

# Health Insurance Expansion

## State Spotlight – South Carolina



Since passage of the health care law in 2010 there have been significant changes in health insurance that have protected patients. Nationally, approximately 30 million Americans have gained health insurance coverage through the marketplaces, Medicaid expansion, and young adults being able to stay on their parents' insurance plans.<sup>1,2</sup> This fact sheet provides information on how changes to the health care market have directly affected the state of South Carolina.

### Health Insurance Matters

Research by the American Cancer Society shows that uninsured Americans are less likely to get screened for cancer, more likely to have their cancer diagnosed at an advanced stage, and less likely to survive that diagnosis than their insured counterparts.<sup>3</sup> Thus, having access to comprehensive health insurance coverage is particularly important for the **28,680 South Carolinians** who are expected to be diagnosed with cancer in 2017<sup>4</sup> and the estimated **255,110 South Carolinians** who are cancer survivors.<sup>5</sup>

### Reductions in the Number of Uninsured

Since 2010, more Americans have enrolled in health insurance coverage, resulting in historically low rates of uninsured. According to the U.S. Census, in 2015 the percentage of uninsured Americans without health insurance coverage for the entire year was 9.1 percent.<sup>6</sup> Between 2010 and 2015, the rate of uninsured South Carolinians decreased from **17.5 percent in 2010** to **10.9 percent in 2015**.<sup>7</sup>



### More Options in the Marketplace

As of the first quarter of 2016, **204,846 South Carolinians** enrolled in a Marketplace insurance plan, with **186,345 South Carolinians** qualifying for tax credits (**91.0 percent**). The average monthly tax credit was \$312. Approximately **150,030 South Carolinians (73.2 percent)** qualified for plans with reduced cost-sharing.

### No Lifetime and Annual Limits

Current federal requirements prohibit all insurance plans from limiting both the lifetime and annual dollar value of benefits.<sup>8</sup> Before these protections, **1,458,000 South Carolinians** – many of them cancer patients and survivors – were enrolled in health plans in 2008-2010 that imposed lifetime limits on their health benefits, affecting:

- 397,000 children;
- 495,000 adult men; and
- 566,000 adult women.

### Wider Coverage of Preventive Benefits

Current federal law provides enhanced coverage of early detection and/or prevention services. These services are crucial to reducing the incidence and impact of cancer in the U.S. They are also crucial in helping cancer survivors remain cancer-free and lead healthy lives. Between 2013-2015, **1,955,568 South Carolinians** were enrolled in private coverage that provided preventive services with no cost-sharing, including:

- 406,798 children;
- 726,416 adult men; and
- 822,354 adult women.

The Prevention and Public Health Fund provides almost 30 percent of all Centers for Disease Control and Prevention funding.<sup>9</sup> Between 2010-2015, South Carolina has received **\$54 million** from the Prevention and Public Health Fund for addressing chronic diseases, like cancer.<sup>10</sup>

### No Preexisting Condition Exclusions

Current federal requirements prohibit health insurance plans from denying coverage to individuals with pre-existing conditions like cancer.<sup>11</sup> It is estimated that in 2015, **822,000 South Carolinians (28 percent)** had a preexisting condition that made them unlikely to be able to obtain health insurance coverage in the individual market without this protection.<sup>12</sup>

### Expanded Medicaid Eligibility

The health care law expanded Medicaid eligibility to all people up to 138 percent of the federal poverty level (about \$16,394/year for a single adult and \$27,821 for a family of three in 2016).<sup>13</sup> However, in 2012, the U.S. Supreme Court left it up to states to decide whether to implement the Medicaid eligibility expansion. South Carolina chose not to expand its Medicaid program. If the state decided to expand its Medicaid program, an additional **160,000 South Carolinians** would benefit – some of whom are cancer patients or survivors.

### Patient Story

[TO BE INSERTED BY LOCAL STAFF]

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<sup>1</sup> Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. *Health Insurance Coverage and the Affordable Care Act*. Published March 3, 2016. Accessed December 27, 2016. <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>

<sup>2</sup> Congressional Budget Office. *Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2016-2026*. Published March 2016. Accessed December 27, 2016. [http://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/51385-HealthInsuranceBaseline\\_OneCol.pdf](http://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/51385-HealthInsuranceBaseline_OneCol.pdf)

<sup>3</sup> E. Ward et al. Association of Insurance with Cancer Care Utilization and Outcomes. *CA: A Cancer Journal for Clinicians* 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-with-cancer-care>.

<sup>4</sup> American Cancer Society. *Cancer Facts & Figures 2017*. Available at <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-048738.pdf>.

<sup>5</sup> American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2016-2017*. Available at <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-048074.pdf>.

<sup>6</sup> Barnett, Jessica C and Marina S. Vornovitsky, Current Population Reports, P60-257(RV). *Health Insurance Coverage in the United States: 2015*. U.S. Government Printing Office, Washington, DC, 2016.

<sup>7</sup> Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. *Compilation of State Data on the Affordable Care Act*. Published December 2016. Accessed December 2016. <https://aspe.hhs.gov/compilation-state-data-affordable-care-act>. Unless otherwise stated, all data points in this fact sheet are derived from the ASPE research brief.

<sup>8</sup> Unlike many other consumer protections, the annual and lifetime limit protection apply to grandfathered plans. Note that the prohibition on annual limits does not apply to grandfathered health plans sold in the individual market.

<sup>9</sup> Trust for America's Health. *The Prevention and Public Health Fund: Preventing Disease and Reducing-Long-Term Health Costs*. December 2016. Available at <http://healthyamericans.org/health-issues/wp-content/uploads/2016/12/Fund-Backgrounder-Dec-2016.pdf>.

<sup>10</sup> Trust for America's Health. *The Prevention and Public Health Fund at Work in South Carolina*. April 2016. Available at <http://healthyamericans.org/health-issues/wp-content/uploads/2016/05/SC-Fund-at-Work.pdf>.

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<sup>11</sup> This protection does not apply to individuals who are enrolled in a grandfathered health insurance plan.

<sup>12</sup> G Claxton, C Cox, A Damico, L Levitt, K Pollitz. Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA. (The Henry J. Kaiser Family Foundation). December 2016. Available at <http://files.kff.org/attachment/Issue-Brief-Pre-existing-Conditions-and-Medical-Underwriting-in-the-Individual-Insurance-Market-Prior-to-the-ACA>.

<sup>13</sup> Office of the Assistant Secretary for Planning and Evaluation. U.S. Department of Health and Human Services. *U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs*. Published January 25, 2016. Accessed March 2016. <https://aspe.hhs.gov/poverty-guidelines>.