

Healthcare For All – South Carolina community action meeting notes

3/9/2013

S.C. Medicaid expansion – key discussion points raised:

Health insurance cost burden on American working people is unsustainable

Health insurance cost burden on American employers is unsustainable

Need to de-link employment and health insurance, and Medicaid expansion does

Burden of the uninsured in hospitals gets cost-shifted to the privately insured

Small hospitals (especially in rural areas of S.C.) will go under, in spite of Gov. Haley's proposed "Plan B", which includes a non-recurring \$20 million rural-area hospital "aid package" in state FY 2013-2014

All hospitals are facing further economic strain with the ACA's phasing out of federal "Disproportionate Share" [DSH] payments

All hospitals already are dealing with gradually worsening below-cost reimbursements by Medicare (federal) and S.C. Medicaid (federal + state)

Need to confront the oft-stated opinion: "If government is 'bad', then taxes are 'bad'." -- in terms of overall population health benefit (including healthier, more successful learners *and* healthier, more productive workers), S.C. should look at new revenues between 2017 and 2020 when the state match for the ACA's Medicaid expansion will gradually go from 0% to 10% (e.g., via tax reform; via increased sales tax on cars, boats, and planes; via further increase to cigarette tax so state cig tax revenue matches the outpouring of state \$ to pay direct tobacco-related illness costs for S.C. Medicaid-insured smokers)

Need to seek out and work with "wise, reasonable Republicans"

Right now the S.C. Senate is key, and in particular the Senate Finance Committee:

<http://www.scstatehouse.gov/committee.php?chamber=S#fin>

Large numbers of constituent voices need to be heard from these grassroots (community-level) "sectors":

- Business
- Physicians
- Faith-based
- Healthcare systems

Two-year S.C. Legislative Session (2013-2014) keeps the S.C. Medicaid expansion debate "open" until July 1, 2014

Helpful websites for additional advocacy learning and to keep up with when advocacy forums will be going on in your part of South Carolina:

- www.SCProNet.com
- www.SCHA.org
- www.SCcouncil.net
- <http://schacctf.org/me4sc/>

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Single-Payer – key discussion points raised:

For-profit → Not-for-profit

Study and learn from experience in other states:

- Vermont
- Massachusetts

“Everyone in, no one out” → YES, including undocumented residents

Uninsured foreign citizen visitors who travel briefly in the U.S. and get sick/injured while here → YES

Moving “beyond” the Affordable care Act → YES

Political polarization on “health care in the U.S. in the 21st Century is a right” → need to rise above it

Household budgeting → more and more U.S. households simply can no longer budget “enough” for health care in the current U.S. “sick-care” system

Pro-business groups are starting to “get it”

The Math: (why we need a system that promotes prevention, not just high-tech sick care)

- ✓ A mere 1% of the U.S. population incurs 20% of all U.S. health care costs each year
- ✓ Another 10% of the U.S. population incurs 50% of all U.S. health care costs each year
- ✓ The remaining 89% of the U.S. population incurs only 30% of all U.S. health care costs each year

NEXT STEPS:

Continue to look toward 2014’s experience with, and continuing challenges of, the full implementation of the Affordable Care Act as a real opportunity to advance discussion once again around Single-Payer’s much better “solution” to America’s healthcare system woes

Continue to take on opportunities to speak to community groups about Single-Payer and U.S. House Bill 676 [see attached Chapter Resolution]

Continue to grow **Healthcare For All – South Carolina**’s numbers and establish Regional Ambassadors in the Lowcountry, Pee Dee, and Upstate Regions [see attached “Position Description”]

Continue to grow momentum for Single-Payer in South Carolina in conjunction with the current S.C. Medicaid expansion debate

Find and develop “stories” about South Carolinians who will be left out of affordable, quality, accessible health care by the Affordable Care Act

