

The Healthcare Debate: What's at Stake for West Virginia



**“I know that
if I get cut off,
I know I’m
going to die.”**

— Cheri H.,
Clendenin, WV



**American Friends
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Saving Lives

In the seventh year since its passage, the Affordable Care Act (ACA) and the related expansion of Medicaid coverage has had a huge impact on West Virginia's citizens and on the health care system on which they rely.

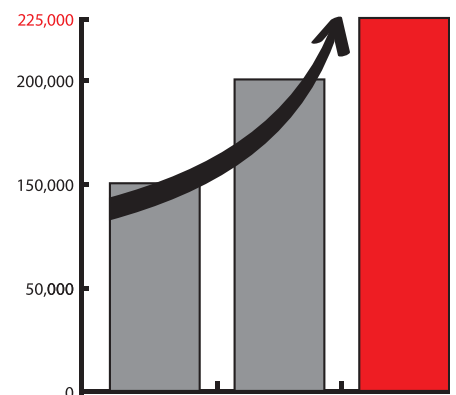
Among its accomplishments, the ACA has expanded coverage and access to care for around 225,000 residents, including thousands of people addicted to opioids, brought relief to people with chronic diseases, created jobs in the health care sector and literally saved lives.(1)

It has also led to problems, particularly for people who purchased health care through the exchange, some of whom are struggling with high premiums, deductibles and out of pocket expenses and are buried by unpaid medical bills.

In this brief report, we will share some of the available data about

the ACA in West Virginia and, most importantly, the views of twelve people who are covered by it. Most of those with whom we spoke were middle aged but not yet eligible for Medicare, which reflects West Virginia's demographics. The younger adults were those being treated for addiction, an accident that also reflects statewide trends.

While their experiences were varied, there was general consensus that while improvements could be made, loss of care could mean loss of life.

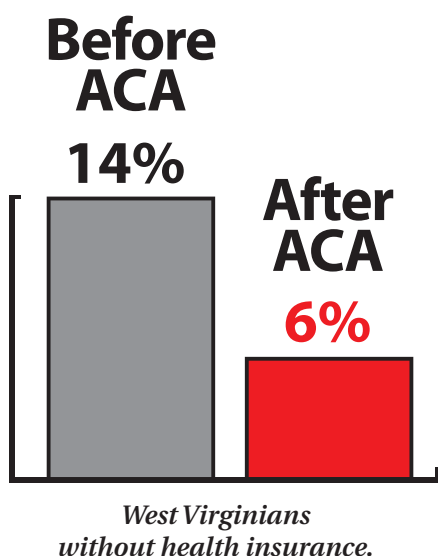


***225,000 West Virginians have
expanded healthcare coverage
and access through the ACA.***



“I can’t not have health care. I’m terrified. What am I going to do?”

— Miranda



Background of ACA in West Virginia

The Patient Protection and Affordable Care Act, now known as the ACA and nicknamed Obamacare, was enacted by the 111th Congress and signed into law by President Barack Obama on March 23, 2010, bringing in its wake huge changes over time to thousands of West Virginians.

The percentage of Mountain State residents without health insurance dropped from 14 to just six percent by 2016, the lowest level on record. Much of that increase in coverage was due to the decision of then Governor Earl Ray Tomblin to expand Medicaid in May 2013.

At the time, Governor Tomblin said he hoped expansion would eventually “provide insurance coverage to approximately 91,500 working West Virginians.”⁽³⁾ His hopes were vastly exceeded. Today, in any given month, around 175,000 adults are covered by the expansion. In any given year, that number would be around 200,000.⁽⁴⁾

Aside from the state option of Medicaid expansion, other ACA provisions that helped Mountaineers included prohibiting insurers from denying coverage to people with pre-existing conditions or dropping people when they became ill; simplified enrollment for CHIP (Children’s Health Insurance Program); allowing dependents to remain on parent’s insurance until age 26; banning annual and lifetime coverage limits; and covering contraceptives and preventive screenings for women.

Essential benefits covered included ambulatory patient services, hospitalization, maternity and newborn care, mental health and substance abuse treatment; prescription drugs; rehabilitative and habilitative services and devices, preventive services, chronic disease management, and pediatric services, including oral and visual care.⁽⁵⁾

In a surprisingly short time, West Virginia experienced the greatest enrollment rate increase in the country, which means the state has a lot to lose if this coverage is reduced or eliminated.

As Tina C. (pictured below) told us, “I know I’m just one little bean in the pot, but there’s a lot of people that’s going to be impacted with this.”



What it looks like in one county

Kanawha County is home to the state capitol, but also to some very rural and low income communities. Cabin Creek Health System plays a key role in providing care at locations in rural Cabin Creek, Charleston, Sissonville, and Clendenin, a small town that was nearly destroyed by flooding in June 2016.

According to Craig Robinson, executive director, “One of the wonderful things that the Affordable Care Act meant for West Virginia, was that it brought healthcare resources into rural communities that helped everybody. The resources were in the form of grants to community-owned health centers for added services and in the form of payment for services by people previously uninsured.

“The ACA’s funding expanded medical, dental and behavioral health services, and supported additional addiction treatment services. The expanded services were available for everyone in many rural and small town communities throughout the state.”

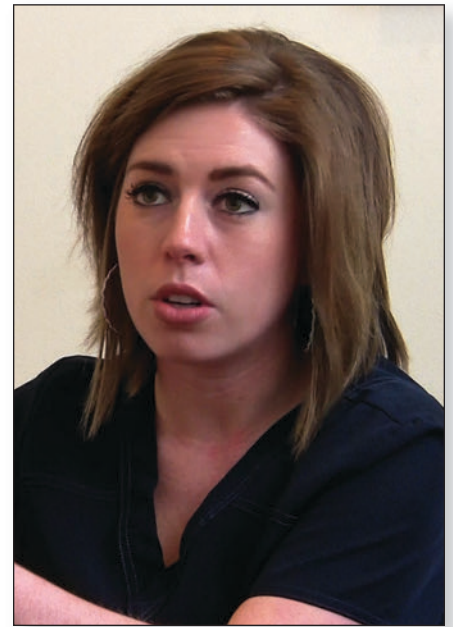
Linda C. agrees. “Whatever they do here is wonderful. I would pay my \$20 per visit and I would see

a health care provider. I have a doctor. They have PAs here and DOs, and it’s wonderful. If your doctor isn’t here, then someone else will see you.”

Maria Shamblin, patient assistance coordinator at the Clendenin site, described ramping up enrollment as the ACA rolled out. “The first year we had a lot of people sign up. We had a big bust-out, like ‘Here’s some pizza. Come in and enroll. Sign up.’ We had a lot of people show up.”

“Our hope,” she continued, “If we can get them in here, sign them up for insurance, and say ‘Hey, we have a clinic. We can get you set up with a doctor.’ For some of them it did work. That way they could get their care, because some of them haven’t been seen in such a long time because they didn’t have insurance.”

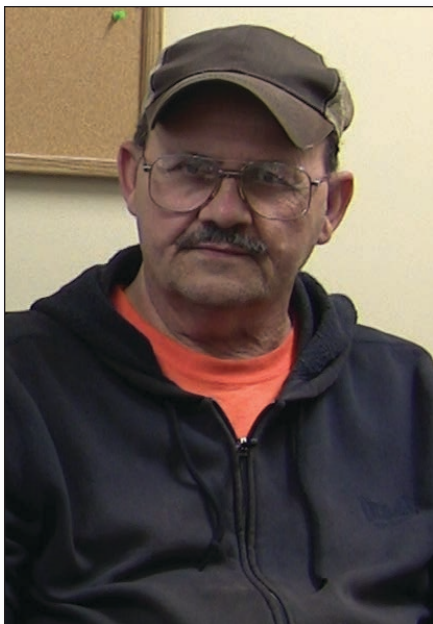
These efforts were a success. Since January 2014, more than 2,200 Cabin Creek Health patients, many with chronic conditions, obtained medical coverage and gained access to the full range of hospital, specialist, pharmacy and mental health services mandated by the ACA. Bankruptcy and the denial of needed care was no longer a threat.



“I don’t think taking it away is an option because there’s too many people that are already on it, and that do have a plan for their health”

— Maria





“You might as well dig some graves cause you’re going to be burying them.”

— Danny H.



“I’m the forgotten. I don’t want to be forgotten.”

— Cheri H.

Pre-Existing Conditions

Several of those we interviewed were dealing with chronic diseases which would be considered to be preexisting conditions if the ACA is replaced by the Republican-supported American Health Care Act (AHCA), which passed the US House of Representatives on May 4, 2017 with the support of Representatives Alex Mooney, Evan Jenkins and David McKinley.(6)

These conditions included heart disease, diabetes, cancer, asthma, COPD, thyroid disorders, Hashimoto’s syndrome, autoimmune diseases, sleep apnea, irritable bowel syndrome, anemia, endometriosis, black lung, and arthritis.

According to the Congressional Budget Office, the proposed AHCA could undermine coverage for people with preexisting conditions by allowing states to waive insurer regulations and standards for health benefits currently in place.

The CBO noted “Over time, it would become more difficult for

less healthy people (including people with preexisting medical conditions) in those states to purchase insurance because their premiums would continue to increase rapidly.”(7)

For some of those we interviewed, concerns ran deeper than higher premiums. As Miranda C., who is already struggling with high costs under the ACA, put it, “I can’t not have health care. I’m terrified. What am I going to do? I don’t know. I don’t even know what to tell you.”

Cheri H. had a similar concern, “I’m the forgotten. I don’t want to be forgotten.”

Her husband Danny put it bluntly about the consequences of losing coverage, “You might just as well dig some graves cause you’re going to be burying them.”



Addressing the Opioid Crisis

It is well known that West Virginia leads the nation in the rate of opioid overdose deaths and that the addiction epidemic has damaged many lives, families and communities. Some of the most compelling interviews we conducted were with people recovering from opioid addiction.

Medicaid expansion under the Affordable Care Act has made treatment for addiction accessible to many people. The Pew Charitable Trusts reported in 2015 that at least 2.5 million adults out of the estimated 18 million potentially eligible for expanded Medicaid coverage had substance abuse issues. Around 2.8 million people with slightly higher incomes would be eligible for subsidized substance abuse treatment through state health exchanges.

According to Pew, “In addition to increasing the number of people with health insurance, the ACA for the first time made coverage of addiction services and other behavioral health disorders mandatory for all insurers, including Medicaid.” (9)

Current Department of Health and Human Resources secretary Bill Crouch recently estimated the number of addicted West Virginians now covered by Medicaid expansion to be 50,000. (10) For many of those, and for their loved ones, it has been a lifeline.

One of those is Dawn M. Prior to receiving treatment, she lost a fiancé to an overdose and attempted to take her own life.

“I wouldn’t be here without it, that’s for sure. I wouldn’t have a job. I wouldn’t have a home. It’s affected my whole life. Before I came here I didn’t have a job. Now I’m an assistant manager. I’m healthy. I’m happy. My son has a great life. He’s happy.”

The program is intensive, involving daily medication, weekly group therapy and physician sessions and individual counseling, as well as attending several mandatory 12-Step meetings.

Bailey H. had a similar experience. “I’ve been an opiate addict pretty much my whole life, struggled with it, had good periods, mostly bad periods, home confinement, jail, the typical drug addict thing.” She is convinced that without treatment she would be in prison rather than working and taking care of her daughter.

She describes that contrast between then and now. Before:

“You literally wake up one day and everything is in shambles around you. You’re like ‘How did this happen?’ What did I do, that one decision that got me here?... You don’t wake up one day and want to be a drug addict.”

After treatment:

“You literally wake up one day after you’ve had nine months or more of sobriety and you’re like - OK, I didn’t realize it but my house is clean every day. My daughter always has clean clothes and food. Her hair is always done.”



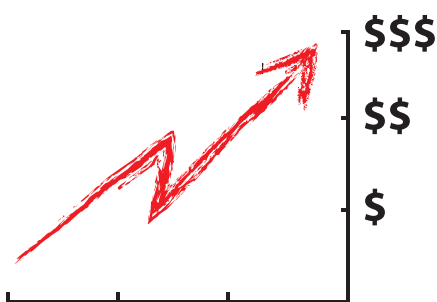
“I wouldn’t
be here
without it,
that’s for sure.
I wouldn’t
have a job.
I wouldn’t
have a home.
Now I’m an
assistant
manager.
I’m healthy.
I’m happy.”

— Dawn M.



“My whole family never had insurance until the Affordable Care Act”

— Ruth T.



Premiums through the exchanges are increasing exponentially.

The bad with the good

Those we interviewed had varying perspectives on the ACA depending on how and why they accessed it. As we have seen, those receiving treatment for addiction viewed Medicaid expansion as lifesaving. A favorable opinion was also shared by two other middle aged West Virginians also covered by the expansion.

Ruth T. first gained coverage in Kentucky. “My whole family never had insurance until the Affordable Care Act. I never had health care. I raised four kids without health care. It gave me health care. That’s a huge thing.”

Franklin M. enrolled in the Medicaid expansion after health issues made it impossible for him to work and sustained him as he sought disability coverage. “I’ll be honest with you. My medicine is paid for. I don’t pay a dime for my medicine. All my expenses are paid for through the state.”

That experience contrasts fairly sharply with those who purchased coverage through the exchange, where costs have tended to increase over time.

James G. of Clendenin said, “When I first got that health care, Obamacare, I got it for \$49 something a month. It’s pretty decent insurance but it had high deductible and all that. Then next year, it went up to \$94.74 and this year it’s up to \$383.80.”

Linda C. lives in eastern Kanawha County with her disabled husband on a fixed income. She also experienced steep increases

in costs, with premiums jumping from \$120 to over \$400 per month. Her deductibles are \$750 and \$2,500 for hospitalization.

She concludes, “To me it’s a wonderful thing, but in the end result, where am I supposed to come up with that cash to pay these people?”

Miranda C., who is dealing with several health issues, feels overwhelmed by the cost of health care. “I just don’t understand why I’m paying so much a month, and then I still have all these bills - I got to the point where I just don’t open them anymore, because there’s no way I’m going to be able to pay them.”

She continued, “I just really feel like the working class people, the people that go to work every day are-I cannot get ahead. This in not helping me. I do need health care, but I am going to have to file bankruptcy if this continues.”

If we had to sum up the consensus of those we interviewed, it would be something like: “Please improve it but don’t take it away or make it worse.”

Unfortunately, for the last several years, the US Congress has chosen the path of demolition rather than repair.

An expensive bargain

The story of John I. is a moving example of the strengths and weaknesses of the ACA. A third generation miner born and raised in a coal camp, he worked for nearly 20 years as a general laborer and the electrician in the mines. Thanks to the Byrd amendment to the Affordable Care Act, named for the late West Virginia Senator Robert C. Byrd, he was able to receive black lung benefits including medical care for his lung disease.

However, he says that his wife benefitted far more from the ACA. “Two years ago we went to the doctor and found out my wife had congestive heart failure and that just took the bottom out of my world. It was severe. There was ten percent of her heart operating at that time. They

didn’t give her much hope, but God took over.”

Thanks to coverage purchased through the ACA exchange, she was able to have heart surgery at the University of Kentucky.

“Long story short, through the surgery and the devices she was allowed to have, it was a tremendous amount of money. I’m talking upward of a million dollars. I don’t have that kind of cash on me. I couldn’t pay the bill. Obamacare, although I paid a severe copay and a severe out of pocket pay which was roughly \$15,000 combination of the two, they picked up the rest of the bill. In that perspective I got a bargain though it was a large amount of money.”



“I don’t have that kind of cash on me.”

— John I.

Advice from the grassroots

West Virginia is in the midst of a politics/policy paradox. It has benefitted from the ACA far more than most states, yet all three representatives in the US House voted to repeal and replace it with a bill that the CBO estimates will take away health care from 23 million Americans. (11) According to the State Health Access Data Assistance Center, the percentage of uninsured West Virginians has dropped by 57.1 percent since the ACA was enacted. In Congressman McKinley’s First Congressional District, covering northern West Virginia, the uninsured rate has dropped by 63.4 percent; in the Second or central district, represented by Congressman

Mooney, by 54.1; and in the Third, represented by Congressman Jenkins by 54.1 percent.(12)

The ultimate fate of millions of Americans will rest largely on the political decisions of the US Senate—which means that Senators Capito and Manchin will have a disproportionate impact on the final outcome.



“I don’t understand how they can just totally shut it off. It’s going to really affect a lot, a lot of people. Not just me.”

— Tina C.



MESSAGES TO CONGRESS

“I’d like to see the price of the insurance come down, for one thing, to where a person could afford it. I’d like to see the deductible and stuff comedown a little bit on it, and I’d just like to see it to where people could have the insurance to live. There’s a lot of people out there that, if they have the insurance, they can’t eat because they ain’t got the money to buy food with. That’s just about the bottom line...”



“You tell me how I’m going to get insurance coverage by anybody else if this does completely go away, because I have pre-existing conditions.”



“I would just like for them to take into consideration if it was somebody from their family. **And I just hope they would make a good decision for everybody, and not just for a certain class of people.**”



“I would tell them that this was what gave me the life that I have. All you ever see about the drug addicts is how they’re stealing and not taking care of their kids-That’s exactly what’s going to happen to me if I don’t have my medicine and I can’t come to a place like this. I’m a productive citizen. I’m relearning how to be an adult. I have a job. I pay my taxes. I take care of my kid by myself. I don’t get any welfare. If they want people to be able to do what they need to do and be productive members of society, this is what’s going to have to happen.”

MESSAGES TO CONGRESS

“It seems like what’s going on in Congress is that they’re saying the way to control costs are cut people off of benefits, reduce the benefits, and require people to pay a bigger part of the bill. That’s misguided.”



“They need to get out of their office, out of Washington and come meet these people. They need to look at their insurance that they have now and how blessed they are with it. I don’t think taking it away is an option because there’s too many people that are already on it and that do have a plan in place for their health, but what is going on now does need some work. It needs some tweaks.”



“Preventive care is better than having to take care of the after effects of not giving the medicine that you need.”

“I hope to God they know what they’re doing. You are playing with life and death situations so please act accordingly.”



“Although it’s often looked at as a loss for those people who lose medical coverage, it’s going to be really be a loss for the whole community because of the service cutbacks. We have doctors and behavioral health providers, nurse practitioners, pharmacists, and all that. It’ll be a blow to the economy.”



American Friends Service Committee

One refrain
was heard
over and over.
To paraphrase,
it was something
like this:

*“Take away
your own
health care
and see
how you
like it.”*



**American Friends
Service Committee**

References

Wendy Holden, “People focus of Affordable Care Act conversation,” Fairmont Times-West Virginian, Nov. 23, 2016, http://www.timeswv.com/news/people-focus-of-affordable-care-act-conversation/article_fcce1f2e-b12f-11e6-9ae5-8b254fab60c5.html.

Taylor Stuck, “Number of uninsured in West Virginia decreases 31 percent,” Huntington Herald-Dispatch, Sept. 14, 2016, http://www.herald-dispatch.com/news/number-of-uninsured-in-west-virginia-decreases-percent/article_b0951c8e-ac7c-55d0-8ebb-a3c5780082c0.html.

West Virginia Department of Health and Human Resources, West Virginia Bureau for Medical Services, “Medicaid Expansion,” <http://www.dhhr.wv.gov/bms/medicaid%20expansion/pages/default.aspx>.

Kathleen Stoll and Ted Boettner, WV Center on Budget and Policy, “Repealing the Affordable Care Act: Hurting Our Health and Our Economy, p. 3, <http://www.wvpolicy.org/wp-content/uploads/2017/01/ACA-Report-PDF-.pdf>.

Centers for Medicare and Medicaid Services, The Center for Consumer Information & Insurance Oversight, “Information on Essential Health Benefits (EHB) Benchmark Plans,” <https://www.cms.gov/ccio/resources/data-resources/ehb.html>.

Jake Zuckerman, Charleston Gazette-Mail, “WV Reps. Mooney, Jenkins, McKinley vote yes on AHCA,” May 4, 2017, <http://www.wvgazettemail.com/news-politics/20170504/wv-reps-mooney-jenkins-mckinley-vote-yes-on-ahca#sthash.DG4TXvGv.dpuf>.

Congressional Budget Office, Cost Estimate, “H.R. 1628 American Health Care Act of 2017,” p. 7, <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf>

Christopher Ingraham, “Drugs are killing so many people in West Virginia that the state can’t keep up with the funerals,” The Washington Post, March 7, 2017, https://www.washingtonpost.com/news/wonk/wp/2017/03/07/drugs-are-killing-so-many-people-in-west-virginia-the-state-cant-keep-up-with-the-funerals/?utm_term=.e9b66ddc9fcd.

Christine Vestal, Pew Charitable Trusts, “States Gear Up to Help Medicaid Enrollees Beat Addictions,” Jan. 13, 2015, <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/1/13/states-gear-up-to-help-medicare-enrollees-beat-addictions>.

Ashton Marra, West Virginia Public Broadcasting, 100 Days in Appalachia, Addiction treatment funding in question as U.S. health secretary promises a fight against opioids,” <https://www.100daysinappalachia.com/addiction-treatment-funding-question-u-s-health-secretary-promises-fight-opioids/>.

Congressional Budget Office, p. 4.
State Health Access Data Assistance Center, “West Virginia: Affordable Care Act (ACA) Impacts on Insurance Coverage by Congressional District,” <http://www.shadac.org/west-virginia-affordable-care-act-aca-impacts-insurance-coverage-congressional-district>.

Alan Rappeport, “One Certainty of G.O.P. Health Plan: Tax Cuts for the Wealthy,” New York Times, March 15, 2017, <https://www.nytimes.com/2017/03/15/us/politics/obamacare-repeal-tax-cuts.html>.

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