



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 and strengthen the benefits and protections of public and private coverage options.

- **Close Georgia's coverage gap.**

Georgia is one of 11 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.

- Federal funding incentives approved in 2021 would fully cover the costs of closing the gap for two years and leave the state with a surplus. We encourage state leaders to abandon the Georgia Pathways plan and fully expand Medicaid to make the most efficient use of state resources.

- **Strengthen Georgia's health insurance marketplace.**

Over 700,000 Georgians and their families have turned to the Affordable Care Act's (ACA) health insurance marketplace for their health coverage. Georgia can improve affordability and ensure comprehensive coverage is available to every Georgian by:

- Limiting the sale of health plans that funnel consumers away from the ACA marketplace (e.g. short term or association health plans)
- Investing in local outreach & enrollment efforts like health insurance navigators
- Abandoning efforts (like the Georgia Access model) that weaken consumers' ability to afford, enroll in, or maintain comprehensive coverage that meets all of their health care needs

- **Minimize coverage losses for Georgians enrolled in Medicaid when the federal public health emergency (PHE) ends.**

Since the start of the pandemic and the declaration of the federal PHE, over 2 million Georgians have remained on Medicaid without interruption to their coverage. The majority of these Medicaid members are children and they experience the greatest health benefits when they have continuous coverage. When the PHE expires, all Medicaid members will have to complete a redetermination process to retain their coverage. There are critical steps that state leaders can take now to ensure Medicaid-eligible Georgians stay covered without disruptions. We support policies and spending that:

- Invest in technology and staffing to support, simplify, and streamline redeterminations for Medicaid members
- Support local community-based outreach efforts
- Ensure 12-month continuous eligibility for children enrolled in Medicaid and PeachCare
- Build on continuity of care laws to ensure those that lose Medicaid eligibility in the middle of treatment can maintain access to their treatment provider
- Require transparency and accountability from the responsible state agencies throughout the PHE unwinding process

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.

- **Require health insurers to uphold their promises.**

When consumers enroll in a health insurance plan, they should have reasonable access to all covered health services in the plan. Increasingly, insurers are limiting consumers to a narrow list of providers. Narrow provider networks increase the risk that consumers cannot access the medical services and providers they need. Georgia's existing **network adequacy** requirements for health plans are out-of-date, give insurers a free pass to disregard their obligations to their members, and do

not serve Georgia consumers well. We support the adoption of quantitative network adequacy standards and robust enforcement powers for the Department of Insurance so that consumers receive the coverage benefits for which they have paid.

The 2022 passage of The Georgia Mental Health Parity Act (HB 1013) increases the need for strong network adequacy standards. Public and private health plans will be required to submit data proving they cover mental health services equally compared to physical health services. Network adequacy standards are an important measure to gauge health plans' coverage of mental health services. Additionally, mental health providers tend to be out of network more often than physical health providers. Setting network adequacy standards specific to mental health providers will help ensure Georgians have access to comprehensive mental health services across the state.

- **Invest in rural health access by growing a diverse health care workforce and building health care into communities.**
 - **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.) and extenders (like community health workers and peer support specialists) are trained to perform tasks that can improve access to care and lower health costs without negative impacts on patient safety or outcomes.¹ These providers are often more diverse than physician providers, better reflect Georgia's population, and are more available to meet the full (often non-medical) needs of patients. 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.
 - **Integrate substance use and mental health services and supports into primary care and other health settings.** Substance use and mental health issues (SU/MH) among Georgians continue to increase.² SU/MH conditions 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

1. Health Care Value Hub, Nov. 2017. Provider Scope of Practice: Expanding Non-Physician Providers' Responsibilities Can Benefit Consumers
 2. Georgia Department of Public Health, Epidemiology Section, Drug Surveillance Unit, Monthly & Quarterly Surveillance Data.

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 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. 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, lowers costs, and reduces health disparities. We support policies that expand health services to community-based settings and provide sustainable payment/funding models for such practices.

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 more affordable costs. 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.

- **Invest in and grow Georgia’s all-payer claims database.**

The all-payer claims database (APCD) is a system that collects health care claims and related data from many entities that pay for health care services in the state. Georgia’s new APCD was authorized during the 2020 legislative session by SB 482. The APCD can be a valuable tool that enables almost any stakeholder—including consumers, employers, health care providers, insurers, researchers, and policymakers—to understand and improve the health system. Lawmakers can use the data available from the APCD to understand where new laws or policies are needed to slow the rise of health costs or improve unequal outcomes. We support policies and investments that:

- **Make the APCD usable by consumers,** such as funding to create a free, public facing price search tool that allows consumers to better understand what they might pay for a treatment or shop around to find the best deal.
- **Enable the APCD to provide the most complete picture of health care utilization and costs in the state.** Half of Georgians are covered under employer-sponsored health plans. Due to preemption laws, states cannot require employer plans to submit claims data to the APCD. However, the state can enact policies to encourage and incentivize employers for submitting their health care data.

- **Slow the growth of health care costs and curb excess prices.**

Many Georgians struggle to afford health care, often delaying or all-together skipping needed medical care. While the drivers of health care costs are multi-faceted and complex, there are steps state leaders can take to slow the increase of health care spending and address unnecessary costs.

- **Regulate prescription drug prices.** Georgians spend more than the national average on out-of-pocket costs for prescription drugs.³ Nationally, spending on prescription drugs is expected to increase faster than the current rate of inflation.⁴ This means Georgia consumers will be stretched even more to afford their prescription medications, on top of other increasing costs. We support policies that limit prescription drug price increases relative to certain economic indicators, such as the rate of inflation.
- **Protect consumers from unfair medical debt.** Medical debt can have a profound impact on the quality of a person's life. Studies have found that medical debt is associated with a decreased use of health services, especially among low-income individuals who often become sicker while delaying care, which increases the cost of their care.⁵ These impacts can trickle down to affect the health of the entire community. We support policies to move hospitals and other health care providers to provide more generous financial assistance and discontinue unfair debt collection practices.

Building a Healthier Georgia

For Georgia to thrive, we need to invest in the health of our population. We must focus on public health, prevention, and factors outside the formal health system that impact the health of individuals, families, and communities. Together with health systems that work for consumers, Georgia can be a state where all people have equitable opportunities for health.

- **Invest in Georgia's public health system.**

After three years of pandemic response and many more years of disinvestment, Georgia's public health system is 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 relative to other states. Like many of our state's public agencies, the Georgia Department of Public Health and county public health departments are understaffed, under-resourced, and unable to fulfill their missions to Georgia residents. These constraints undercut the health and

3. Health Care Cost and Utilization Report, State Spending Trends. 2018. Health Care Cost Institute.

4. Price Increases for Prescription Drugs, 2016 - 2022. September 2022. ASPE Office of Health Policy.

<https://aspe.hhs.gov/sites/default/files/documents/d850985c20de42de984942c2d8e24341/price-tracking-brief.pdf>

5. Stanford study finds medical debt is a double whammy for the poor. Stanford News. October 2021. <https://news.stanford.edu/2021/10/07/study-finds-medical-debt-double-whammy-poor/>

well-being of Georgia families. We support an increase in public health funding so that agencies can carry out their responsibilities sustainably, build capacity to weather future public health emergencies, and modernize their systems, data, and workforce.

- **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. The additional revenue raised from a tobacco tax can be invested back into our public health system.

- **Invest in and improve the building blocks of health.**

Factors outside the health system such as adequate housing, food security, quality education, and economic stability and opportunity impact the health of individuals, families, and communities. When these building blocks (also called the “social determinants of health”) are weak or missing, Georgians’ health suffers. We support policies that ensure all Georgians and all Georgia communities have the building blocks necessary to improve health and health equity.

- **Specifically examine the equity implications of state budget and legislative proposals.**

Data on health outcomes among Georgians reveal significant inequities across populations by geography, race, income, and other factors. Public policies can have meaningful effects on the widening or narrowing of these inequities. However, state policy makers do not have a mechanism by which they can examine how proposed spending or legislation may impact at-risk populations if adopted. We support the development and enactment of a system by which state leaders can request formal examinations of the equity impacts of proposed bills and budget items.