Changes in Health Care and Policy in the 2016 Georgia Legislative Session

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Webinar objectives

At the end of this presentation, you should:

- Be familiar with bills and resolutions considered by the General Assembly that affect health care and health policy in Georgia
- Understand themes and issues related to health care that arose during the legislative session
- Be prepared to take action on health care policy in Georgia
Outline

- Budget
- Passed bills
- Study committees
- Bills that did not pass
- Missed opportunities
- Resources
Georgians for a Healthy Future
GHF’s 2016 policy priorities

• Close Georgia’s coverage gap
• Set and enforce network adequacy standards for all health plans in Georgia
• End surprise out-of-network bills
• Ensure provider directory accuracy and usability
• Remove unnecessary restrictions on consumer education and assistance
• Ensure access to quality health care services for Medicaid and PeachCare beneficiaries
• Prevent youth substance use disorders through the utilization of SBIRT in Medicaid
• Increase Georgia’s tobacco tax

Archived webinar:
Georgia’s health care policy environment

- Republican Governor
- Republican Senate and House
  - ~30 health, insurance professionals
- Evolving ACA sentiment
- Struggling rural hospital system
- Poor state health outcomes
  - America’s Health Rankings = 40
How a Bill is Passed in the Georgia Legislature

1. Legislator sees need for a new law or changes in existing law and decides to introduce a bill.
2. Legislator goes to Office of Legislative Counsel. There, attorney advises legislator on legal issues and drafts bill.
3. Legislator files bill with the Clerk of the House or Secretary of the Senate.
4. On legislative day after filing, bill is formally introduced. In chamber, bill's title is read during period of first readings.
5. Immediately after first reading, presiding officer assigns bill to a standing committee.
6. In the House only, on next legislative day, Clerk reads bill's title (second reading) in chamber, although actual bill is now in committee. In Senate, second reading comes after bill is reported favorably from committee.
7. Bill considered by committee. Author and other legislators may testify. If controversial, public hearings may be held.
8. Clerk or Secretary prepares a General Calendar of bills favorably reported from committee.
9. The Rules Committee of each house meets and from bill on General Calendar prepares a Rules Calendar for the next day's floor consideration.
10. Presiding officer calls up bill 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 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...
14. If first house rejects changes and second house insists, a conference committee may be appointed. Committee report is accepted by both houses...
15. Bill is enrolled and sent to the Governor (if requested). Otherwise, all enrolled bills sent to Governor following adjournment sine die.
16. 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.
FY2017 Budget
FY 2017 budget

Source: Georgia Budget & Policy Institute
State budget: Dept. of Community Health

FY2017

• Operates Medicaid, PeachCare, State Health Benefit Plan, & other health regulatory and planning programs

• $69 M in new federal money saves state dollars
  o $22 M—↑ federal match rate for PeachCare
  o $38.4 M—Medicaid annual adjustment

• $128 M for projected Medicaid, PeachCare growth due to new enrollments & health care inflation

• $24 M for ↑ costs of Hep C and cystic fibrosis drugs

• Increased reimbursement rates:
  o $26 M for partial Medicaid payment parity
  o $2 M for ↑ reimbursement rates for OT, PT within CIS program
State budget: Notable changes

FY2017

• Department of Community Health—$3.2 B total
  – $16 M ↑ from FY 2016
  – $300k for add-on payment ($250/birth) for newborn delivery in rural counties
  – $3.7 M for pay increase for Direct Support Professionals (ICWP waiver)
  – $500k—start-up grants for 2 FQHCs in Jackson, Jenkins Counties
  – $250k—Champions for Children program
  – $860k—health care workforce residency programs
  – $600k—loan repayment programs for health care workers
State budget: Notable changes

FY2017

- Department of Behavioral Health and Developmental Disabilities—$1.2 B total
  - $43 M ↑ from FY 2016
  - $1.2 M for 100 new NOW waivers
  - $5.7 M for new Behavioral Health Crisis Center

- Department of Public Health—$260 M total
  - $19M ↑ from FY 2016
  - $4 M for 9% pay increases for PH nurses
  - $2 M for new Positive Alternatives for Pregnancy and Parenting Grant Program
  - $824k—Gov.’s Office of Children & Families moves to DPH
  - Year 6 (of 7) of phase in for revised county funding formula
Bills that passed
SB 302: Provider Directory Improvement Act

- Background
- GHF Policy and Advocacy Work
- Multi-stakeholder process to draft legislation
SB 302: Provider Directory Improvement Act

**Accuracy provisions include requirements for:**

- Regular updating of directories every 30 days
- Available in electronic (and in print upon request) to all
- A dedicated email address, telephone number, and electronic link that consumers can use to report inaccuracies
- Audits of all provider directories with a protocol in place for health plans to follow up with providers
- Health plans to contact providers participating in networks who have not submitted claims within 12 months to determine their network participation status
- Honoring provider directory information if it is inaccurate and a consumer ends up out-of-network based on that information
- Health plans to report periodically to the Department of Insurance
Usability provisions include requirements for:

- Plain language information about what provider directory applies to which plan and the criteria used by plans to build the provider network and to tier providers.
- All pertinent information about participating providers and facilities.
- Search functionality that allows consumers to search by health care professional, whether a provider is accepting new patients, participating office locations, participating hospitals, and other key pieces of information.
- Accommodations for the needs of individuals with disabilities and people with limited English proficiency.
# Passed bills

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Common name/purpose</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 158</td>
<td>Consumer and Provider Protection Act—Est. definition, registration process and regulatory oversight of rental networks</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 258/HB 919</td>
<td>Rural Hospital Tax Credits—Offers tax credits for donations to rural health organizations</td>
<td>HB 919 amended to SB 258 &amp; passed</td>
</tr>
<tr>
<td>SB 302</td>
<td>Provider Directory Improvement Act—Improve accuracy and usability of directories</td>
<td>Passed</td>
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<tr>
<td>HB 34</td>
<td>Right to Try Act—Terminally ill may access treatments not yet approved by FDA</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 509</td>
<td>Georgia Palliative Care and Quality of Life Advisory Council—Est. council to advise DCH</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 649</td>
<td>Lactation Consultant Practice Act—Establish licensing process and regulation</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 768</td>
<td>ABLE Act—Est. tax-exempt accounts for approved expenses</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 882/SB 265</td>
<td>Eliminate certain deposit requirements and define physician agreements as non-insurance</td>
<td>SB 265 amended to HB 882 and passed</td>
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<tr>
<td>HB 885</td>
<td>Repeals law that allows certain counties run independent boards of health</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 897</td>
<td>Drug Repository Bill—Establish program to collect and dispense unused drugs to indigent</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 965</td>
<td>The Honorable Jimmy Carter Cancer Treatment Act—Decreases barriers to treatment for stage IV cancer patients</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 1037</td>
<td>Nurse Aid Registry bill—Add in-home nurse aides to registry</td>
<td>Passed</td>
</tr>
<tr>
<td>HB 1058</td>
<td>Changes notifications, consumer rights and other regulatory provisions around STD and HIV</td>
<td>Passed</td>
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</tbody>
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Study Committees
## Study Committees

<table>
<thead>
<tr>
<th>Resolution #</th>
<th>Name, purpose</th>
<th>Chamber</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR 974</td>
<td>Study Committee on Surprise Billing Practices</td>
<td>Senate only</td>
</tr>
<tr>
<td>SR 1056</td>
<td>Study Committee on the Premium Assistance Program as an Alternate to Medicaid Expansion</td>
<td>Senate only</td>
</tr>
<tr>
<td>SR 1165</td>
<td>Study Committee on Opioid Abuse</td>
<td>Senate only</td>
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Bills that did not pass
Bills that did not pass: Senate

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<tr>
<td>SB 299</td>
<td>Health Care Transparency Initiative—Est. an All Payer Claims Database</td>
<td>Referred to Senate Insurance and Labor, did not receive a hearing</td>
</tr>
<tr>
<td>SB 368</td>
<td>Premium Assistance Program—Est. a premium assistance program to cover low-income uninsured Georgians</td>
<td>Hearing in Senate HHS, did not receive a vote</td>
</tr>
<tr>
<td>SB 382</td>
<td>Surprise Billing and Consumer Protection Act—Est. consumer protections and other provisions to address surprise bills</td>
<td>Hearings in Senate HHS, did not receive a vote</td>
</tr>
</tbody>
</table>
## Bills that did not pass: House

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<tbody>
<tr>
<td>HB 349/SB 1115</td>
<td>Allows physicians to delegate authority to PAs to prescribe Schedule II controlled substances</td>
<td>Stalled in House HHS</td>
</tr>
<tr>
<td>HB 722</td>
<td>Medical Marijuana bill—Create new regulatory system and expand access for patients</td>
<td>Referred to Senate HHS, did not receive a hearing</td>
</tr>
<tr>
<td>HB 684</td>
<td>Dental Hygienists bill—Allows dental hygienists to provide cleanings in certain settings without a dentist being present</td>
<td>House HHS favorably reported by substitute</td>
</tr>
<tr>
<td>HB 823</td>
<td>Expand Medicaid Now Act</td>
<td>Stalled in in House Appropriations</td>
</tr>
<tr>
<td>HB 838</td>
<td>Insurers must pay agents a min. of five percent of premiums</td>
<td>Tabled in Senate Insurance and Labor</td>
</tr>
<tr>
<td>HB 1055</td>
<td>CON Repeal bill—Eliminate the state’s Certificate of Need program</td>
<td>Stalled in House Governmental Affairs</td>
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Missed opportunities

- Closing the coverage gap
- Network Adequacy
- Activating Medicaid codes for SBIRT
Close Georgia’s coverage gap

- 300,000 uninsured Georgians
- 37% white, 36% black, 22% Hispanic
- 60% ages 18 to 39
- Working in construction & trucking, food service, grocery stores, retail, education & child care
When Georgia closes its coverage gap

Everyone benefits

**Economy**
- $8 billion per year in new economic activity
- $220 million per year in new tax revenue

**People**
- Affordable health care access for 300,000 Georgians
- Financial, health peace of mind

**Workforce**
- 56,000 new jobs created

**Health Care Industry**
- $3 billion in federal money annually
- Reduce uncompensated care costs for all hospitals
- Help struggling rural hospitals
Close Georgia’s coverage gap

- Legislative activity
  - HB 823
  - SB 368—Georgia’s first ever hearing on proposal to close the gap
  - SR 1056
- Opportunity remains
## Missed Opportunities: Network Adequacy

### Background
- An old issue with a new urgency
- Federal standards and the NAIC Model Act
- SB 158- The Consumer and Provider Protection Act Study Committee

### Opportunity
- Multi-stakeholder study committee
- Adopt NAIC 2016 Model Act provisions with GA-specific modifications to improve the state’s outdated and insufficient standards
Missed Opportunities: Activate Medicaid Codes for SBIRT

<table>
<thead>
<tr>
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<th>Opportunity</th>
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| • Youth substance use can be reduced or prevented through a public health approach  
  • 1 in 5 high schoolers in GA reported drinking before they were 13 years old  
  • SBIRT  
  • SR 487 | • Fiscal analysis to support recommendations  
• Activation of Medicaid codes to encourage greater use of SBIRT  
  • More than half of GA’s youth enrolled in Medicaid and PeachCare  
  • GA is one of only 12 states without Medicaid codes for SBIRT |
Resources
Advocacy opportunities

- Join a coalition
- Share your story at healthyfuturega.org, “Get Involved” section
- Sign the petition at Coverga.org
- Invite us to present in your community
Advocacy Resources

- Georgians for a Healthy Future— healthyfuturega.org
  - Georgia Health Action Network
  - Consumer Health Advocates Guide
  - Publications on closing the coverage gap, network adequacy, provider directories, & SBIRT
  - FB & Twitter: @healthyfuturega
  - Events— healthyfuturega.org/events
- Georgia Health News— georgiahealthnews.com
- Georgia General Assembly— legis.ga.gov
- Families USA— familiesusa.org
- Community Catalyst—communitycatalyst.org
Thank you!

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