Vote in Local Elections

Municipal elections are being held on November 7, 2017, in the following Eastern Shore municipalities: Chestertown, Denton, Ocean City, Pittsville, Queenstown, and Salisbury.

How Might Health Care Politics Impact the Eastern Shore?

The politics of health care on Capitol Hill seem to change hour by hour, causing much confusion and worry. Although no one can predict how the system might be altered in the near future, it bears stepping back to look at the ‘big picture’ of who gets which types of health insurance to assess the possible impact of the changes under discussion.

By far most people in Maryland (63% in 2015) have health insurance coverage provided by an employer. The main effect of the Patient Protection and Affordable Care Act (known as ‘the ACA’ or ‘Obamacare’) on these private plans was to mandate a comprehensive set of benefits, such as free preventive services, without lifetime limits or the exclusion of pre-existing conditions. Repealing the ACA could result in these insurance plans being scaled back again.

Another 15% of people in Maryland are covered by Medicare, including more than 87,000 people over 65 in the nine counties of the Eastern Shore. The ACA increased Medicare’s prevention benefits as well as its coverage of drug costs. These expansions are at danger of being reversed. Some legislators go further and insist (continued on next page)
Health Care, continued

the nation could never afford the size of Medicare even before ACA expanded it.

Recent discussions in Congress have generally focused on the remaining population—mostly young, lower-income and disabled people. Before the ACA was implemented in 2014 some were helped by Medicaid and other government programs but most simply did without any kind of health insurance or steady source of health care.

Since the ACA became operational the number of people without health insurance in Maryland has been cut in half to about 6.6%. This was accomplished in two main ways: by increasing the number of Marylanders receiving health care at no cost through Medicaid from 1 million to 1.3 million; and by helping individuals obtain private insurance coverage through Maryland Health Connection, our name for the health benefit exchanges set up by the ACA.

The state reports that 30,509 people in the nine Eastern Shore counties are currently enrolled in Medicaid, about 8% of our population of 367,000. Attempts in Congress to drastically cut Medicaid would result in many of our friends and neighbors losing their access to health care.

Another 10,897 people on the Eastern Shore obtained private health insurance through Maryland Health Connection in 2017. For most of them, the government subsidizes the cost based on their income: too high to be eligible for Medicaid but not high enough to be able to afford insurance without some help. These are the “working poor” and 30% are young people between 18 and 34.

The prospect of the ACA being repealed or scaled back has caused much uncertainty in the health insurance industry. Many companies have decided not to participate in the state-run exchanges or to increase the cost of their plans. For 2018, people on the Eastern Shore will have only two plans to choose from through Maryland Health Connection: 1) CareFirst Blue Choice, an HMO plan that will cost 34% more than it does in 2017; and 2) CareFirst of Maryland, a separate PPO type of plan that will cost 50% more. (As most of the people obtaining these plans are being subsidized, the impact on their individual pocketbooks is not as great as it appears.)

The recent decision by President Trump to eliminate Cost Sharing Reduction (CSR) (continued on next page)
Health Care, continued

reimbursement payments to insurance companies has cause much consternation nationwide. However, Maryland anticipated the possibility of this happening and the decision is not expected to affect the price of plans available in 2018.

What it Feels Like When Medicare or Medicaid Cuts You Off

An elderly, long-time friend of mine recently received a disturbing notice from Medicare. This is a woman who is active in the community, enjoys time with her family but because of a chronic condition is dependent on monthly infusions of a medicine to boost her immune system. Medicare was notifying her that in a few months her infusions would no longer be covered. As she relayed her story to me, she said, “I initially felt stunned, as if someone had just sentenced me to death, with so little warning.” She went on to describe a sense of hopelessness and despair. “I can’t afford to pay for the infusions myself. I don’t know what I’m going to do. All I can think about, is that I won’t see how my young grandchildren turn out as they grow up.”

Fortunately, her doctors rallied around her, going directly to the manufacturers of the medicine. They were able to find a way for her to continue to get the infusions. My friend is one of the lucky ones. She has the knowledge and energy to voice her concerns. She has exceptional doctors who were willing to take the time to pursue other options, and she has a host of supportive friends and family. Not everyone has all of that.

Congress is now considering whether to continue that Medicare infusion program. But what about the millions of people who are insured under the Affordable Care Act and who may face similar letters or unaffordable cost increases if the Trump administration continues to undermine that health insurance program or if Congress does not fully fund it in the upcoming budget? The Congressional Budget Office estimates that some 227,000 Marylanders are at risk because they depend on that insurance program. Marylanders aged 50 - 64 are most at risk for major premium increases. Is that really what we want to see happen on the Eastern Shore, to our neighbors and friends or to any American?

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Say Goodbye to Cheaper, Cleaner Energy for Maryland?

Wind turbines are now one of the least expensive ways to generate electricity. They also generate large numbers of jobs—to construct and maintain them. Maryland was poised to be in the forefront of deploying this technology. Last May, the Maryland Public Service Commission, after extensive public hearings that showed widespread public support, approved subsidies for two projects that would build 56 large wind turbines in the Atlantic Ocean at sites located 17-20 miles from the Maryland shore. The projects were expected to create more than 9,000 jobs (mostly on the Eastern Shore) and generate enough electricity to power 100,000 homes. They were also expected to help fulfill a Maryland clean energy commitment at far lower cost—meaning reduced electricity bills for Eastern Shore residents.

Not everyone is happy with the prospect, most notably the Mayor of Ocean City, Richard Meehan, and some other citizens in that community, who are concerned the turbines, just barely visible from that community, would damage property values and its attractiveness as a resort.

For the project to move forward requires federal reviews of the proposed sites and of construction plans, a routine step. But as reported in the Washington Post, Congressman Andy Harris—who represents the Eastern Shore in Congress—sponsored an amendment that prohibits use of federal funds for those reviews unless the turbines are located more than 24 miles from shore. That action, if not overturned, effectively kills the projects. It also undermines Maryland’s prospects as a leader in the development of off-shore wind energy.

Harris has supported the Trump Administration’s effort to reduce regulation of the oil, gas, and coal industries. Why then would he put new regulatory barriers in the way a clean energy project that would benefit all of the Eastern Shore? Whose interests is he really representing?
Do Immigrants Reduce Our Pay or Take Our Jobs?

The short answer to that complicated question: immigrant workers do very little if anything to harm U.S.-born workers. Low-skilled, low-pay immigrant labor may reduce the wages of U.S. workers without a high-school diploma. On the whole, however, immigrant workers improve American living standards by slightly increasing wages and lowering overall prices, and by increasing the labor force size.

The long answer is a bit more complex. First of all, immigrants and U.S.-born workers do not generally compete for the same jobs. They are in different job markets and are employed in different occupations and tasks than the U.S.-born. Low-skilled immigrant workers entering the labor force find jobs, for instance, in home care, in road and building construction, in agriculture, and in custodial work. U.S.-born workers gravitate to work demanding better English skills and greater familiarity with the larger culture. Further, the number of jobs is not fixed but flexible. When the labor supply increases, employers take advantage of that increased supply by creating new jobs, increasing investment, and expanding production. And when more people are working, they spend more — that benefit to the economy is obvious.

That’s the immediate picture; but we must also look at the long-term. If the U.S. economy wants to grow, it will be stuck unless the work force also grows. But the U.S. birthrate is declining, so the size of the future workforce will also decline. Another significant workforce decline happens as baby-boomers leave the labor force. Current immigration and population projections indicate, given the decline in the U.S.-born work force, that the U.S. economy will require immigrant labor to stay healthy.

Highly-educated and highly-trained immigrants make their own important contribution to our nation’s future economy: immigrants make up 15% of the workforce but constitute 25% of the nation’s entrepreneurs. It’s clear that the U.S. government should encourage immigration at both the low end and the high end of the workforce.

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