1. Close the coverage gap in Georgia.

Thousands of Georgians have signed up for low-cost coverage through the Health Insurance Marketplace. Because Georgia has not accepted federal funds to cover low-income Georgians through Medicaid or a Medicaid waiver, approximately 300,000 Georgians remain stuck in a coverage gap. These Georgians do not qualify for Medicaid under current rules and do not earn enough money to qualify for financial help through the Marketplace. Georgians for a Healthy Future supports closing this gap by opening up coverage through Medicaid to all Georgians with incomes up to 138 percent of the federal poverty level.

2. Set and enforce network adequacy standards for all health plans in Georgia.

When consumers enroll in a health insurance plan, they should have reasonable access to all covered services in the plan. As narrow provider networks become more common, health care consumers are at increased risk of not being able to access the medical services and providers they need without going out-of-network (which can have major financial repercussions). In 2015, the National Association of Insurance Commissioners adopted a network adequacy model act for states. Georgians for a Healthy Future supports the adoption of this act in Georgia with modifications including quantitative access to care standards.

3. End surprise out-of-network bills.

Going out-of-network can be hazardous to consumers’ finances. Consumers receive costly surprise bills when an out-of-network provider charges the consumer for the amount that the insurance company did not pay. In some cases consumers seek out-of-network care knowing the risk. Yet sometimes consumers end up with out-of-network bills despite making appropriate efforts to stay in network or because inadequate provider networks require them to go out of network to get the services they need. When surprise out-of-network bills happen, consumers should be held harmless. Georgians for a Healthy Future supports legislation to accomplish this.

4. Ensure provider directory accuracy and usability.

Provider directories must be accurate and up-to-date so that consumers can make optimal decisions about health insurance and health care services. When consumers shop for health insurance, provider directories are the primary tool they use to identify the providers that are in-network for a particular plan. Unfortunately, these directories are frequently inaccurate, making it difficult or impossible for consumers to know exactly what they are buying. Georgians for a Healthy Future supports basic standards for provider directory accuracy and protections for the consumers who rely on them.
5. Remove unnecessary restrictions on consumer education and assistance.

Georgia has a robust consumer assistance community within the non-profit sector. These assisters help individuals and families enroll in health insurance and have helped reduce the number of uninsured in our state through their efforts. Unfortunately, their ability to partner with state and local entities is constrained by confusion surrounding legislation passed in 2014 as part of HB 943 that prohibits state and local governmental entities from operating a health insurance navigator program. This provision has been counterproductive, creating confusion about what educational and consumer assistance activities local entities can engage in and hindering potentially powerful public-private partnerships as they work to serve their community members. Georgians for a Healthy Future supports lifting this restriction.

6. Ensure access to quality health care services for Medicaid and PeachCare beneficiaries.

The Medicaid and PeachCare for Kids programs provide health insurance for many of our state’s most vulnerable citizens, including low-income children, some low-income parents, and people with disabilities. Enrollment in these programs is growing as uninsured families explore health insurance options and find that their children meet the eligibility criteria. This presents an opportunity to reduce our state’s uninsured rate and improve access to care. Georgians for a Healthy Future will support policies that facilitate continuous coverage and enrollment for eligible Georgians, ensure robust provider networks, and improve health outcomes.

7. Prevent youth substance use disorders through utilizing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Medicaid.

Screening tools like blood pressure checks and mammograms check for small problems before they become big ones, saving numerous lives each year. Substance use among young people is a common health issue that is often overlooked or ignored. Like cancer or hypertension, however, we can reduce its prevalence through prevention and early intervention. Georgia has an opportunity to enhance its commitment to reducing youth substance use disorders by activating the Medicaid codes for SBIRT. With more than half of Georgia’s youth enrolled in Medicaid or PeachCare, this is a critical strategy for ensuring that youth receive the preventive services they need. In order to reimburse for these services through Medicaid, however, a state must activate (“turn on”) the necessary codes. Georgia is one of only 12 states whose “SBIRT” codes are not turned on. Georgians for a Healthy Future supports activating these codes in Georgia.

8. Increase the tobacco tax.

Georgia has one of the lowest tobacco taxes in the country at just 37 cents per pack, which makes tobacco much more accessible to youth in Georgia than it is in other states. Increasing the tobacco tax to the national average will reduce youth smoking, addiction, and the burden of chronic disease in our state. Increasing Georgia’s tobacco tax will also bring in nearly $600 million per year in new revenue to our state according to a 2015 fiscal note, which can be invested in health care coverage, access, and prevention.