

Title: **Hospitals support Medicaid expansion**  
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# Hospitals support Medicaid expansion

By MARY KATE MCGOWAN

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Hospital emergency rooms and the state legislature have something in common: they are both waiting.

As the next legislative session is set to gear up soon, the waiting game to see if South Carolina will expand Medicaid coverage continues as the uninsured continue to flock to emergency rooms to receive medical care.

Since the the Affordable Care Act



**RICH OSMUS**

CEO, said about 3,000-5,000 people are

became law in 2010, South Carolina has declined to expand Medicaid coverage to people making less than 138 percent of the Federal Poverty Level.

Rich Osmus, Abbeville Area Medical Center

uninsured in Abbeville County. Craig White, Self Regional Healthcare vice president of corporate compliance, said about 3,600 people are without medical insurance in Greenwood County.

If states opted for Medicaid expansion, which Gov. Nikki Haley has consistently opposed, the federal government would have fully funded the premiums and costs of providing coverage through 2016 — the current fiscal year. By 2020, the federal funding will decrease to 90 percent.

Rep. Anne Parks, D-Greenwood, said she does not understand why South Carolina does not fund Medicaid.

"When we don't fund it as we should, we lose money from the federal government, which I have never understood," she said.

As the issue has become a partisan battle, the walk across the aisle at the Statehouse to compromise might not be on the agenda this next session.

Sen. Billy O'Dell, R-Abbeville, the senate general committee chairman, said the general assembly's mood is to delay the issue and create another plan that does not entirely embrace the federal option, like Arkansas's expansion. He said most of it will probably come from the Governor's office.

"As they come forth with what we're

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## MEDICAID

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to try to do, I want to see how it will affect our area and whether we can justify it or not justify it," he said. "Anytime we can bring federal money to South Carolina without a lot of strings (is good), unfortunately this Medicaid expansion has lot of strings to it."

### Medicaid Expansion

As AAMC, a rural critical access hospital, treats everyone who comes to emergency and provides a good deal of indigent care and charity care, Osmus said the Medicaid expansion issue boils down to one question: Is healthcare a privilege or a right?

Osmus said about one in four AAMC emergency room patients do not have health insurance.

He said people without

health insurance usually use the emergency room as their primary care physician because they have no alternative, but emergency care is different from a regular doctor's appointment because the physician does not know the patients' health status or medical history.

"If they are able to get a family physician who will follow the health of them and their family, they will end up having better health," he said.

If the state legislature did expand Medicaid, Osmus said the state's healthcare system and hospitals would be more financially viable as they are partly bearing the cost of care for the uninsured, which drags them down with debt.

"It would benefit us financially, and the health of the

community would improve if Medicaid were expanded," Osmus said.

The cost of emergency room visits is also a concern for hospital administrators.

Jim Pfeiffer, Self Regional Healthcare president and CEO, said the cost of an emergency room visit has a higher price tag than a physician's office visit. He said ER visits cost the health system more than if the people had insurance, and hospitals have to shift funds to cover the cost of care, which affects the insured.

As the people who currently do not qualify for Medicaid for various reasons, including their employer not providing insurance, Pfeiffer said not expanding Medicaid is "economic foolishness."

According to the South Caro-

lina Hospital Association, the state would receive \$11.2 million of economic impact in federal funding between 2014 and 2020 if Medicaid were expanded.

Pfeiffer said this additional funding would allow the state budget to better fund the state mental health population and correction institutions.

As other states have created tailored plans to expand Medicaid to take advantage of federal funding, Pfeiffer said the money is still available and is being distributed to other states who have opted to expand the coverage.

A SCHA board member, Pfeiffer said the entire South Carolina healthcare industry is in favor of Medicaid expansion.

"No question because it's the right thing to do," he said.

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Medicaid expansion might not make it to the Statehouse this session, but the effect of the lack of coverage across the state will not go away. Pfeiffer said rural, critical access hospitals are going out of business because they can no longer afford to pay for the uninsured care, which they do not receive payment.

#### **Certificate of Need**

Medicaid expansion is not the only item on the political agenda for South Carolina's hospitals.

The Certificate of Need (CON) program, which requires medical providers to obtain government approval before offering new services, purchasing new equipment above a certain price or expanding facility sizes, has created tension between people who believe the healthcare industry should be free market and those who do not.

Osmus said CON was developed to control the number of competing medical facilities, so there would not be excess capacity. It also protects health-

care organizations who provide indigent or free care as CON helps allow those facilities to keep their profitable services.

As Osmus said CON helps rural hospitals stay viable as they are the medical care safety net in the communities, AAMC supports continuing CON law, which is controlled by DHEC, although it is set to sunset in 2018.

South Carolina is one of 35 states with a CON law, and opponents of the law believe it restrains free trade in the healthcare market. But Pfeiffer said the healthcare market is not a free market or a free trade industry.

He said CON does not allow people to come into the market and "cherry pick" the insured patients from the medical facilities with emergency rooms, which have to treat all patients regardless of their ability to pay.

Tim Evans, Self Regional Healthcare vice president and chief financial officer, said 10 percent of Self Regional's business is self-pay, 60 percent is

governmental pay between Medicare and Medicaid and only 30 percent of business is free market.

Pfeiffer said the profitable care balances the charitable care, but without CON protection of profitable care, some hospitals could go out of business.

He said majority of the SCHA is in favor of continuing but revising the CON law. Fewer than 10 healthcare facilities are in favor of getting rid of the law. Pfeiffer said the SCHA board recommends streamlining and expediting the process so all healthcare facilities are "playing on the same play book" and providing care to all populations.

"If we think that healthcare is a right of every citizen of this country, they should have the ability to get care at the lowest cost possible and not overburden our emergency rooms and spend the highest dollars on those folks," Pfeiffer said. "That's not good care"

During the upcoming legislative session, a CON bill has

been pre-filed and more than likely will be discussed.

"I've always been in favor of the Certificate of Need, which I think we need to keep in place for our medical facilities," Parks said.

At this point, previous CON discussion has been in the state house, so O'Dell said he is not familiar with the specifics. He said supports rural hospitals, but does not know whether he supports CON.

"I think we need to try to protect the rural hospitals. I think there's definitely a need there," O'Dell said. "I'm sure we'll be doing something this session."

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# SILENT WITNESS

## SC marks solemn milestone of domestic violence

By MEG KINNARD  
 Associated Press

COLUMBIA— As he has each year since taking office in 2011, Attorney General Alan Wilson is preparing to mark a solemn milestone.

On Thursday, the top prosecutor takes part in the 18th annual Silent Witness ceremony. On the steps of the Statehouse, relatives, friends and advocates hold up life-sized silhouettes representing each person killed in South Carolina during the previous year as a result of domestic violence. A bell rings once for each victim.

## WITNESS

*Continued from 1A*

Domestic violence and gun ownership were widely discussed this year by the South Carolina Legislature, which ultimately approved a bill aimed at stemming the state's persistently high rate. The bill signed into law Gov. Nikki Haley increases penalties, gives prosecutors more options for punishment and also bans some batterers from having guns.

Wilson has said the legislation has helped the state make progress but that more advances are needed. A task-force has recommended more changes, like training more 911 operators, improving documentation of the crime scene and adding more shelters.

"Everybody has to own the problem," Wilson recently told The Associated Press. "It's a societal problem, not just a government problem."

October is Domestic Violence Awareness Month. In September, an annual report by the Violence Police Center again ranked South Carolina worst in the nation for deadly violence against women, with a rate of 2.32 women killed per 100,000 people in 2013. That's more than twice the national average and represents

57 known deaths, compared with 50 a year earlier, according to the study, which uses the latest data available from the FBI for crimes involving one male killing one female.

It marked South Carolina's fourth time atop the list, where the state ranked second last year and has been in the top 10 annually for the last 18 years.

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Throughout South Carolina's 46 counties, prosecutors like Barry Barnette, solicitor for Spartanburg and Cherokee counties, say the cases are among the most emotionally difficult to handle.

Last month, Michael Lee Larson was sentenced to life in prison after pleading guilty to shooting his wife to death a day after her birthday in May 2014. Authorities say Larson called 911, confessing that he had killed Mitzi Yvonne Emery Larson. A witness reported seeing the couple argue before the shooting, and a 12-gauge shotgun was found near the woman's body.

In preparing for trial, Barnette met with the victim's

family, who told him of a grisly discovery. In Mitzi Larson's Bible, her adult sons said they found their mother's handwritten record detailing each time she'd been abused by her husband, a chilling keepsake Barnette says the likes of which are all too common in such cases.

"She basically stayed with him through the abuse," Barnette said of the couple that had been together nearly 30 years.

The cases are tricky, Barnette said, because those left behind — like the Larsons' children — are related to both victim and defendant. Often longtime witnesses to the abuse, he said the children are

dealing with conflicted emotions when it comes time for prosecution and, unless they get counseling, can unfortunately end up repeating the cycle of abuse in their own relationships.

"Kids learn from adults. This is what they think is the norm, and we have to somehow break that cycle," he said.

In the Larsons' case, each son asked the judge to levy a harsh sentence against his father.

"The amazing thing about them was the love they shared for their mom," Barnette said. "This was their dad, and they stood up and asked Judge Couch for the maximum sentence."

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ASSOCIATED PRESS FILE

South Carolina Attorney Gen. Alan Wilson reads off the names of 46 people killed by loved ones in South Carolina in 2013 as volunteers hold up silhouettes representing the victims at the 17th annual Silent Witness Domestic Violence ceremony to honor victims of domestic violence at the South Carolina Statehouse in Columbia.