



COVID-19

Georgians for a Healthy Future believes that our state can successfully overcome the tremendous challenges brought on by the COVID-19 pandemic if our state's leaders act decisively to adopt evidence-based policies that protect the health and safety of all Georgians. Georgians for a Healthy Future supports policies that:

- Enhance the ability of Georgia's health system to respond to the evolving nature of the pandemic
- Increase the number of Georgians with comprehensive, affordable health insurance and promote access to quality, affordable health care
- Intentionally address the disproportionate impact of COVID-19 on certain populations of Georgians (communities of color, rural communities, essential workers, people with chronic health conditions and disabilities, etc.)
- Support the economic well-being of Georgia families as they experience disruptions in work, income, school and childcare, family and social ties, and other essential supports.

Getting Georgia Covered

Coverage matters. Health insurance facilitates access to care and protects against high medical costs for Georgia families. Georgians for a Healthy Future supports policies that promote quality, affordable health coverage for all Georgians.

- **Close Georgia's coverage gap.** Georgia is one of 12 states that has not accepted federal funds to cover low-income Georgia adults through the Medicaid program. Approximately 400,000 Georgians do not qualify for Medicaid under current state law and do not earn enough income to qualify for financial help to purchase health insurance. We support closing this gap by extending health insurance to all Georgians with incomes up to 138 percent of the federal poverty level.

COVID-19, consequent job losses, and reduced state revenues were not on the radar of Georgia leaders when they conceptualized the Georgia Pathways waiver in 2019. Given the seismic changes Georgia has experienced since, we encourage state leaders to abandon Georgia Pathways and instead examine policy options that cover more people and make more efficient use of state and federal funds.

- **Build a strong foundation for Georgia’s health insurance marketplace.** Half a million Georgians and their families have turned to the Affordable Care Act’s (ACA) health insurance marketplace for their health coverage, increasingly so after COVID-19 job losses. Georgia can improve affordability and ensure comprehensive coverage is available to every Georgian during uncertain times by implementing the approved state reinsurance program, adopting robust consumer protections and enforcement mechanisms, limiting the sale of plans that funnel consumers away from the ACA marketplace (e.g. short term or association health plans), and investing in outreach & enrollment. We support actions by state leaders to strengthen Georgia’s marketplace with policies that expand the number of consumers with affordable, comprehensive coverage. We oppose policies that weaken consumers’ ability to afford, enroll in, or maintain comprehensive coverage that meets all of their health care needs.

We further urge Georgia leaders to reconsider the Georgia Access model, which separates Georgia from the ACA marketplace with no replacement, and instead take up policy options that instill stability and predictability in Georgia’s marketplace and address consumers’ concerns about affordability without compromising their pathways to coverage.

Increasing Access to Care

Too many Georgians face barriers to accessing meaningful and timely health care services, as a result of geography, out of pocket costs, coverage restrictions, and many other factors. These barriers negatively impact their health and well-being, and exacerbate existing disparities in health outcomes and quality of life. Georgians for a Healthy Future supports policies that improve access to care for all Georgians.

- **Set and enforce standards that provide for equitable coverage of mental health and substance use treatment services by public and private health plans.** Substance use (SU) and mental health (MH) issues have increased among Georgians, even before the onset of the pandemic which has further exacerbated these problems. However, Georgians often struggle to access needed services. Federal law requires that health plans cover SU and MH services as they would other health services.¹ This law is only meaningful if health plans are implementing it well, consumers and providers understand how it works, and there is appropriate oversight by state leaders. We support action by state agencies to strictly and consistently enforce the federal law using all available policy levers. We additionally support legislation that sets standards and strengthens oversight procedures to ensure that Georgia consumers receive the coverage for MH and SU benefits to which they are entitled by law and for which they have paid.

- **Set and enforce standards that provide consumers with adequate access to needed care and services in health plans.** When consumers enroll in a health insurance plan, they should have reasonable access to all covered services in the plan. Narrow provider networks have become more common, increasing the risk to health care consumers of being unable to access the medical services and providers they need. Georgia’s existing network adequacy requirements for health plans are out-of-date, ill-suited to the current insurance landscape, and do not serve Georgia consumers well. We support the adoption of quantitative network adequacy standards and robust enforcement mechanisms so that consumers receive the coverage benefits for which they have paid.
- **Ensure access to quality health care services for Georgians covered by Medicaid and PeachCare.** The Medicaid and PeachCare for Kids programs provide health insurance for low-income children, pregnant women, some low-income parents, and people with disabilities. Enrollment in these programs has grown as families have lost their job-based coverage due to the pandemic or seek coverage for the first time and find that they or their children qualify for the programs. The role of Medicaid and PeachCare as a strong safety net for Georgia families has never been more apparent. We support policies that enable continuous coverage in Medicaid and PeachCare, ease the enrollment process for eligible Georgians, preserve and expand access to care, ensure robust provider networks, and improve health outcomes. We oppose policies that obstruct eligible Georgians’ ability to get enrolled, stay covered, or access health services.
- **Eliminate transportation and internet access as barriers to health care.** Adequate transportation is essential to the health of Georgians because in most cases people need to go to a location outside of their homes to receive medical care. The COVID-19 pandemic has expanded pathways to care for many Georgians, primarily through telehealth. However, many Georgians who lack safe, reliable, and affordable transportation to health services also lack reliable and affordable internet access in their homes. An inadequate transportation system and insufficient internet access are two sides of the same coin, keeping many Georgians from receiving needed care, delaying care, and preventing access to prescription drugs. We support policies that build an integrated transportation system that conveniently facilitates access to health and health-supporting services, and robust internet infrastructure that connects every household to fast, affordable broadband.

Enhancing Value for Health Care Consumers

Health care value is about raising the bar on our health system to achieve better and more equitable outcomes at an affordable cost. Georgians for a Healthy Future supports policies that address the complex needs of patients and consumers and the goal of health equity while slowing health care cost growth.

- **Fund and create Georgia’s all payer claims database.** In 2020, state legislators authorized the establishment of an all payer claims database (APCD) as part of the Surprise Bill Consumer Protection Act. Georgia’s APCD could be used by policy makers, researchers, and advocates to understand health care costs, utilization, and population health across the state and in local communities. Georgia’s APCD is allowed but has not yet been funded. We support dedicated funding to establish and action to structure the APCD in such a way that it provides accessible, useful, and comprehensive data to policy makers, researchers, stakeholders, advocates, and consumers to improve quality and equity in Georgia’s health system while reducing costs.
- **Build and promote a diverse, accessible health care workforce.** Georgia’s current health care workforce does not reflect the diversity of state residents and is not sufficient to meet the needs of the state’s population. These shortcomings are especially troubling during a pandemic. Eight Georgia counties have no physicians at all, 75 counties have no OB/GYN, and 84 counties have no psychiatric providers.² Expanding the types of health care workers who can work and succeed in Georgia will support the health of Georgians and their communities and build a more resilient economy.
- **Support community health workers and peer recovery coaches/ specialists as an integral part of the health care workforce.** CHWs and peer recovery specialists (PRS) are frontline health workers who are trusted members of their communities and have lived experience or demonstrated working knowledge of the individuals served. These qualities have proven especially important in reaching hard-to-reach populations during the COVID-19 pandemic. CHWs and PRSs increase access to care, build resiliency and capacity in their communities, and help reduce disparities for vulnerable populations in our state. We support policies that expand the number of these professionals working in Georgia, the settings in which they serve, and facilitate payment models that sustain their roles as long-term components of Georgia’s health care system.

- **Amplify the roles of non-physician providers in Georgia’s health care system.** “Non-physician” providers (e.g. nurses with advanced training, physician assistants, dental hygienists, etc.) are trained to perform tasks that can improve access to care and lower health costs without negative impacts on patient safety or outcomes.³ These providers are often more diverse than physician providers and better reflect Georgia’s population. We support policies that allow non-physician providers to practice to the full extent of their licenses, incentivize their service in under-resourced communities, and expand payment models that fairly reimburse non-physician providers while delivering the best value for consumers.
- **Expand and support integrated, community-based health care services.** Traditionally Georgians in need of health care services have to find that care in a medical office, hospital, or other health facility, often making trips to separate locations for different services. COVID-19 has shown that this model of care is outdated, contradicts our understanding of the interconnected nature of physical, mental, and spiritual health, and does not serve the best interests of consumers. Health care can be delivered more effectively, conveniently, and at a lower cost by re-thinking when, where, and how health care is delivered.
- **Integrate substance use and mental health services and supports into primary care and other health settings.** Substance use and mental health issues have increased among Georgians, even before the onset of the pandemic which has further exacerbated these problems.⁴ SU/MH issues can be aggravated by other health issues and vice versa. Individuals are able to achieve better health when the needs of their bodies and their minds are addressed hand-in-hand. GHF supports policies that bring mental health providers together with other providers through co-location, technology, or other means to meet the full needs of their patients, among other promising practices for addressing SU/MH.
- **Expand opportunities for Georgians to access a full spectrum of health services and supports in their communities.** Improving access to care for Georgians requires that services are available in places that people are already going. School-based health centers have shown real promise for expanding care to students and surrounding communities, especially in rural areas. The COVID-19 pandemic illustrated the

benefits of co-locating screening and testing in neighborhood centers and at workplaces. Embedding preventive, non-urgent, and chronic health services in schools, faith settings, community centers, and other commonly visited spaces improves access to care, leads to better health outcomes and reduced health disparities. We support policies that expand health services to community-based settings and provide sustainable payment/funding models for such practices.

Building a Healthier Georgia

In addition to the need to focus on public health and prevention, COVID-19 spotlighted how factors outside the health care and coverage systems meaningfully impact the health of individuals, families, and communities. To make inroads in improving population health and eliminating health disparities, Georgians for a Healthy Future supports policies that address these “upstream” factors (the social determinants of health) so that every Georgian has the chance to live a healthy life and thrive.

- **Explicitly examine the equity implications for state budget and legislative proposals.** Data about COVID-19 outcomes and many other health outcomes among Georgians reveal significant inequities across populations by race, income, geography, and other factors. Public policy can have significant and long-lasting implications on the continuation or resolution of these inequities. However, state policy makers do not have a mechanism by which to prospectively examine how proposals may impact at risk populations. We support the development and adoption of a system by which state leaders can request formal examinations of the equity impacts of proposed bills and budget items.
- **Invest in Georgia’s public health system.** COVID-19 exposed the gaps in a public health system stretched thin. Georgia annually spends \$76 per person on public health, an amount that has improved in recent years but still leaves our state in the bottom third when compared to other states. Like many of our state’s public institutions, the state’s Department of Public Health and county public health departments are understaffed and stretched thin, leaving many unable to fulfill their mission to Georgia residents. These constraints undercut the health and well-being of Georgians and their families. We support the dedication of funding that is commensurate to the task at hand and the capacity building of state and county public health departments so they can fulfill their missions, with a special focus on long-term sustainability and resilience.

- **Prevent nicotine use and addiction by young Georgians.** Georgia has one of the lowest tobacco and nicotine taxes in the country at just 37 cents per cigarette pack and a 7% excise tax for nicotine delivery devices (e.g. vaping products). For price-sensitive young people, increasing the price of tobacco and nicotine products decreases use, addiction, and the burden of chronic disease in Georgia. We support legislation to increase Georgia’s tobacco tax by at least \$1, as well as an equitable increase in the excise tax on nicotine delivery devices.
- **Support partners in integrating health and equity in the policies across every sector to address social determinants of health that prevent equitable access to care and equitable health status.** Factors outside the health system such as adequate housing, food security, quality education, and economic opportunity impact the health of individuals, families, and communities. Left unaddressed, these and other complicating factors inhibit the effectiveness of approaches that take place within the health system. We support policies that aim to advance health and health equity by addressing the social determinants of health.

1. *The Mental Health Parity and Addiction Equity Act*

2. Georgia Board of Health Care Workforce, 2018. [2017 Counties with no Primary Care Practitioners report](#)

3. Health Care Value Hub, Nov. 2017. [Provider Scope of Practice: Expanding Non-Physician Providers’ Responsibilities Can Benefit Consumers](#)

4. Centers for Disease Control and Prevention, August 2020. [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020.](#)