



Congressman James E. Clyburn

Representing the 6th District of South Carolina

A BETTER DEAL ON HEALTHCARE

April 2018



Protecting
Medicare & Medicaid

Improving the
Affordable Care Act

Lowering Costs of
Prescription Drugs

Where Do We Go From Here: Chaos or Community?

The title of Dr. Martin Luther King, Jr.'s last book, published less than a year before his untimely death on April 4, 1968, asked a question that is still in search of an answer.

Having secured passage of the 1964 Civil Rights Act and the landmark 1965 Voting Rights Acts, King had begun focusing on social conditions: better jobs, better wages, fair housing, equal educational opportunities and access to quality health care. In fact, two years earlier in March 1966, King intoned, ***“Of all the forms of inequality, injustice in health is the most shocking and inhumane.”***

Today, 50 years after his death, America again stands at a similar crossroads. We face the same choices now as we did then: invest in the health and stability of our citizens and communities or allow the forces of chaos and disorder to consume and distract us.

In this newsletter, I outline a better deal for the health and well being of America's families focusing on protecting Medicare & Medicaid, improving the Affordable Care Act and lowering the cost of prescription drugs.

In this 50th year since Dr. King's death, I hope Congress will refocus on our communities in a manner worthy of his legacy.



Martin Luther King, Jr. at Charleston, SC's County Hall July 31, 1967. Sitting and standing behind him are; Ms Angie Fraser, Jim Clyburn, Herbert Fielding, Daniel Martin, Sr., Rev. Z. L. Grady and Esau Jenkins.

PROTECTING MEDICARE & MEDICAID

- **Stopping Republican Cuts to Medicare & Medicaid.** Since their inception in 1965, Medicare and Medicaid have provided health security for millions of Americans including 740,000 South Carolinians currently enrolled in Medicare and more than 1 million South Carolinians currently enrolled in Medicaid and the Children Health Insurance Program (CHIP). We began in the recent spending bill for 2018 by rejecting President Trump's dangerous budget, which proposed slashing Medicare by \$554 billion and Medicaid by \$1.4 trillion.
- **Resisting Efforts to Stigmatize Medicaid.** The Trump Administration is already allowing states to institute work requirements and proposing lifetime limits on Medicaid. This deliberate effort to stigmatize millions of vulnerable Americans—children, the elderly, people with disabilities and pregnant women—are misguided attempts to undermine the program. In fact, 60 percent of Medicaid's non-elderly adults already work. Of the 40 percent who do not work, more than one third are ill or disabled, 30 percent care for young children and 15 percent are in school.
- **Fighting for CHIP funding.** The Children's Health Insurance Program provides health insurance for 9 million low-income children in the U.S., including nearly 82,000 South Carolinians. After shamefully allowing CHIP to twist in the wind for more than four months, House and Senate Democrats fought for and won an extension in the most recent budget agreement. Consequently, CHIP seems to be safe and secure for the next 10 years.
- **Pushing for Medicaid Expansion.** In spite of President Trump and Republicans' efforts to make it harder for people to get healthcare, Medicaid is more popular now than it ever has been. In fact, recent polling suggests a majority of South Carolinians support expanding Medicaid. Doing so would provide an additional 170,000 South Carolinians with healthcare. Yet, our Republican Governor and state legislature continue to turn their backs on thousands of jobs and billions of dollars in subsidies. In other states, Medicaid expansion is helping rural hospitals stay afloat, protecting people from medical bankruptcy and playing a key role in combating the opioid epidemic. It is past time for South Carolina to follow suit.



President Lyndon B. Johnson presenting the first Medicare card to former President Harry S. Truman, July 30, 1965.

Trumpcare: Insuring Fewer People for More Money

According to the Urban Institute, 6.4 million people will lose their health insurance due to the Republican tax law's elimination of the individual mandate & the Trump Administration's allowance of cheap, short-term junk plans. Despite covering fewer people, federal health spending will go up by \$33 billion & ACA compliant premiums are expected to increase by nearly 20 percent.

- **Expanding Community Health Centers.** Community Health Centers (CHC) serve more than 25 million patients in nearly 10,000 communities across the U.S. Funding for CHC's was recently extended for two years. While necessary, we must do better. I've co-authored legislation to dramatically expand Community Health Centers, National Health Service Corps, Teaching Health Centers, and Nurse Practitioner training programs. The bill would allow new facilities to be built, put more doctors and nurses in underserved communities and enhance primary care delivery all over the country.

- **Fighting Efforts to Undermine the ACA.** I have often called the Affordable Care Act (ACA) the "Civil Rights Act of the 21st Century" because it outlawed discrimination in healthcare for the 134 million Americans with pre-existing conditions, including nearly 2 million South Carolinians. The ACA has provided health insurance for more than 20 million people who did not have it before. Despite repeated attempts to repeal and a deliberate sabotage campaign, the ACA is still the law of the land. The Trump Administration and Republicans in Congress shortened the time period for enrollment, repealed the individual mandate and, most recently, allowed junk plans to circumvent the minimum essential coverage requirements. I will continue to fight every effort to undermine the law.

- **Promoting Bipartisan Solutions.** Rather than continuing their attack on the ACA, Republicans should work with Democrats to improve the law. A bipartisan group of Senators was close to doing so by reinstating the Cost Sharing Reduction payments to insurers, which lowers the amount consumers pay for deductibles, copayments and coinsurance. The Trump Administration's unilateral decision to end these payments is causing premiums to rise around the country.



Congressman Jim Clyburn and Senator Bernie Sanders discussing their legislation to expand Community Health Centers, June 26, 2017.

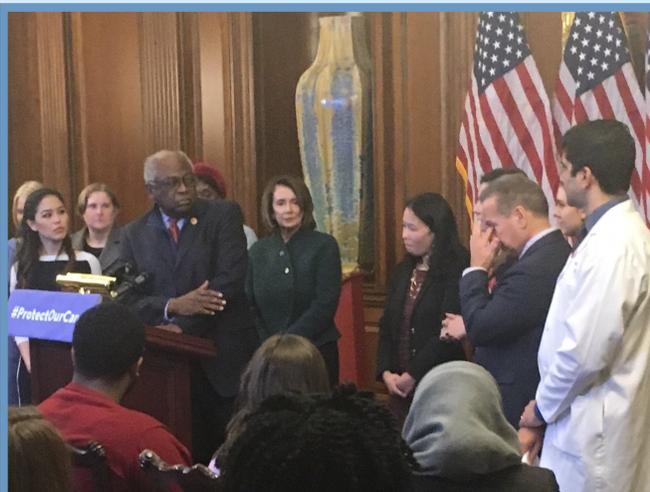
LOWERING THE COST OF PRESCRIPTION DRUGS

- **Negotiating Medicare Drug Prices.** Prescription drug prices are higher than ever with too many working families and seniors struggling to cover the cost of their medications. Drug pricing is a complex issue that will require more than one policy solution, but Congress should start by giving Medicare the ability to negotiate drug pricing. The Veterans Administration is already doing so. Giving the HHS Secretary the authority to negotiate drug prices on behalf of millions of Medicare beneficiaries could provide the leverage needed to lower some costs.



- **Requiring Transparency and Accountability in Pricing.** By requiring greater transparency into the costs associated with prescription drugs, the federal government and consumers will have better insight into whether price increases for certain drugs are reasonable. For the last two years Medicare and Medicaid Drug Spending Dashboards have provided the public an interactive, online tool to view spending and utilization data on specific drugs. Transparency requirements already exist elsewhere in our health system and is reasonably the least Congress can do to benefit consumers.

- **Improving Program & Regulatory Integrity.** Pharmaceutical companies are granted exclusive right to sell a particular drug for a set period of time to allow them to recoup their research and development investments. This is appropriate, but we must ensure the



Jim Clyburn & Democratic leaders at a press conference on protecting the Affordable Care Act, March 22, 2018.

integrity of the exclusivity protections by holding drug companies that break the law accountable. Today, drug companies can overcharge the government or illegally promote an unapproved treatment use and still retain their lucrative exclusivity. Drug companies should lose the right to exclusively sell a specific drug or product that they have been found to abuse or misuse. Moreover, we also ought to institute strong penalties for misclassified drugs under the Medicaid Drug Rebate Program to deter the practice.