



The Future of Health Care Policy in Georgia

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February 2, 2013
AAUW Policy Forum



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

--Margaret Mead

Picture Courtesy of:
<http://www.unexpectedleisure.com/?p=128>

Georgians for a Healthy Future's 2013 Legislative and Policy Priorities

- Extend health insurance coverage to a substantial portion of Georgia's uninsured by expanding Medicaid.
- Preserve and strengthen consumer protections for Georgians in private health insurance plans through both federal and state advocacy
- Ensure access to quality health care for Medicaid and PeachCare beneficiaries.
- Strengthen Georgia's public health system.
- Increase the tobacco tax.
- Support policies and practices that advance health equity.

Why Does Coverage Matter?

- Access to the health care system
- Financial protection against high medical costs
- Overwhelming evidence that insurance facilitates better access to care and better health outcomes; increases productivity; saves lives
- Amenable to public policy intervention

Patient Protection and Affordable Care Act, March 2010

Builds on **current system** to expand coverage

- \$250 Medicare drug cost rebate (donut hole)
- **Expanded coverage for young adults up to age 26**
- Small business tax credits
- **Launch of www.healthcare.gov**
- **All new plans must cover certain preventive services**
- **No rescissions and elimination of lifetime/annual limits on insurance coverage**
- **Prohibition of denial of coverage for children with pre-existing conditions**
- Monitoring unreasonable rate hikes
- Rebuilding the primary care workforce
- Establishing consumer assistance programs
- Medical Loss Ratio: Rebate checks
- Pre-existing condition insurance plan (PCIP)

The ACA's Coverage Provisions through a Gender Lens

- Starting just over a year from now:
 - women can no longer be charged more for health insurance just because they are women or because of their health status
 - Insurance companies cannot deny coverage to women because they have a current or previous illness like breast cancer or diabetes
- Already in effect:
 - No cost sharing for a range of preventive services including screenings

Medicaid expansion is the only way to cover low-income women who aren't pregnant and aren't parents

Individual Mandate

- All Americans must carry health insurance, with some exceptions
- Tax penalty of \$695/year or 2.5% of income, whichever is greater; capped at lowest-priced conventional plan on the exchange
- Rationale:
 - achieves near-universal coverage while maintaining hybrid public-private system
 - prevents healthy from waiting until sick to purchase insurance
 - tax penalty captures revenue

Restructuring the Insurance Marketplace: The Exchange

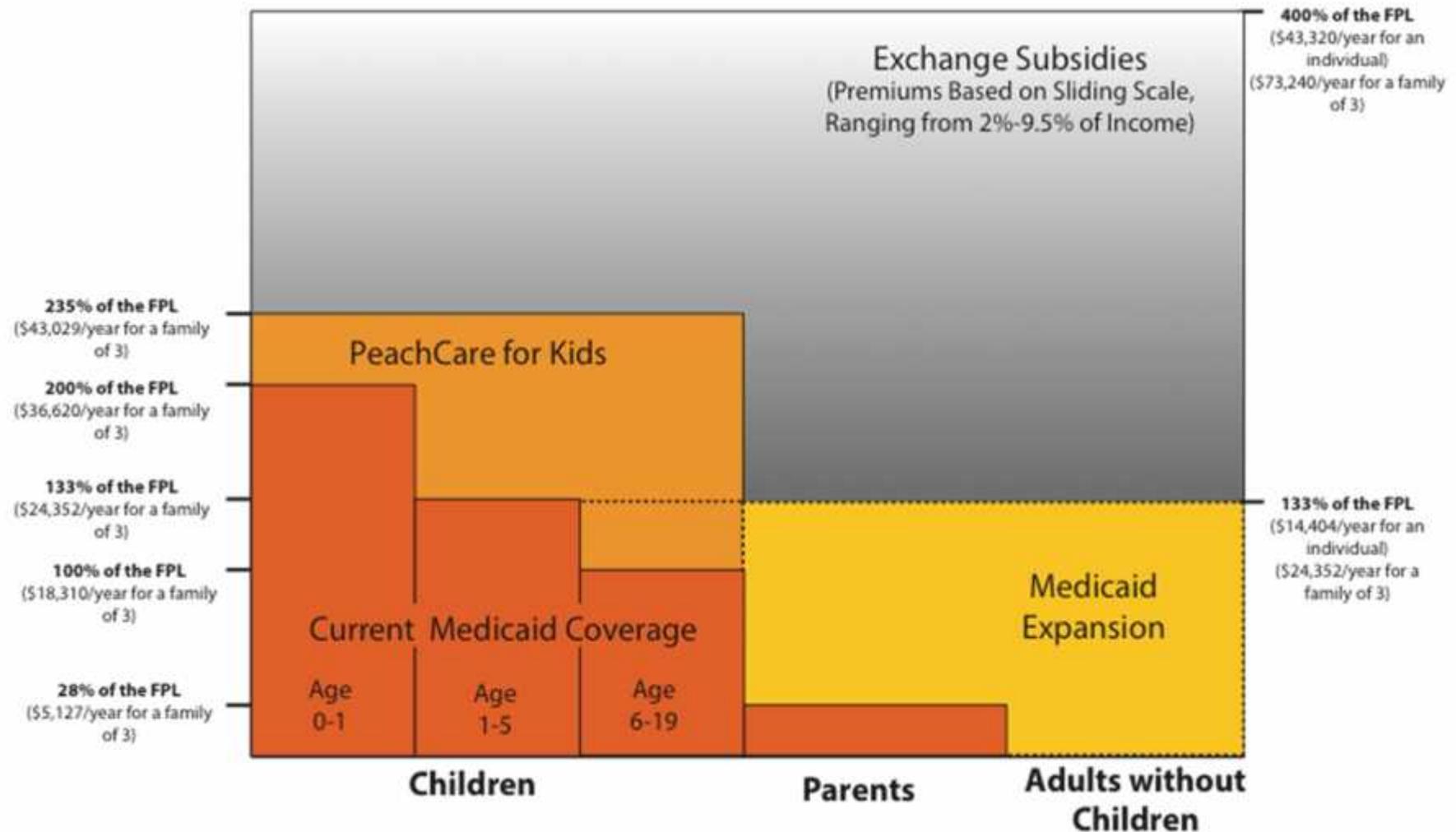


- Online marketplaces designed to help individuals and small employers obtain private-market coverage; Focused on individual and small group markets; Must be implemented by 1/1/14
- Like Orbitz, Travelocity, E-Insurance.com—you have a matrix of options, facilitates apples to apples comparison
- Insurance plans sold on the exchange must include “essential health benefits”, final regulations to be released shortly
- Subsidies and credits, based on income (which can fluctuate) 100%-400% FPL
- Check out GHF Issue Brief for more

Subsidized Health Coverage for Georgia: Now and in 2014 under the Affordable Care Act

Current Coverage

Coverage Expansions
under the ACA



Essential Health Benefits

The law ensures health plans offered in the individual and small group markets, both inside and outside of the Affordable Insurance Exchanges (Exchanges), offer a comprehensive package of items and services, known as “essential health benefits.” Essential health benefits must include items and services within at least the following 10 categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management, and
- Pediatric services, including oral and vision care

What does the ACA mean for Medicaid?

- In 2014, Medicaid to all citizens <65 up to 138%* FPL
 - Children, pregnant women (typically already eligible under current guidelines), **parents, and adults without dependent children**
- Guarantees “benchmark” benefits
- Expands federal support to states
 - Will cover 100% costs of newly eligible individuals the first 3 years, and 90% of costs of newly eligible individuals into the future
- Increases payments in FFS and managed care for primary care
 - Will match 100% of Medicare for 2013 and 2014 at federal expense
- Establishes Federal Coordinated Health Care Office to integrate care for dually eligible consumers
- Reduces DSH allotments
 - Based on % of uninsured in state

FFS – Fee for Service

DSH – Disproportionate Share Hospital

After the Supreme Court Ruling

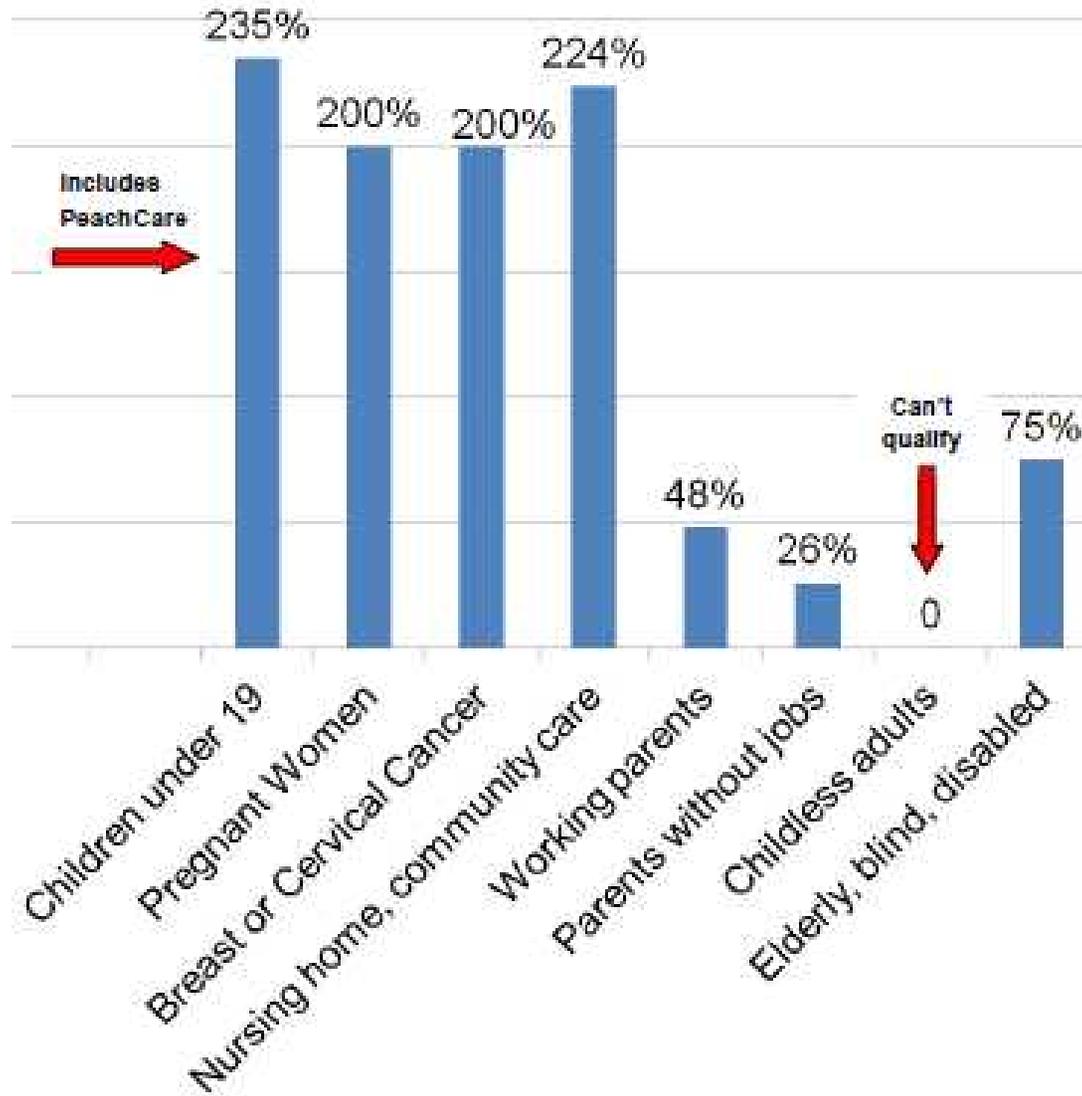
- Under ACA states were required to expand Medicaid if they wanted to continue to participate in the program; 26 states joined lawsuit against this provision
- **Now: States can decide whether or when to expand**
 - If a state decides to cover the expansion group, it may drop the coverage later
 - No deadline for state decision
 - All other aspects of the ACA remain in place

What this means for patients

Most people below 100% FPL will have no affordable coverage options since the law only offers tax credits on the Exchanges for those between 100-400% FPL.

*However, documented immigrants in the same income category may qualify for tax credits on the Exchange.

Georgia Medicaid Income Limits Today



100% Federal Poverty Level (FPL) 2012-2013:

FAMILY SIZE	ANNUAL INCOME
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050



Why the Medicaid Expansion is so important for women

- Low-income women have higher rates of diabetes, high blood pressure, and heart disease as compared to higher income women, yet are less likely to access care
- While men are more likely to be uninsured than women, uninsured women report more difficulty accessing care than uninsured men
- Women are less likely than men to have full-time employment and thus less likely to have employer-based health insurance

Source: National Women's Law Center

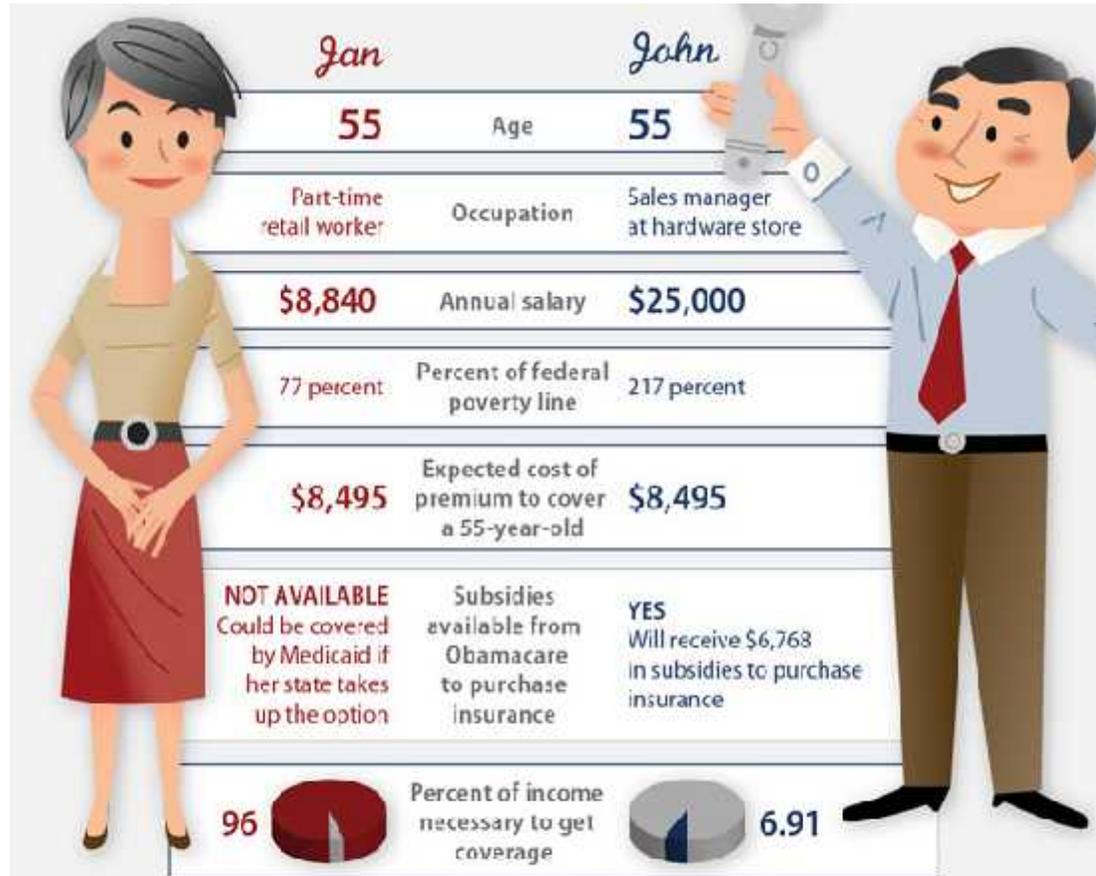
What are the implications for coverage?

Congress authorized tax credits for the purchase of private health insurance through the exchange **only** for people with incomes above the poverty level

If states expand Medicaid, they retain the spirit of the ACA; everyone has a pathway to coverage

If a state chooses **not** to expand Medicaid, inequities within states and disparities across states will ensue

This sets up a “Coverage Gap”

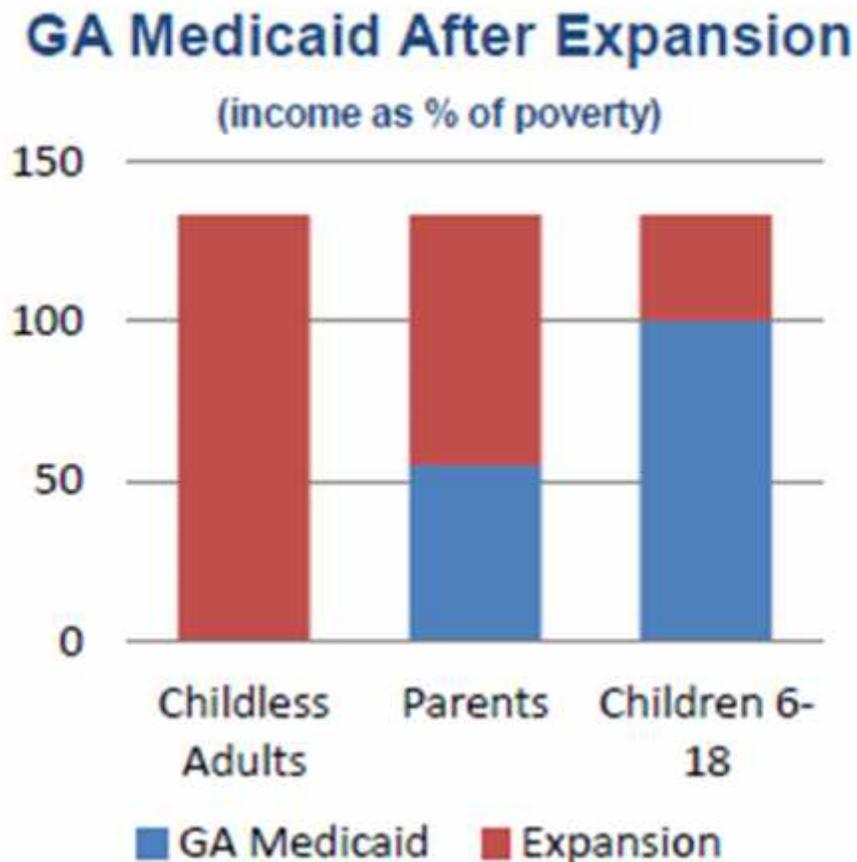


Source: Kaiser Family Foundation, "Health Reform Subsidy Calculator," available at: <http://healthreform.kff.org/subsidycalculator.aspx?source=CL>. For Jan's scenario, the calculator assumes she will be covered by Medicaid, so the author calculated Jan's premiums as a 55-year-old worker making just above the Medicaid eligibility limit.

The Medicaid Expansion in Georgia

- **Coverage Forecasts:**
 - 645,000 to 900,000 new Medicaid enrollees (by 2019)
 - 75% to 80% previously uninsured, newly enrolled
- **Reduces low-income uninsured by 50% to 75%**

Source: Kaiser Commission on Medicaid and the Uninsured, Urban Institute



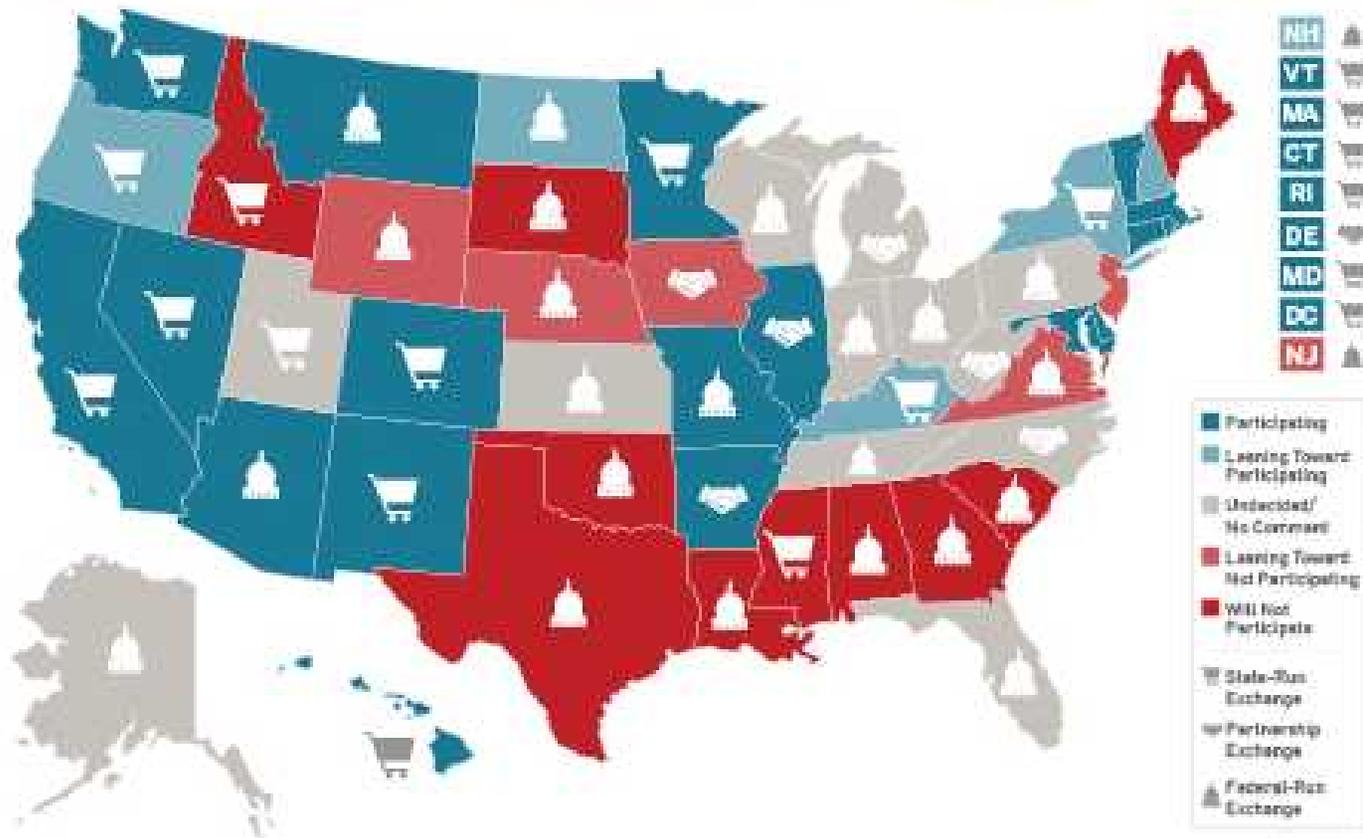
If We Pass on the Expansion...



- Those at 100% FPL or less do not qualify for tax credits on the Exchange, which means that they would not get any assistance and would likely remain uninsured

Does your state plan to expand?

What are the States Saying about ACA Medicaid Expansion?



Note: Based on literature review as of 1/15/13.
All policies possible to change without notice.

Source: American Health Line, <http://ahtatarts.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicaid-expansion/>, accessed 1/15/13.



Learn more about the impact of the Supreme Court ruling at advisory.com/MedicaidMap

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“Cover Georgia is a coalition of consumer and patient advocates, providers, and industry stakeholders who have come together around a common goal: **covering Georgia’s uninsured by expanding Medicaid.**”



GET INVOLVED

www.coverga.org

COALITION PARTNERS

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[American Cancer Society](#)

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[American Diabetes Association](#)

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[American Lung Association in Georgia](#)

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[Metro Atlanta Democratic Socialists of America](#)

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[Voices for Georgia's Children](#)

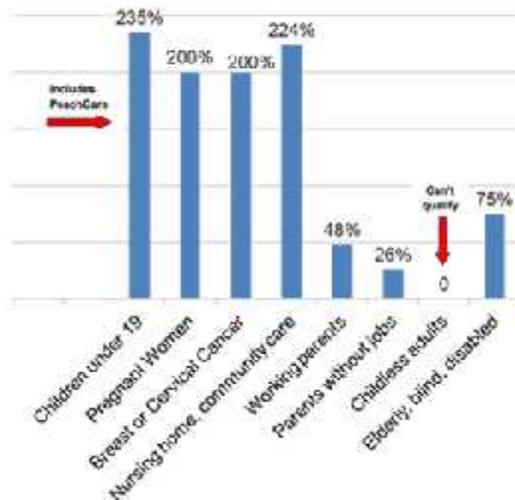
[Younger Women's Task Force of Atlanta](#)

MEDICAID 101

The Georgia Medicaid program covers 1.7 million people. Changes to eligibility may allow an additional 650,000 Georgians access to the program. Learn more about the consequences of expanding the program or choosing to forgo expansion.

1. What is Medicaid?
2. What is Medicaid expansion?
3. Who pays for Medicaid?
4. If we don't expand, where will these people get coverage?
5. How will the Medicaid expansion help small businesses?
6. What is the overall economic impact of expanding Medicaid in Georgia?
7. Who makes the decision to expand in Georgia?

Georgia Medicaid Income Limits Today

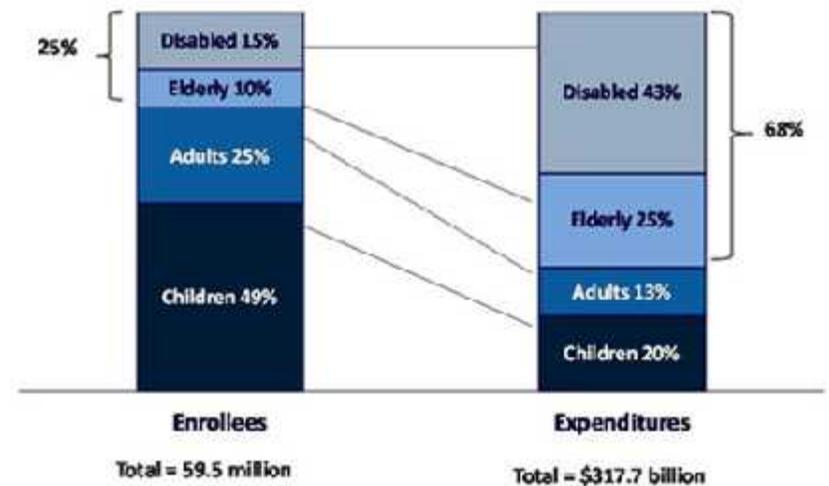


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Medicaid Enrollees & Expenditures, 2008





COVER GEORGIA

Find out if you would qualify for low-cost coverage under the expansion



How many family members do you support?	Is your monthly income equal to or less than:
1	\$1,285
2	\$1,740
3	\$2,195
4	\$2,651
(Add \$455 for each additional dependent)	



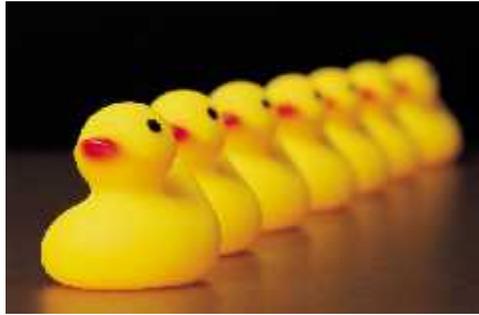
If the answer is YES, you would likely qualify for low cost health insurance **IF** Georgia expands its Medicaid program.

Help us convince the Governor and our State Legislators to move forward with the Medicaid expansion for thousands of Georgians—Georgians just like you!

Help us make health care more accessible for hundreds of thousands of Georgians. Help us make the case for the Medicaid expansion.

TO JOIN OUR EFFORTS AND TO LEARN MORE:

Visit www.coverga.org



Opportunities



Now...

Write a letter to Governor Deal!

In the coming days and weeks...

Sign the online petition and pass it on!

www.coverga.org

Cover Georgia

Become an active member of the coalition



COVER GEORGIA

TUESDAY, FEBRUARY
19, 2013
9AM - 1PM



COVER GEORGIA DAY

Central Presbyterian
Church and State Capitol
201 Washington St. SW; Atlanta, GA
30303

Help us have our voice heard. Help us
Cover Georgia.

Work with us to ensure a healthy future for all Georgians

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RESOURCES AVAILABLE:

Issue Briefs

Fact Sheets

Presentations

Up-to-date health care news

Advocacy opportunities

Contact me:

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health advocate!**