administration has established new procedures for states that want to impose work requirements on Medicaid recipients and a group of Republican-led states, including South Carolina, are ready to take advantage.

Gov. Henry McMaster announced he would ask the Trump administration for permission to require those covered by Medicaid to get or search for a job, volunteer or go to school in order to keep their coverage. An estimated 180,000 adults would be affected.

Children, people with disabilities and the elderly make up most of the 1.3 million South Carolinians covered by Medicaid. Others

We believe these new work requirement rules show a true lack of understanding – or concern -- of what people need and the causes of poverty. It is a cruel attempt to use the poor to score political points among right-wing hardliners.



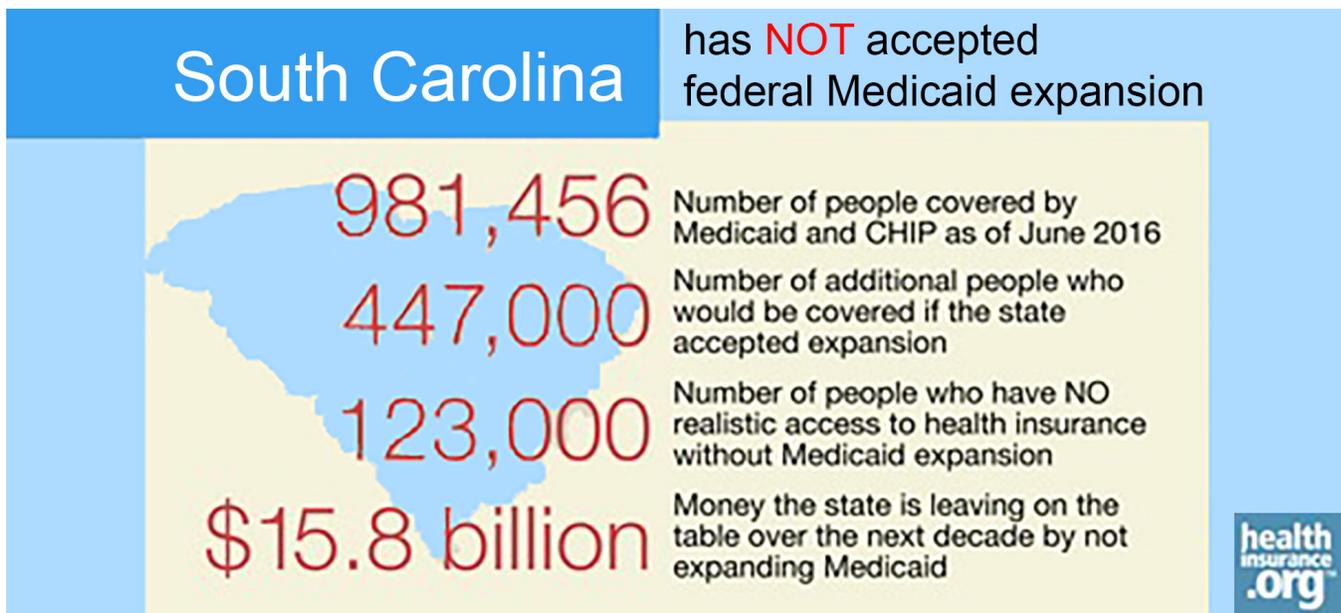
exempt from the proposed rules include single parents, two-parent households where one parent is disabled, and people in a drug-abuse treatment program.

The rules would be similar to what South Carolina requires for poor people to stay on the Supplemental Nutrition Assistance Program, SNAP, commonly referred to as food stamps.

There is no doubt that this proposal is politically driven as a way to satisfy Trump's base of supporters and to bolster McMaster's.

Since the state must hold public hearings and take public comment before it can even submit its proposal to the federal government, the rules likely will not be implemented until at least July 2019.

It is wrong for low income South Carolinians to be used as political pawns by politicians like Trump and McMaster.



Medicare

Seniors aged 65 and older are the fastest-growing population segment in Horry County, as the huge Baby Boom generation ages and as thousands of retirees relocate here, taking advantage of our climate, relatively low tax base, and affordable housing.

The vast majority of those residents, as well as many thousands of older longtime locals, rely upon Medicare for their healthcare coverage.

Since 1965, Medicare has been a “sacred promise between America and its people.” In return for contributions made during working years, seniors receive guaranteed benefits, from preventive health screenings and prescription coverage to hospital insurance, skilled nursing home care, and much more.

However, there is continued support in this Republican-controlled Congress to shift Medicare to a privatized system, which could spell disaster for millions of people in the event of market collapse. Another GOP idea being embraced by the Trump administration is to establish a “voucher” system – essentially providing fixed payments for seniors to purchase health insurance on their own.

Some Republican lawmakers even call Medicare an “entitlement”, one of those programs targeted to help pay for their 2018 tax cuts. Seniors make premium payments for their Medicare coverage. It is not free.

The Medicare program has been so successful in providing health security for millions of older Americans that some Democratic candidates for Congress – and some already in Congress – believe it should be used as a model for an overall healthcare system for our nation.

Health Insurance Coverage in the U.S

Census Bureau coverage report:

<https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-260.pdf>

During 2016, the U.S. population was approximately 325 million, with 53 million 65 and over covered by Medicare. The 272 million remaining under age 65 either obtained their coverage from employer-based (155 million) or non-employer based (90 million) sources, or were uninsured (27 million).

Approximately 15 million military personnel received coverage through the Veteran’s

Obamacare dramatically reduced the number of Americans without health insurance. Republicans continue to target the ACA with no feasible replacement plan.

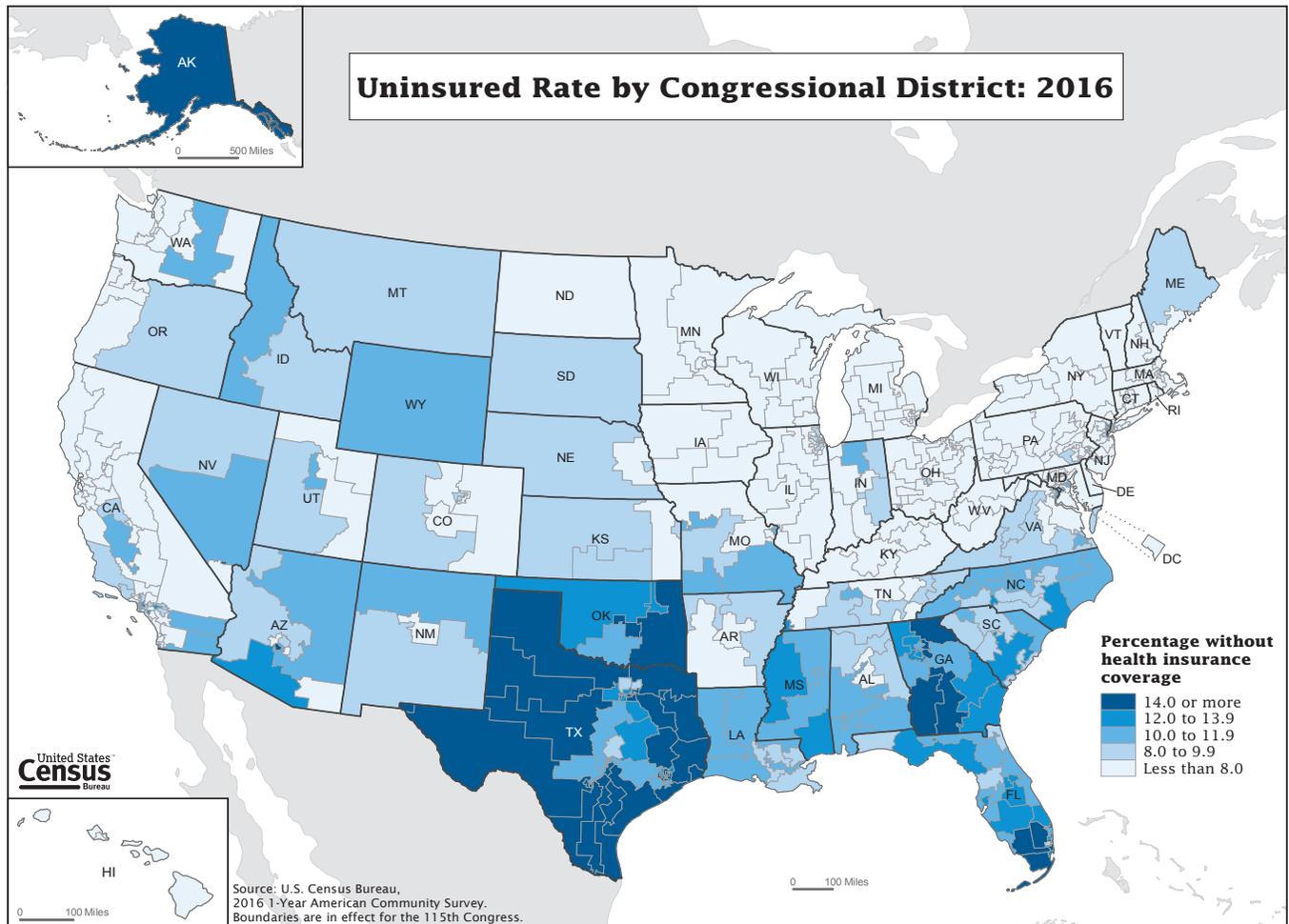
Administration. During 2016, 91.2 percent of Americans had health insurance coverage.

The number of uninsured fell between 2013-2016, largely due to Obamacare. In 2012, there were 48 million (15.4% of the under-65 population) without health insurance. This figure fell by approximately 20 million to 27 million by 2016.

Uninsured rate chart shows dramatic decline with passage of ACA:

<https://www.census.gov/content/dam/Census/library/visualizations/2017/demo/p60-260/figure2.pdf>

However, under President Trump these gains have begun to reverse. The Commonwealth Fund estimated in May 2018 that the number of uninsured increased by 4 million from early 2016 to early 2018 -- from 12.7 percent in 2016 to 15.5 in early 2018. The impact was greater among lower-income adults, who had a higher uninsured rate than higher-income adults. Regionally, the South and West had higher uninsured rates than the North and East. Further, those states that have not expanded Medicaid had a higher uninsured rate than those that did.



https://www.census.gov/content/dam/Census/library/visualizations/2017/demo/p60-260/Map_Uninsured_Rate_by_CD_2016.pdf

Nearly half those without insurance cite its cost as the primary factor. Rising insurance costs have prompted fewer employers to offer health insurance, and many employers are managing costs by requiring higher employee contributions. Many of the uninsured are the working poor or unemployed. Lack of health insurance is associated with increased mortality, in the range 30-90 thousand deaths per year, depending on the study.

Health Disparities

Within the statistics, however, there is another story that should concern all of us – health disparities.

This is defined by the National Institutes of Health as differences in the incidence, prevalence, mortality, and burden of diseases and other health conditions that exist among specific population groups. These differences in treatment are not justified by the underlying health condition, or the preferences of patients.

In other words, within some population groups – principally minorities and the poor -- it is more difficult to obtain health care than in others. Differences exist in disease incidence, prevalence, morbidity and mortality.

In South Carolina, if you are a black, you are twice as likely to have diabetes compared to someone who is white, and you are almost

one-and-a-half times more likely to die from diabetes than someone who is white and a similar age.

It is simply wrong that some people have fewer health care opportunities just because of their race or other demographic difference

Fortunately, in our state we are blessed to have the The Medical University of South Carolina (MUSC), based in Charleston, SC, which established the Center for Health Disparities Research (CHDR) in 2005. It focuses on research, training and outreach surrounding racial/ethnic, socioeconomic and rural/urban disparities in health.

The Bottom Line

South Carolina has many rural communities where chronic health problems are compounded by poor access to medical care. The state's rate for diabetes is one of the highest in the country, and our citizens face many other challenges due to heart disease, stroke, cancer and mental illness.

Unfortunately, the realities of life in South Carolina mean that divisions continue. Horry County Democrats believe this is wrong and urge our elected representatives both in Washington, DC and Columbia, SC to support efforts and initiatives to overcome these disparities that ultimately affect us all.

Horry Democrats believe it is essential to protect and expand Medicare as a federal government program which ensures that older generations do not face impoverishment and insecurity. Moreover, healthcare is a human right and we need a system where everyone is covered, where we pick our own doctors and hospitals, and one that is efficient.

Access to quality healthcare should be recognized as a right, not a commodity to be bought and sold on the open market.

Contact HCDP at www.horrydemocrats.org/issues for more information.

Contributed by Bob Gatty