



GEORGIANS FOR A
HEALTHY FUTURE

Sound Policy. Effective Action.

The Power of Advocacy: Changing the Face of Healthcare

Amanda Ptashkin, JD

Outreach and Advocacy Director, Georgians for a Healthy Future

12th Annual Parenting Your Heart Child Conference

April 30, 2011



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

--Margaret Mead

Overview

- ◆ Who Am I?
- ◆ A Brief History of Advocacy
- ◆ Why and How Health Care is Changing
- ◆ What does the Affordable Care Act mean for Georgia?
- ◆ So What?

Who Am I?

- ◆ Amanda Ptashkin, JD

- ◆ Why I'm in this field

- ◆ Widener School of Law, Health Law Certificate

- ◆ American Heart Association, Pennsylvania and Delaware

- ◆ Joined GHF in 2010

Who Am I?

Georgians for a Healthy Future was established in 2008 with a mission to build and mobilize a unified voice, vision and leadership to achieve a healthy future for all Georgians. Through health policy analysis, legislative advocacy, and citizen engagement, we envision and strive toward a future for our state wherein all Georgians can access timely, appropriate and affordable health care services, resulting in better outcomes and a healthier community.

A Brief History of Advocacy

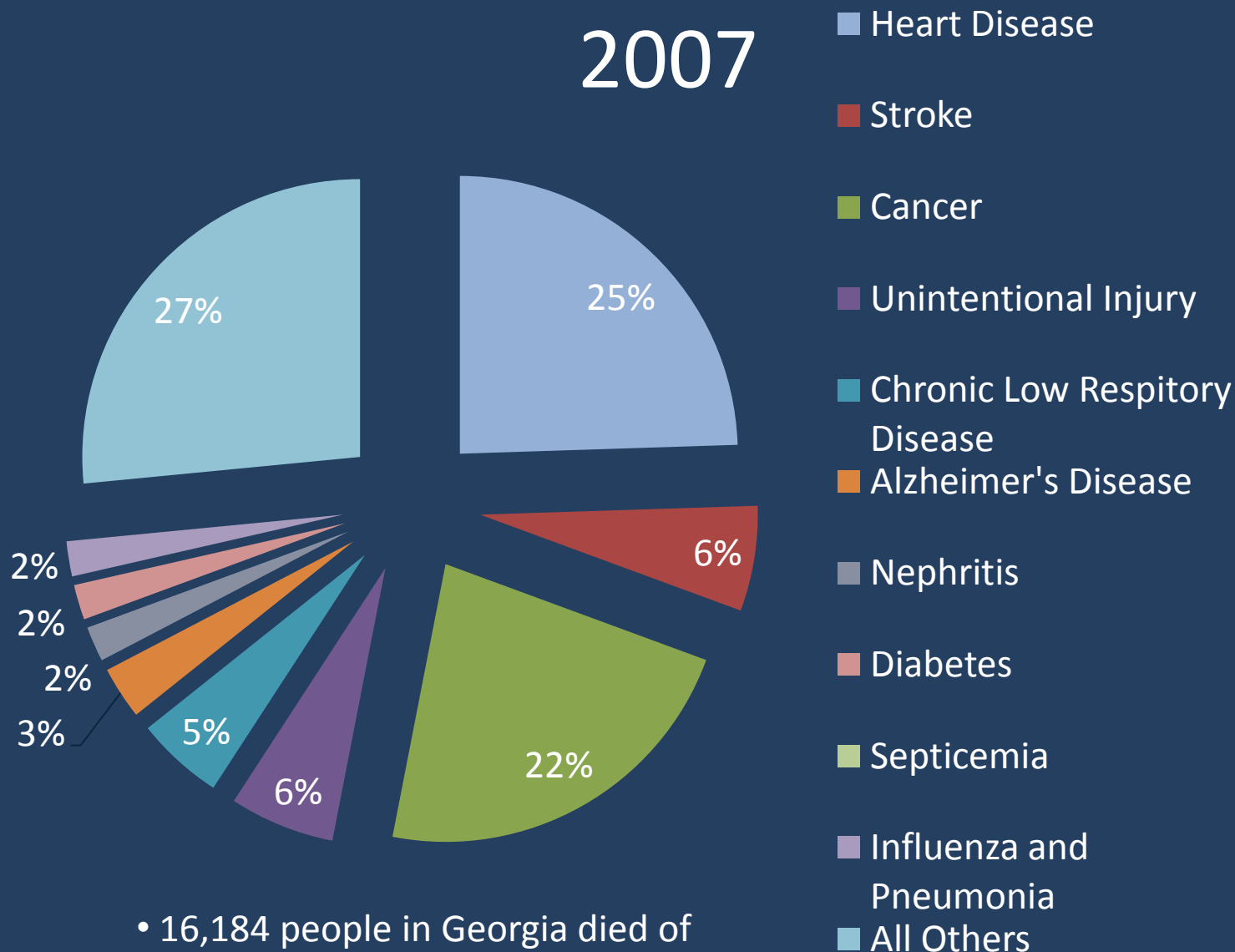
- Our Country was founded on the idea of citizen participation
- In the more recent past, the Civil Rights, Anti-War, Feminist and Gay Rights Movements have shown us what committed advocates can do when they mobilize to advance a common interest
- In today's world of high-powered lobbyists, citizens' voices are often unheard by their legislators
- Legislators are not mind readers—if you do not tell them what you want and expect of them, you will not get it

Why and How Health Care is Changing

United Health Foundation study ranks Georgia in the bottom of the nation: 43rd overall (2009)

- 33rd in obesity prevalence
- 46th in infectious disease
- 43rd in immunization coverage (children 3-19)
- 41st in lack of insurance coverage
- 37th in prenatal care
- 42nd in infant mortality
- 41st in diabetes
- 35th in health status (% reporting poor or fair)

Leading Causes of Death in Georgia in 2007



- 16,184 people in Georgia died of heart disease in 2007

Source: http://www.heart.org/idc/groups/heart-public/@wcm/@global/documents/downloadable/ucm_307163.pdf

Why and How Health Care is Changing

The status quo is unsustainable

- Health care spending is growing faster than the economy and wages

Health status and outcomes are inadequate

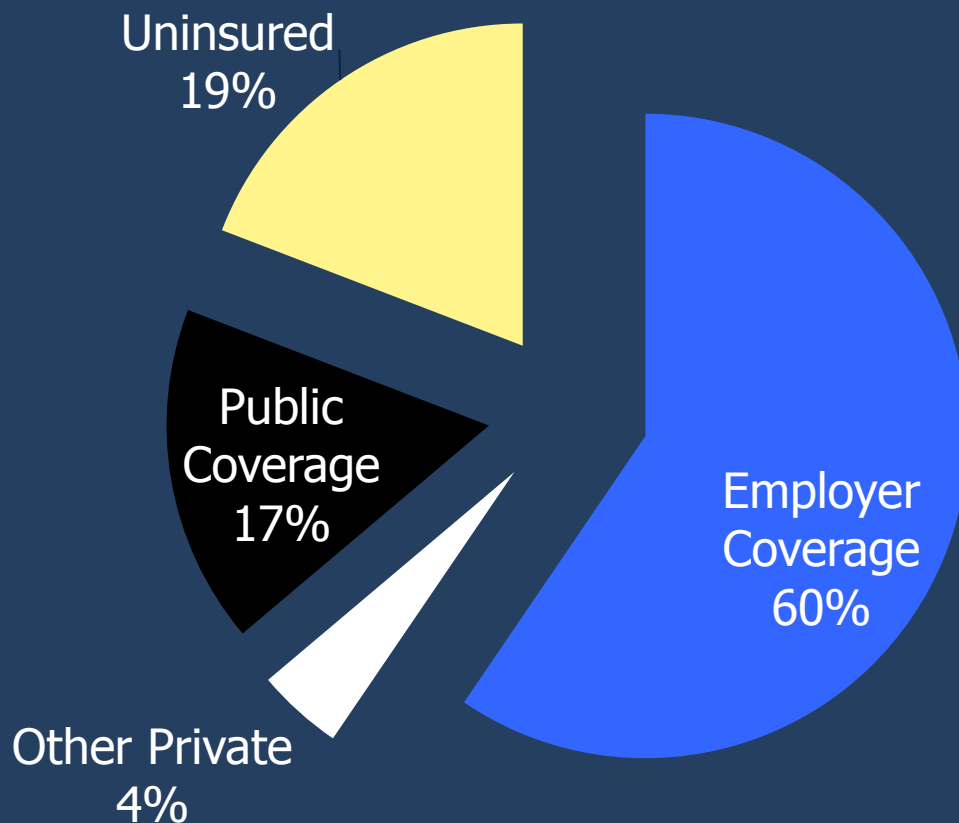
- They drive increased costs

Americans have insufficient access to health insurance coverage

- Adds to the system's inefficiency
- Leads to worse outcomes and higher costs

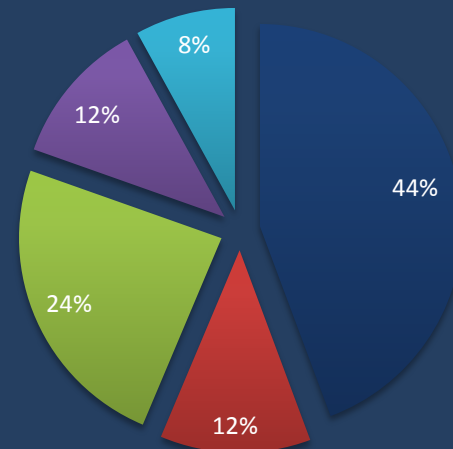
Georgians Have Insufficient Access to Coverage

(Non-elderly Georgians in 2007-2008)



Why and How Health Care is Changing

- Nearly two million uninsured; one-fifth of the population and one-fourth of working-age adults
- In raw numbers, only four states (CA, TX, FL, NY) have more uninsured people than Georgia
- Distribution of the uninsured in Georgia by income:
 - <100% FPL..... 44%
 - 100-138% FPL... 12%
 - 139-250% FPL... 24%
 - 251-399% FPL.... 12%
 - 400% FPL+ 8%.....8%



Source: CPS data, 2-year average '08-'09 (Kaiser State Health Facts)

Why and How Health Care is Changing

On March 23, 2010, the Patient Protection and Affordable Care Act was signed into law

- Maintains employment-based health insurance system
- Expands Medicaid for low-income individuals and families
- Restructures the individual and small group health insurance marketplace to facilitate choice, competition, and value
- Individual mandate to get nearly everyone in the health insurance system

Already in Effect

- \$250 Medicare drug cost rebate (donut hole)
- Expanded coverage for young adults
- Small business tax credits
- Launch of www.healthcare.gov
- All new plans must cover certain preventive services
- No rescissions
- Elimination of lifetime/annual limits on insurance coverage
- Prohibition of denial of coverage for children with pre-existing conditions

Already in Effect (cont.)

- Monitoring unreasonable rate hikes
- Rebuilding the primary care workforce
- Establishing consumer assistance programs
- Prevention funding
- Strengthening community health centers
- Assistance for payments for Rural Health Care Providers

Pre-Existing Condition Insurance Plan (PCIP)

What is the PCIP?

The Pre-Existing Condition Plan (PCIP) is a new health insurance option for uninsured Georgians who have been denied insurance because of a pre-existing condition and is intended to provide coverage for consumers who are locked out of the insurance market due to a pre-existing condition.

To be eligible, applicants to the PCIP must:

- Be uninsured for at least six months and
- Have a letter of denial from a private insurer due to a pre-existing condition (from the past 12 months)
- Meet US citizenship requirements

As of February 1st of this year, 399 Georgia consumers gained coverage through the PCIP.

Pre-Existing Condition Insurance Plan (PCIP)

Age	Standard Option	Extended Option	HAS Option
0 to 18	\$174	\$234	\$181
19 to 34	\$261	\$351	\$271
35 to 44	\$313	\$422	\$325
45 to 54	\$400	\$539	\$416
55+	\$557	\$749	\$578

There are deductibles and co-pays associated with the plans.

More details on plan design are available at:

<https://www.pcip.gov/StatePlans.html>

Moving Forward: From 2011 to 2014

- Full implementation in 2014. Key provisions going into effect in the interim include:
 - 2011: Prescription drug discounts and free preventive care for seniors on Medicare; Independent Payment Advisory Board begins operations
 - 2012: Accountable Care Organizations; CLASS Act
 - 2013: New funding to state Medicaid programs for preventive services; Increases provider reimbursement rates for Medicaid

The Medicaid Expansion

For health reform to work in Georgia, the Medicaid Expansion must work

- Expansion to 133% FPL
- Estimated 645,000 – 900,000 new Medicaid enrollees by 2019
- Maintenance of Effort (MOE) requirement: prohibits states from restricting the eligibility standards, procedures, and methodologies in place on March 23, 2010 (until January 2014 for adults and October 2019 for children)
- To prepare, Georgia could implement 12-month continuous coverage and/or express lane eligibility

Individual Mandate

- All Americans must carry health insurance, with some exceptions
- Tax penalty of \$695/year or 2.5% of income, whichever is greater; capped at lowest-priced conventional plan on the exchange
- Rationale
 - achieves near-universal coverage while maintaining hybrid public-private system
 - prevents healthy from waiting until sick to purchase insurance
 - tax penalty captures revenue

Affordability Provisions

- Individuals can purchase health insurance on the exchange or outside the exchange, but tax credits are only available within the exchange
- Sliding scale credits that limit the percentage of income that can be spent on premiums:
 - Up to 133% FPL: 2% of income
 - 133-150% FPL: 3 -4% of income
 - 150-200% FPL: 4 – 6.3% of income
 - 200 – 250% FPL: 6.3 – 8.05% of income
 - 250 – 300% FPL: 8.05 – 9.5% of income
 - 300 – 400% FPL: 9.5% of income
- Credits also available to help with out-of-pocket costs

Restructuring the Insurance Marketplace: The Exchange

What is an Exchange?

- Insurance plans sold on the exchange must include “essential health benefits”
- Four tiers of value to facilitate consumer choice; insurers can offer plans in multiple tiers
 - Bronze: 60% actuarial value
 - Silver: 70% actuarial value
 - Gold: 80% actuarial value
 - Platinum: 90% actuarial value

Things to Consider in the Exchange Process

1. Should Georgia Operate its own exchange, and should the individual and small group exchanges be separate or combined?
2. Governance Structure (an arm of state government, quasi-governmental, and who should serve on the board)
3. Can the exchange negotiate with insurers, or must it take all-comers?
4. Preventing Adverse Selection (inside v. outside the exchange)
5. One Stop Shop Requirement: Interface with Medicaid and PeachCare for Kids
6. Ensuring transparency and facilitating apples-to-apples comparisons

What does the ACA Mean for Georgia?

- An opportunity to customize the elements of reform to address the real needs of all Georgians
- In regards to the exchange, if GA does not build one, the Federal Government will come in and run it—trying to avoid that
- Over the past few months, with a \$1 million grant from the U.S. Department of Health and Human Services, the Governor's Office of Planning Budget has been convening stakeholders and advocates to gather input on the feasibility of establishing a health insurance exchange in Georgia.

What does the ACA Mean for Georgia?

-Insurance Commissioner Ralph Hudgens announced that Georgia would be pursuing creating and operating its own exchange. But in the recent legislative session his legislation, HB 476, which would start the planning process for the exchange was pulled after protests by the Tea Party. Thus showing what an organized group of people can accomplish.

- Visit www.healthyfuturega.org for more information about the exchange process

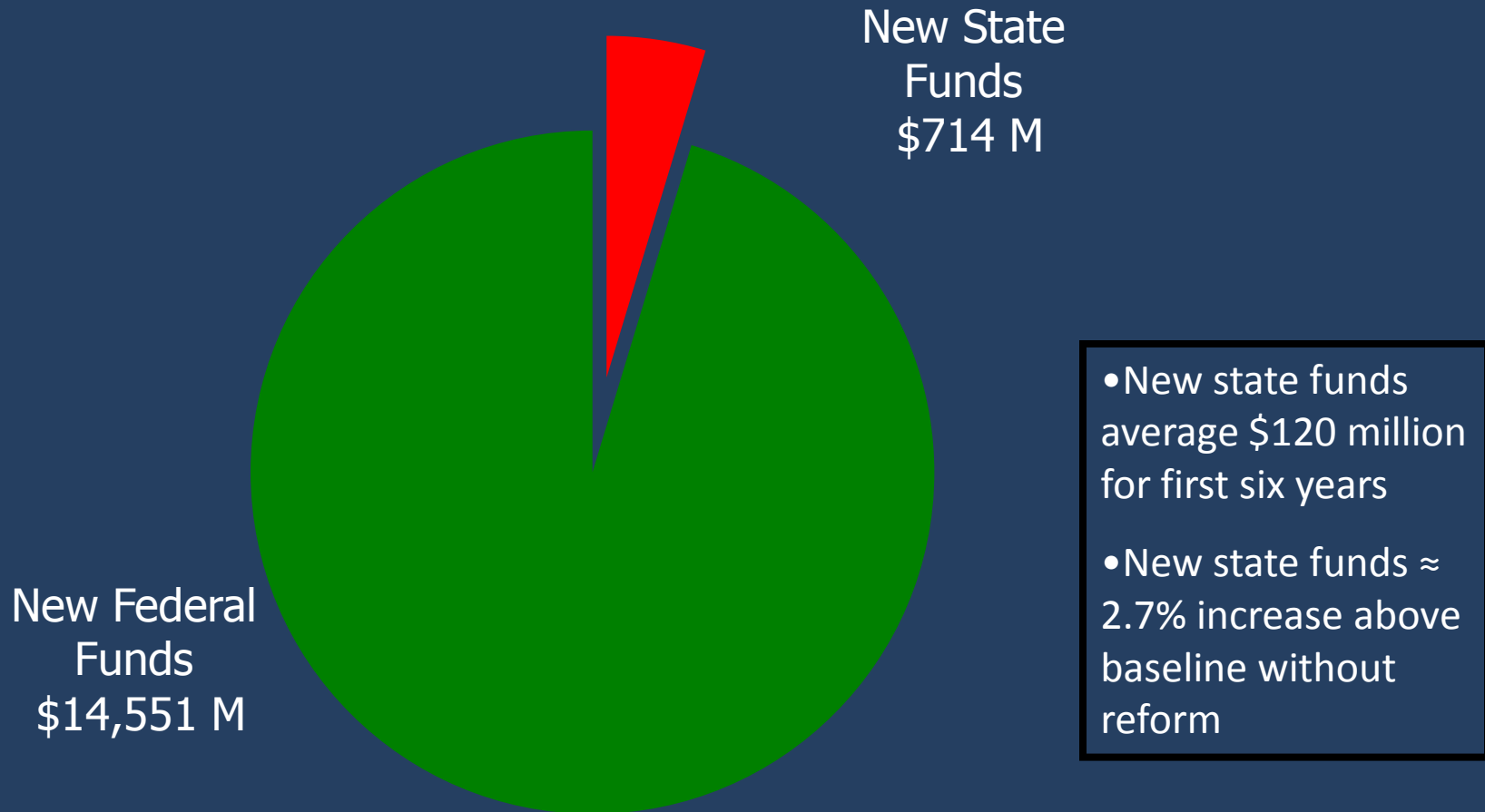
What does the ACA Mean for Georgia?

The Big Challenges: Structural, Budgetary, and Political Climate

- Need to coordinate efforts and invest in the process
- Difficult budget climate; federal \$ should be maximized
- Political climate: health reform is still a political hot potato

Can Georgia Afford it?

(Cumulative Spending from 2014 to 2019)



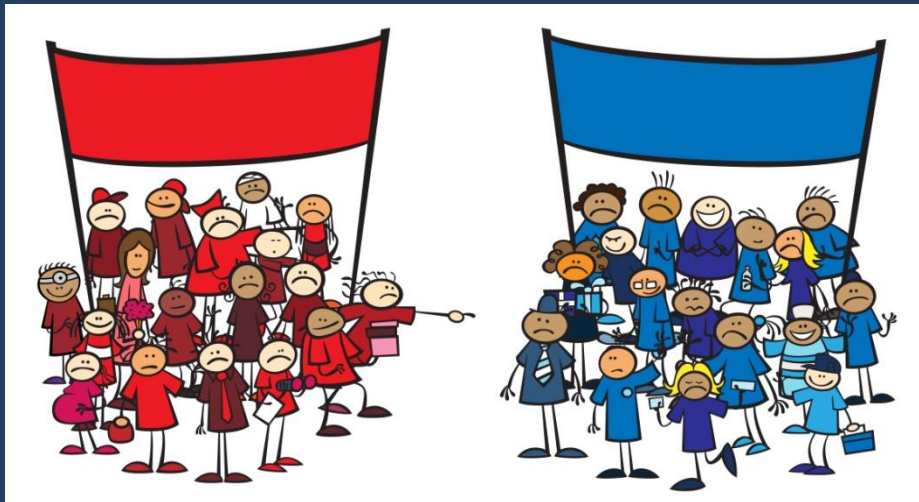
What does the ACA Mean for Georgia?

Structural Challenges: Provider Capacity, Systems Readiness

- Primary care physician shortages in Georgia, particularly in rural areas
- Child-only plans no longer offered
- Medicaid provider reimbursement rates relatively low
- Need to ensure the newly insured get covered, stay covered, and get care

Political Challenges: Still Political Hot Potato

Need to move from here...



To here...



So What?

For people who are born with congenital defects and diseases, health reform could not be more important. The way the system is designed currently, securing coverage is often difficult if not impossible and is costly. Moving forward, there is an opportunity to ensure that all people, pre-existing condition or not, have an opportunity to get coverage but more importantly gain access to quality and affordable care.

We elect our legislators to represent our interests at the Capitol. They work for us and if we do not tell them what we expect, someone else will and it might not be in everyone's best interest.

So What?

Sharing your story and your experience dealing with the health care system is critical to illustrate the urgency behind reforming our health care system. As parents of children with heart defects, this is a very real, every day situation you deal with and you would be amazed at how influential your voice could be.

So What?

Get Involved!

Fill out the sign-up form or register at www.healthyfuturega.org to become a health advocate.

Share your story—tell us how you interact with the health care industry. What obstacles do you face? How can the system be improved? What is working well?

Questions?



Stay in touch!

Contact me at:

aptashkin@healthyfuturega.org

or

404-890-5804