Health Care Policy and Advocacy in the 2015 Legislative Session

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Objectives

• At the end of this presentation, you should:
  ◦ Be familiar with GHF’s 2015 policy agenda
  ◦ Know how to contact your legislators
  ◦ Know where to find advocacy resources
Georgia’s health policy environment

- Republican Governor
- Republican Senate and House
  - 10 health professionals
- Anti-ACA sentiment
- Struggling rural hospital system
Close Georgia’s coverage gap

- 300,000 in the coverage gap (incomes < 100% FPL)
- 200,000 who do not have an affordable coverage option (100-138% FPL)
- Who’s in the coverage gap:
  - Veterans
  - Working parents
  - Low-wage workers
Close Georgia’s coverage gap

• Closing the coverage gap:
  ◦ Helps Georgia families
  ◦ Benefits Georgia’s economy
  ◦ Supports Georgia’s rural hospital system
  ◦ Will help you or someone you know

• To let your legislators know that you think Georgia should close it’s coverage gap, visit: healthyfuturega.org/issues/cover-georgia
  Scroll down to the purple postcard and click the link.
Ensure access to quality health care services for Medicaid and PeachCare beneficiaries

BACKGROUND

• Medicaid: Very low-income parents & older adults, and people with disabilities

• PeachCare: low- to middle-income children (up to 247% FPL)

• Enrollment:
  ◦ 1.2 million children (42% of GA’s kids)
  ◦ ½ million adults
  ◦ 12.9% ↑ (Sept. 2013 to Oct. 2014)

GHF’S ROLE

• Support and highlight policies that:
  ◦ Facilitate continuous coverage and enrollment
  ◦ Preserve and expand access to care
  ◦ Improve health outcomes

• Maintenance of the enhanced primary care provider reimbursement rate
Maximize enrollment and ensure a positive consumer experience for Georgians with private health insurance

BACKGROUND

• Many newly covered Georgians
  ◦ Open Enrollment 1 (OE1)—316,543 enrollments
  ◦ OE2—398,000+ enrollments as of Jan. 9
  ◦ If you need to enroll:
    ◦ www.healthcare.gov
    ◦ Call 855-899-6092

• About 6 million Georgians have private insurance coverage

• King v. Burwell

GHF’S ROLE

• Ensure that
  ◦ Plans remain affordable
  ◦ Consumers have the tools and info. necessary to understand their plans and receive the appropriate care
  ◦ Provider networks and formularies are adequate and transparent
  ◦ Consumer protections are in place and enforced
Increase Georgia’s tobacco tax

BACKGROUND

• Current tax= $0.37
• National average= $1.54
• For every penny increase in tax, state revenue increases by $5 million
• Every 10% increase retail price of a pack of cigarettes = corresponding ~4% decrease in cigarette consumption
  ◦ Reductions among youth= 7%

GHF’S ROLE

• Suggested tax increase of $1.23
  ◦ Resulting annual revenue increase of ~$400 million
• Partnership formed with American Heart Association, American Lung Association, American Cancer Society
Re-invest in public health to support a healthy and prosperous state

BACKGROUND

Georgia= Ranked 38th overall for health

Georgia Dept. of Public Health
• FY2015 budget: $205 million
  ◦ 5% of GA’s health spending
• Per capita investment in PH:
  ◦ 2001: $19.77
  ◦ 2015: $18.25

GHF’S ROLE
• Demonstrate value and importance of PH
  ◦ ↑ spending by local PH dept. can save lives currently lost from preventable disease
  ◦ ↑ investment in prevention programs ↓ health care costs and ↑ economic productivity
  ◦ ROI for community-based, proven PH programs=$5.60 for every $1 investment
• Educate policy makers
For more information

- Georgians for a Healthy Future—healthyfuturega.org
- Georgia Budget and Policy Institute—gbpi.org
- Robert Wood Johnson Foundation—rwjf.org
- Kaiser Family Foundation—kff.org
- Tobacco Free Kids—tobaccofreekids.org
- America’s Health Rankings—americashealthrankings.org
- Georgia Health News—georgiahealthnews.org
Georgia’s legislative process
Legislator sees need for new law or changes in existing law and decides to introduce bill

1. Legislator goes to Office of Legislative Counsel. There, attorney advises legislator on legal issues and drafts bill.
2. Legislator files bill with Clerk of the House or Secretary of the Senate.
3. On legislative day after filing, bill is formally introduced. In chamber, bill's title is read during period of first readings.
4. Immediately after first reading, presiding officer assigns bill to a standing committee.
5. In House only, on next legislative day, Clerk reads bill's title (second reading) in chamber, although actually bill is now in committee. In Senate, second reading comes after bill is reported favorably from committee.
6. Bill considered by committee. Author and other legislators may testify. If controversial, public hearings may be held.
7. Bill is reported favorably by committee and returned to Clerk or Secretary.
8. Clerk or Secretary prepares a General Calendar of Bills favorably reported from committee.
9. The Rules Committee of each house meets and from bills on General Calendar prepares a Rules Calendar for the next day’s floor consideration.
10. Presiding officer calls up bills from the Rules Calendar for floor consideration.
11. Once presiding officer calls bill up from Rules Calendar, Clerk or Secretary reads bill’s title (third reading). Bill is now ready for floor debate, amendments, and voting.
12. After debate, main question is called and members vote. If bill is approved by a majority of total membership of that house, it is sent to the other house.

13. If second house passes bill, it is returned to house where bill was introduced. If changes are accepted, ...
If first house rejects changes and second house insists, a conference committee may be appointed. If committee report is accepted by both houses, ...

14. Bill is enrolled and sent to the Governor (if requested). Otherwise, all enrolled bills sent to Governor following adjournment sine die.

15. Governor may sign bill or do nothing, and bill becomes law. Governor may veto bill, which requires two-thirds of members of each house to override.

16. Act becomes effective the following July 1, unless a different effective date is provided in act.
Advocacy opportunities within the legislative process

1. Ideas for new law or changes to existing law

2. Committee hearings and votes
   ◦ House
   ◦ Senate

3. Floor debates and votes
   ◦ House
   ◦ Senate
Contact your legislators

• To find out who your legislators are
  ◦ Healthyfuturega.org → “Advocacy Center” tab → Contact Your Legislators

• In person
  ◦ Appointment at their office
  ◦ Get coffee with small group
  ◦ “On the ropes” (during legislative session)

• Phone

• Email
How to talk to your legislators

• Hook
  ◦ Tell them who you are, where you live, and why you are contacting them

• Line
  o Why is this issue important to you?

• Sinker
  o The “ask”—what do you want your legislator to do?
Advocacy opportunities

• Jan. 27th—Coverage Day at the Capitol
  ◦ Advocate for closing Georgia’s coverage gap! GHF will provide breakfast, short advocacy training, talking points, and materials. RSVP by emailing lcolbert@healthyfuturega.org.

• Send a postcard
  ◦ Visit healthyfuturega.org/issues/cover-georgia. Scroll down to the purple postcard and click the link.

• Share your story
  ◦ Visit healthyfuturega.org/advocacy/mystory to tell us your health care story
Advocacy resources

- GHF
  - Healthyfuturega.org/advocacy
  - Advocates Guide
  - Peach Pulse
  - Facebook & Twitter: @healthyfuturega
- Georgia General Assembly— legis.ga.gov
- Families USA— familiesusa.org
- Georgia Health News— georgiahealthnews.org
References

- Ensure access...for Medicaid and PeachCare beneficiaries

- Increase GA’s tobacco tax
  1. www.Tobaccofreekids.org

- Reinvest in Public Health
  4. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf72446
Thank you!

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