



The Affordable Care Act in Georgia

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Who Am I?

- Amanda Ptashkin, JD
 - Why I'm in this field
 - Widener School of Law, Health Law Certificate
 - American Heart Association, Pennsylvania and Delaware
 - Joined GHF in 2010

About Georgians for a Healthy Future

Georgians for a Healthy Future (GHF) is a nonprofit health policy and advocacy organization that provides a voice for Georgia consumers on vital and timely health care issues. ***Our mission is to build and mobilize a unified voice, vision and leadership to achieve a healthy future for all Georgians.*** We envision a day in which all Georgians will have the quality, affordable health care they need to lead healthy lives and contribute to the health of their communities.



Our Approach

At Georgians for a Healthy Future, we approach our goal of ensuring access to quality, affordable health care for all Georgians in three major ways: 1) community outreach and public education; 2) building, managing and mobilizing coalitions; and 3) public policy advocacy.



These elements reinforce each other: by engaging directly with communities, Georgians for a Healthy Future identifies the pressing health care needs and issues that inform our public policy agenda and enable coalition partners to mobilize cohesively around this agenda. In turn, enacting good public policy improves the lives of health care consumers throughout the state.

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.

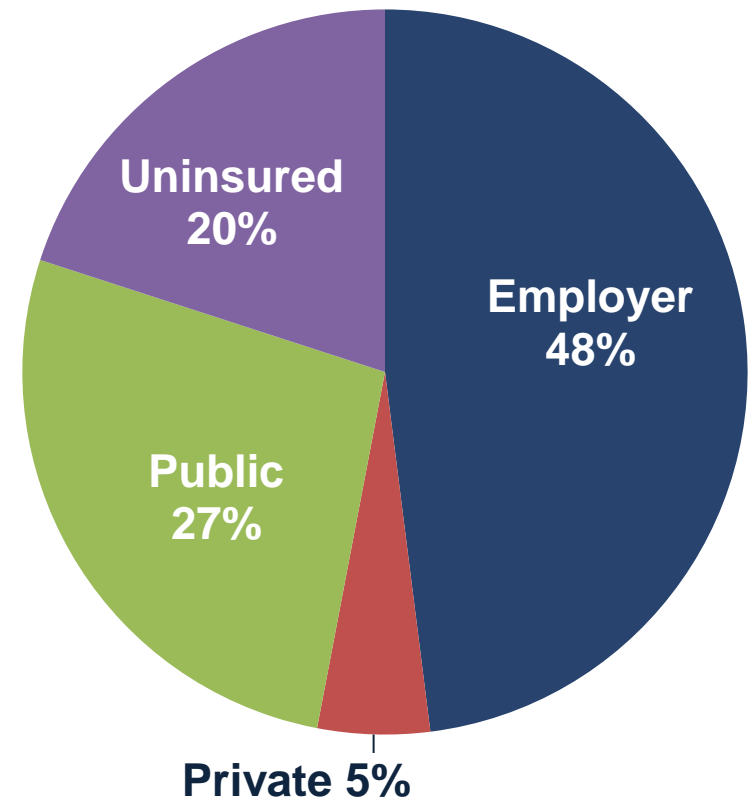
Agenda

- **Background:** why and how health care is changing in America
- **The Affordable Care Act:** what does the ACA attempt to address and how it goes about doing so
- **Currently implemented portions of the law:** what has already taken effect since its passage and what does that mean for Georgians
- **What's next:** portions of the law that rely on state involvement—what has been done to date, what is left to do

Why Health Care is Changing

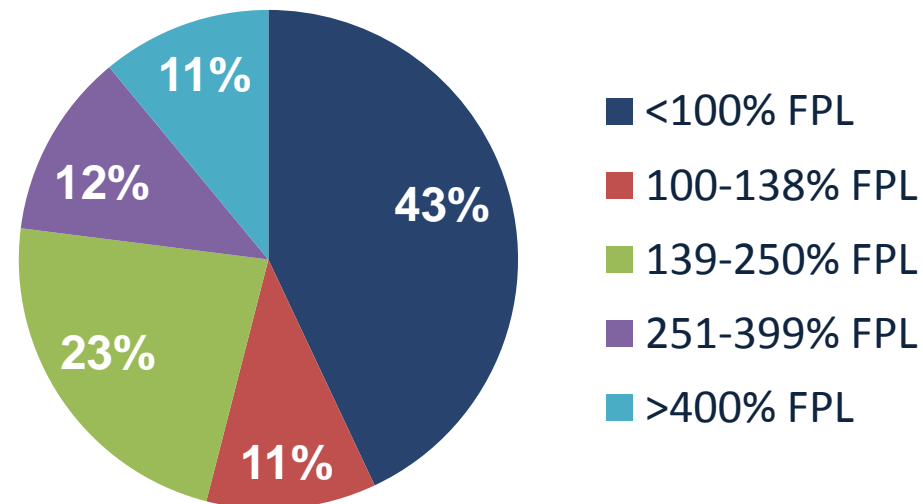
- The status quo is unsustainable
 - Health care spending is growing faster than the economy and wages
- Health status and outcomes are inadequate
 - They drive increased costs
 - United Health Foundation study ranks Georgia in the bottom of the nation: 36th overall (2012)
- Americans have insufficient access to health insurance coverage
 - Adds to the system's inefficiency
 - Leads to worse outcomes and higher costs

**Health Insurance Coverage
of Total Population
(Non-elderly Georgians in
2010-2011)**



The Big Picture, The Big Opportunity: Covering the Uninsured

- Nearly two million uninsured; one-fifth of the population and one-fourth of working-age adults
- Georgia has the fifth highest rate of uninsured—only CA, FL, TX and NY have more.
- Distribution of the uninsured in Georgia by income:
 - <100% FPL..... 43%
 - 100-138% FPL... 11%
 - 139-250% FPL... 23%
 - 251-399% FPL.... 12%
 - >400% FPL.....11%



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
- Everyone is eligible for something (citizens and most legal immigrants)
- Maintain employment-based health insurance system
- Expand Medicaid for low-income individuals and families (made optional by SCOTUS)
- Restructure the individual and small group health insurance marketplace through exchanges and new regulations
- Individual mandate
- Increases coverage for preventive care
- Invests in health care infrastructure
- Pilots projects for payment reforms
- Individual Mandate
- State-based Health Exchanges
- Employer-based “carrots” and “sticks” to increase health increase coverage

The ACA Already in Effect

- \$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
- Rebuilding the primary care workforce
- Establishing consumer assistance programs
- Monitoring unreasonable rate hikes
- Medical Loss Ratio: Rebate checks
- Prohibition of denial of coverage for children with pre-existing conditions
- Pre-existing condition insurance plan (PCIP)

Preventive Services

To encourage the use of cost-effective preventive services, insurance companies can no longer charge co-payments, co-insurance, or require you to first meet your deductible for these services. They include:

- Blood pressure screening
- Cholesterol screening
- Mammography
- Cervical cancer screening
- Colorectal cancer screening
- HIV screening
- Immunizations
- And many more...including...

Preventive Services for Women (no cost sharing)

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling
- HIV screening and counseling
- HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Interpersonal and domestic violence screening and counseling

What about contraceptives?

- Plans and issuers are required to cover the full range of FDA-approved contraceptive methods without cost sharing
- Churches and houses of worship are exempted
- Faith-based organizations and religious-affiliated entities objected; a compromise was reached that would allow these plans to exclude contraception but for women to have access to contraceptives through a free, standalone insurance plan. Insurance companies would receive offsets for these costs
- Lawsuits continue

Unexpected Consequences of ACA Implementation

- When the rules went into effect that prohibited the denial of coverage for children with pre-existing conditions, all insurers in Georgia withdrew from the child-only plans effectively leaving a population of children who do not qualify for PeachCare or Medicaid and can't get coverage in the private market.
- Now What?
 - In 2014, no one will be excluded from a policy based on a pre-existing condition so this is a problem that will go away. However, for the children who are currently uninsurable, what happens to them?
 - Georgians for a Healthy Future, in collaboration with GSU School of Law, drafted HB 1166, a legislative fix to the problem

Pre-Existing Condition Insurance Plan (PCIP)

The Pre-Existing Condition Plan (PCIP) is a health insurance option for uninsured Georgians who have been denied insurance because of a pre-existing condition and is intended to provide coverage for consumers who are locked out of the insurance market due to a pre-existing condition.

To be eligible, applicants to the PCIP must:

- Be uninsured for at least six months and
- Have a letter of denial from a private insurer due to a pre-existing condition (from the past 12 months)
- Meet US citizenship requirements

WWW.PCIP.GOV

Pre-Existing Condition Insurance Plan (PCIP)

As of last November, 3486 Georgians had signed up for coverage through the PCIP.

| Age | Standard Option | Extended Option | HAS Option |
|----------|-----------------|-----------------|------------|
| 0 to 18 | \$147 | \$198 | \$153 |
| 19 to 34 | \$220 | \$296 | \$229 |
| 35 to 44 | \$264 | \$356 | \$274 |
| 45 to 54 | \$338 | \$455 | \$351 |
| 55+ | \$470 | \$633 | \$488 |

There are deductibles and co-pays associated with the plans. More details on plan design are available at:

<https://www.pcip.gov/StatePlans.html>

How the Law Affects the 65+ Population

- Lowers out-of-pocket Rx drug costs—for those who reach the coverage gap there will be a 52.5% discount on brand-name drugs and a 21% discount on generic drugs while in the gap
 - Discounts will increase until coverage gap disappears in 2020
- Preventive care is free of cost: annual wellness visit, mammograms, and other screenings for certain cancers and diabetes

How the Law Affects the 65+ Population

- Medicare Advantage plans that give better quality care will receive bonus payments—some of that \$ to offer added health benefits
- Medicare Advantage can't charge people more than Original Medicare for certain services (i.e. chemotherapy administration, renal dialysis, and skilled nursing)
- Starting in 2014, Medicare Advantage plans must limit how much they spend on admin costs (MLR—15/85)

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

What will the marketplace do?

- Enroll individuals and families into health insurance plans
- Provide information, services, and tools, including a web portal, to navigate consumers through the process of selecting and enrolling in a plan
- Provide an online calculator so consumers can calculate their premiums after factoring in a new tax credit that will be available to make coverage more affordable
- Display information about health plan costs, benefits, and quality and satisfaction ratings in a consumer friendly manner

What will the marketplace do?

- Provide a toll-free consumer assistance hotline
- Certify that plans available on the exchange have adequate provider networks
- Certify that plans available on the exchange have at minimum a core set of benefits
- Present plan options in tiers (platinum, gold, silver, bronze) so that consumers can objectively identify which plans are more comprehensive than others and select a plan that best meets their needs
- Provide plain language information on enrollee rights, claims denials, and other consumer protections

The Exchange: Affordability Provisions

- Individuals can purchase health insurance on the exchange or outside the exchange, but tax credits are **only** available within the exchange
- Sliding scale credits that limit the percentage of income that can be spent on premiums:
 - Up to 133% FPL: 2% of income
 - 133-150% FPL: 3 -4% of income
 - 150-200% FPL: 4 – 6.3% of income
 - 200 – 250% FPL: 6.3 – 8.05% of income
 - 250 – 300% FPL: 8.05 – 9.5% of income
 - 300 – 400% FPL: 9.5% of income

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

Georgia EHB

Georgia EHB Benchmark Plan—summary information

| Plan Type | Plan from largest small group product |
|---|---------------------------------------|
| Issuer Name | BCBS Healthcare of Georgia, Inc. |
| Product Name | POS |
| Plan Name | HMO Urgent Care 60 Copay |
| Supplemental Categories | *Pediatric oral * Pediatric Vision |
| Habilitative Services included in Benchmark | Yes |

To read the full plan offering, visit the CCIIO website (Center for Consumer Information & Insurance Oversight)

www.ccio.com.gov/resources/data/ehb.html#georgia

EHB and Developmental Disabilities

- Many people with I/DD will benefit from the inclusion of habilitative and rehabilitative services, mental health and behavioral services, chronic disease management and pediatric services including dental and vision
- **Habilitation** includes: services designed to assist participants in acquiring, retaining and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings
- **Rehabilitation** includes: health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

More on I/DD

- Effective January 1, 2012, full benefit Dual eligibles (Medicaid + Medicare) receiving home and community based waiver services will have no cost sharing for Part D covered drugs. This creates parity with how Dual eligibles in nursing homes and institutional settings are treated
- Starting in 2013, Part D will cover benzodiazepines and will cover barbiturates used in the treatment of epilepsy, cancer, or a chronic mental disorder
- Starting in 2014, Medicaid programs will no longer be able to exclude smoking cessation agents, barbiturates, and benzodiazepines from coverage under Medicaid
- For more detailed information, visit www.thearc.org to read their full analysis of the law

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

What's Next?

- 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

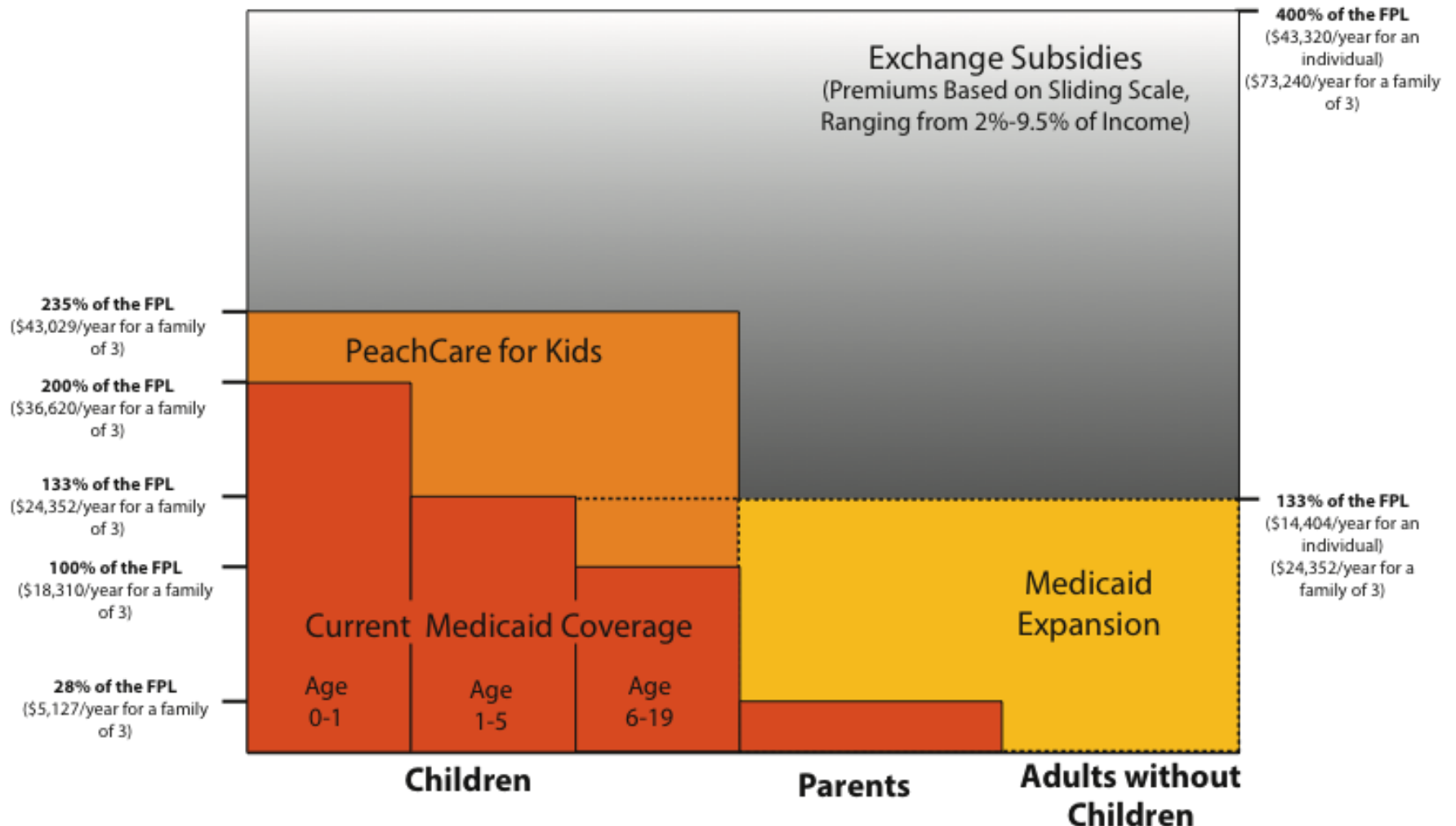
What this means for your patients

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.

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

Current Coverage

Coverage Expansions under the ACA



What are the implications for coverage?

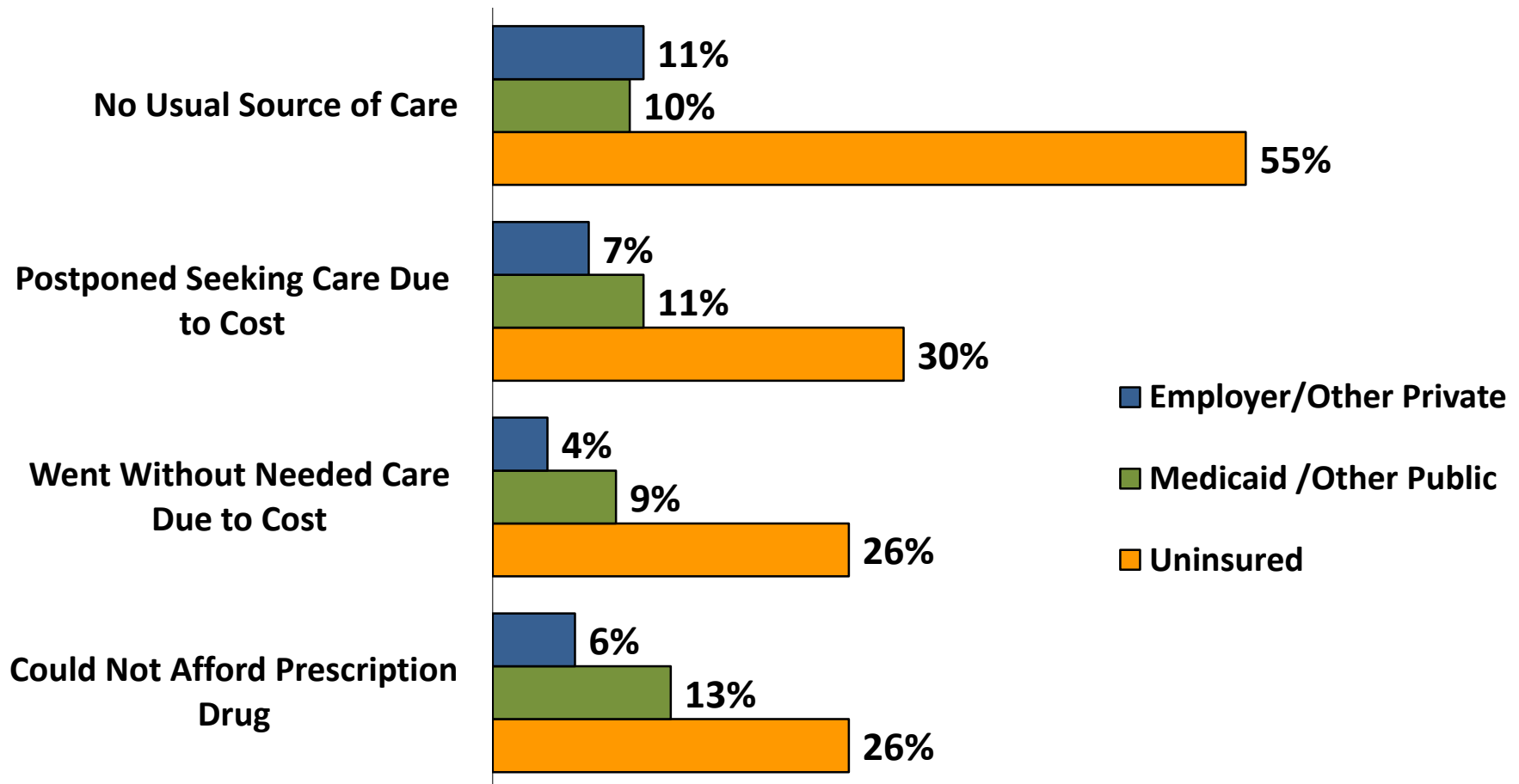
Congress authorized tax credits for the purchase of private health insurance through the exchange **only** for people with incomes above the poverty level

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

Patients with Medicaid Get Better Care

Share of Nonelderly Adults Reporting Barrier:



In past 12 months.

SOURCE: KCMU analysis of 2010 NHIS data.

Medicaid Expansion Saves Lives



The NEW ENGLAND
JOURNAL of MEDICINE

SPECIAL ARTICLE

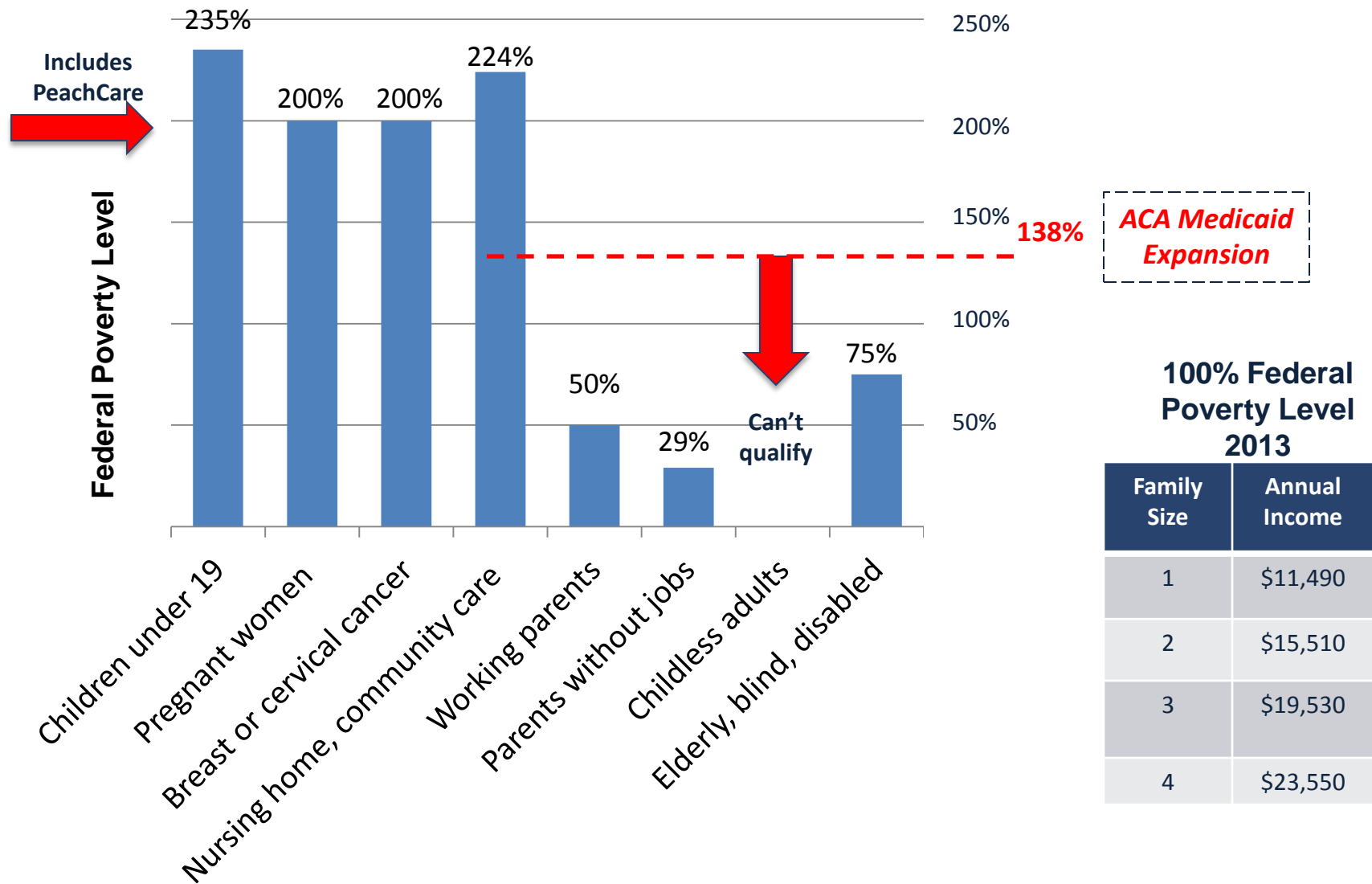
Mortality and Access to Care among Adults after State Medicaid Expansions

Benjamin D. Sommers, M.D., Ph.D., Katherine Baicker, Ph.D.,
and Arnold M. Epstein, M.D.

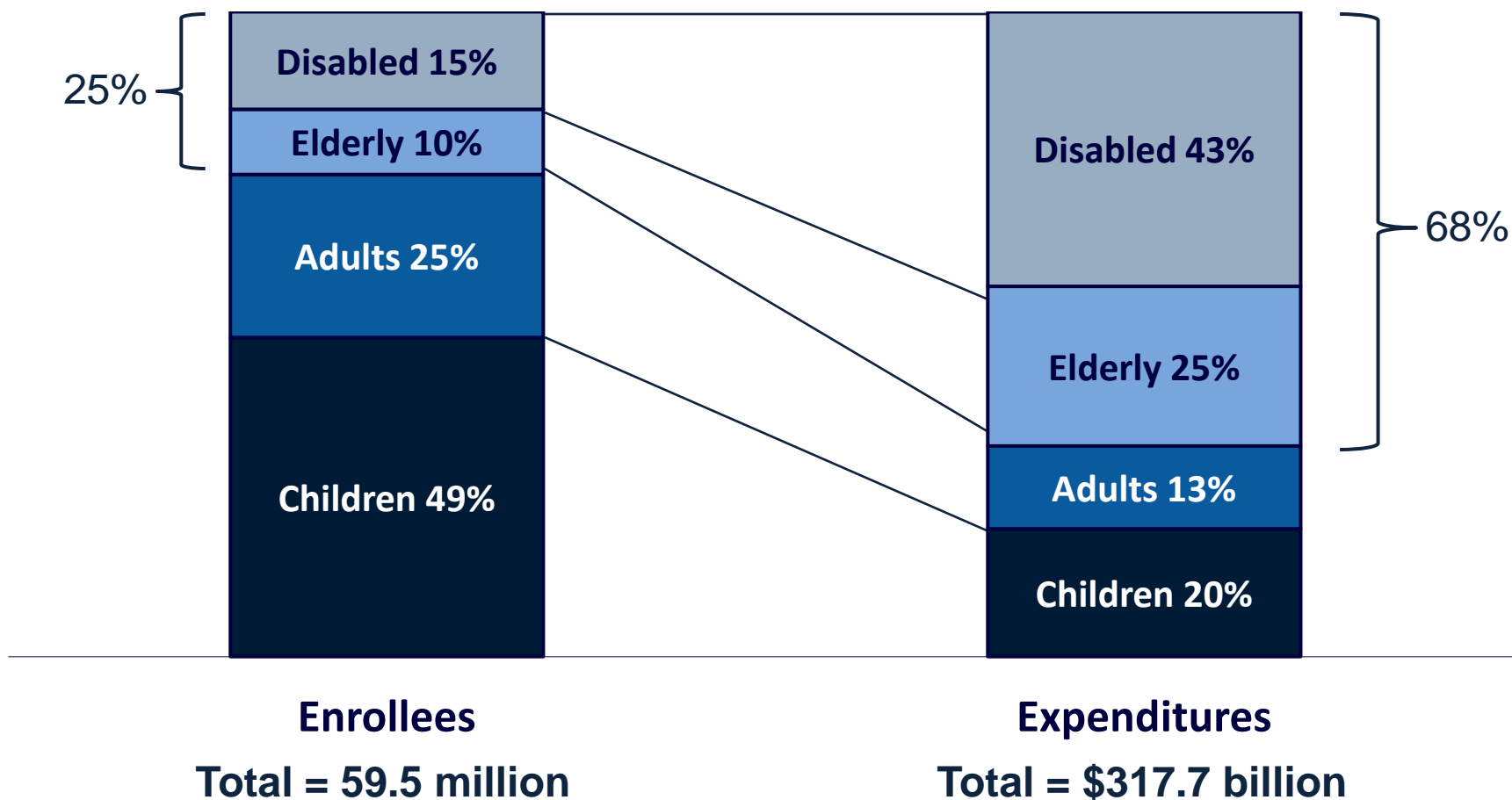
- Based on conservative estimates of 650,000 new enrollees, that means **3,693 lives saved each year in Georgia**
 - More than 10 deaths per day
- Expanding Medicaid may, simply put, save lives
- Medicaid expansions are associated with improved coverage, access, health, and reduced mortality

- Expanded Medicaid under the ACA may significantly improve health for millions of low-income adults
- Cuts in Medicaid – or repealing the Medicaid expansion – likely would adversely impact the health of vulnerable populations
- The decline in the death rate was significant for both whites and non-whites, but was twice as high among non-whites
- Medicaid was associated with larger health gains for older adults (35-64) and for people living in poorer areas
- All of this is consistent with whom we might expect to benefit most from a Medicaid expansion

Georgia Medicaid Income Limits Today



Medicaid Enrollees & Expenditures, 2008



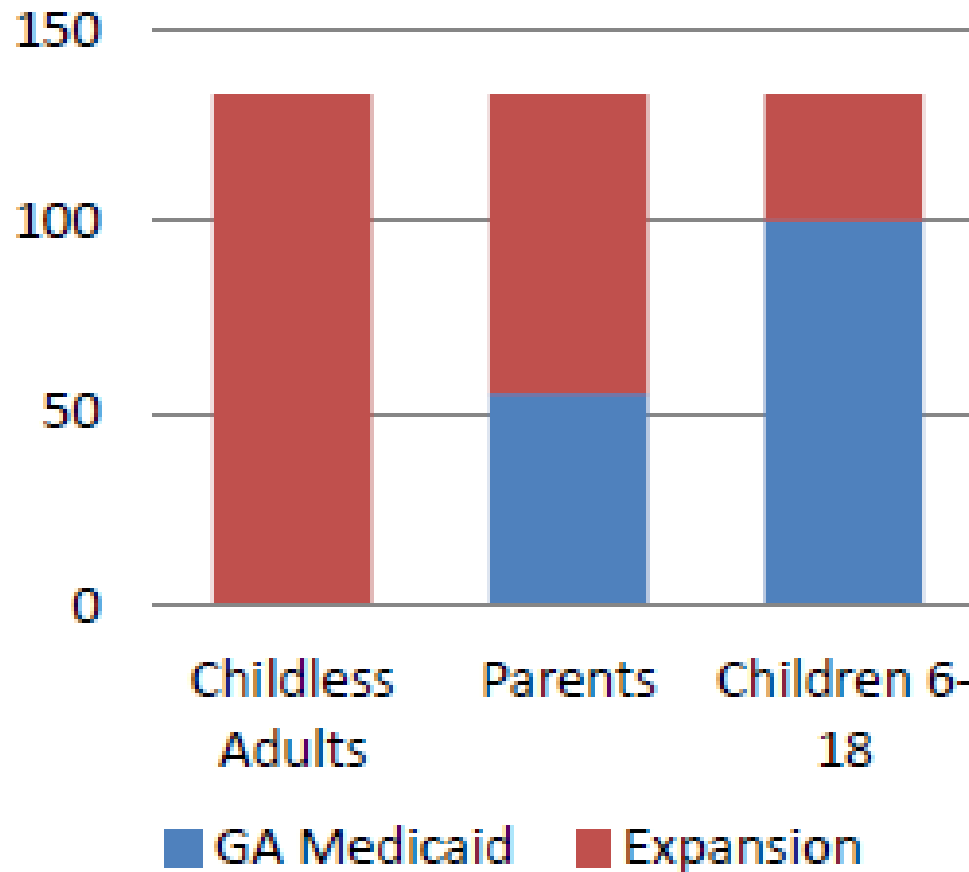
NOTE: Percentages may not add up to 100 due to rounding.

SOURCE: KCMU/Urban Institute estimates based on data from FY 2008 MSIS and CMS Form-64, 2010.

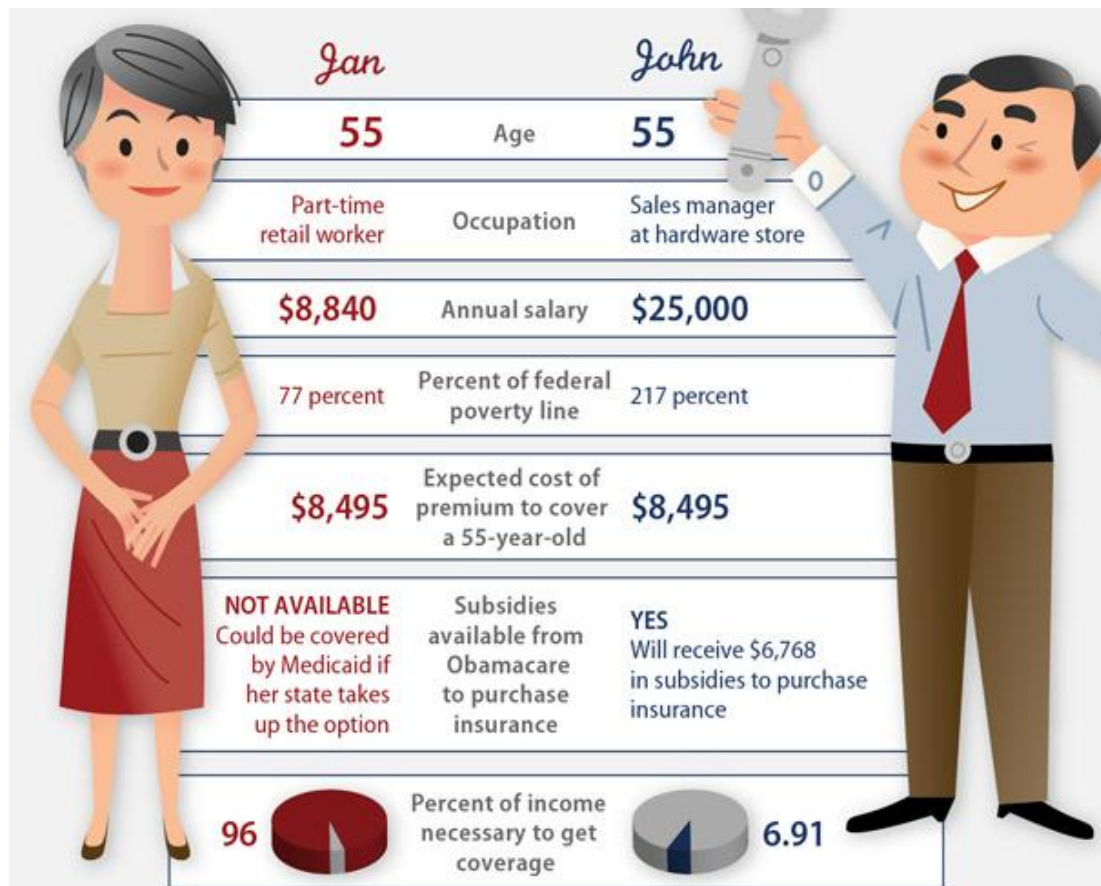
If we expand...

GA Medicaid After Expansion

(income as % of poverty)

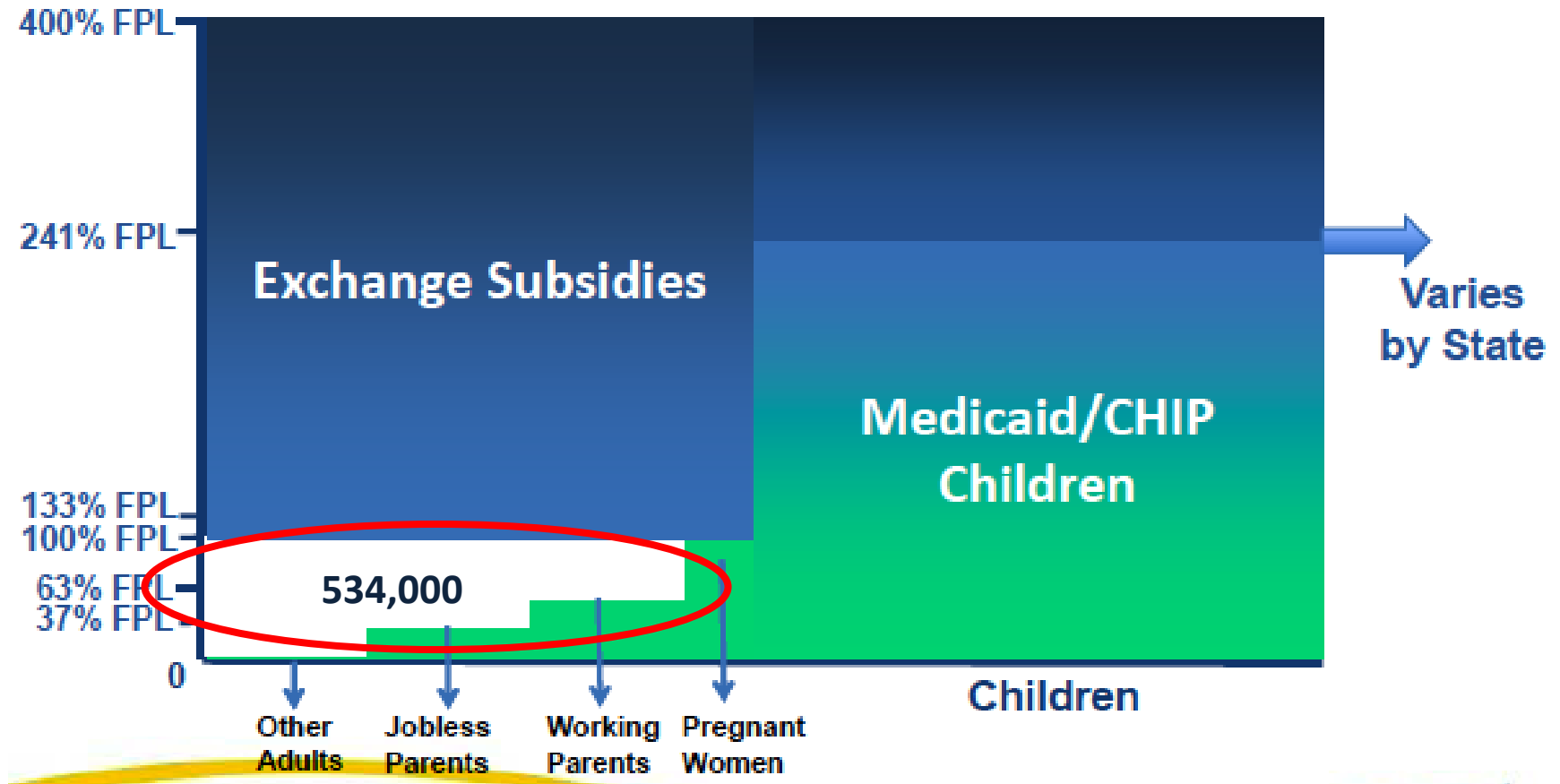


This sets up a “Coverage Gap”



Source: Kaiser Family Foundation, “Health Reform Subsidy Calculator,” available at <http://healthreform.kff.org/subsidycalculator.aspx?source=QL>. 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.

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

A quiz... “Do I qualify for Georgia?”



I'm a 55-year old high school graduate. I'm not married or a father or anything. I'm disabled due to complications of diabetes so I can't work construction anymore - I lost a foot and am mostly blind. I just started getting a SSDI (disability) check of \$800/month - about \$9,600 per year. I have to wait for another year or so to be eligible for Medicare and don't have health insurance in the meantime.

- A. You currently qualify for Medicaid in Georgia, and would continue to qualify if Medicaid were expanded.
- B. You currently qualify for Medicaid in Georgia, but would no longer qualify if Medicaid were expanded.
- C. You do not currently qualify for Medicaid in Georgia, but you would qualify if Medicaid were expanded.
- D. You do not qualify for Medicaid in Georgia, and would not qualify if Medicaid were expanded.

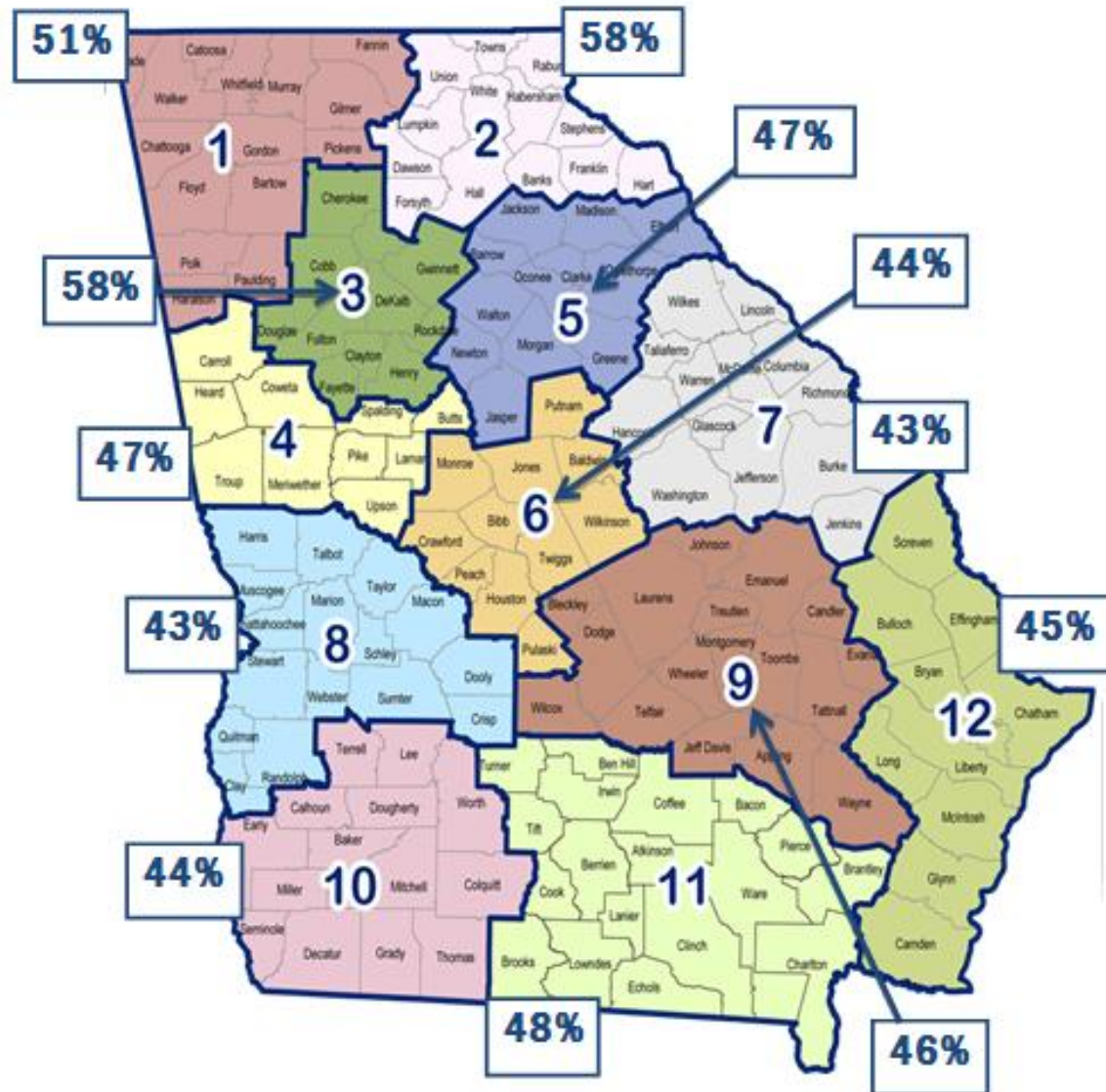
A quiz... “Do I qualify for Georgia?”



I'm a 21-year old single mom; my baby is two years old now. I haven't been able to get childcare so I work on the weekends when my mom can watch my baby. I was going to get TANF - that's welfare - so I could do job training, but we could only get \$235 per month and my mom needed more help than that with the rent. So I make a bit under under \$8,000/year (\$650 per month).

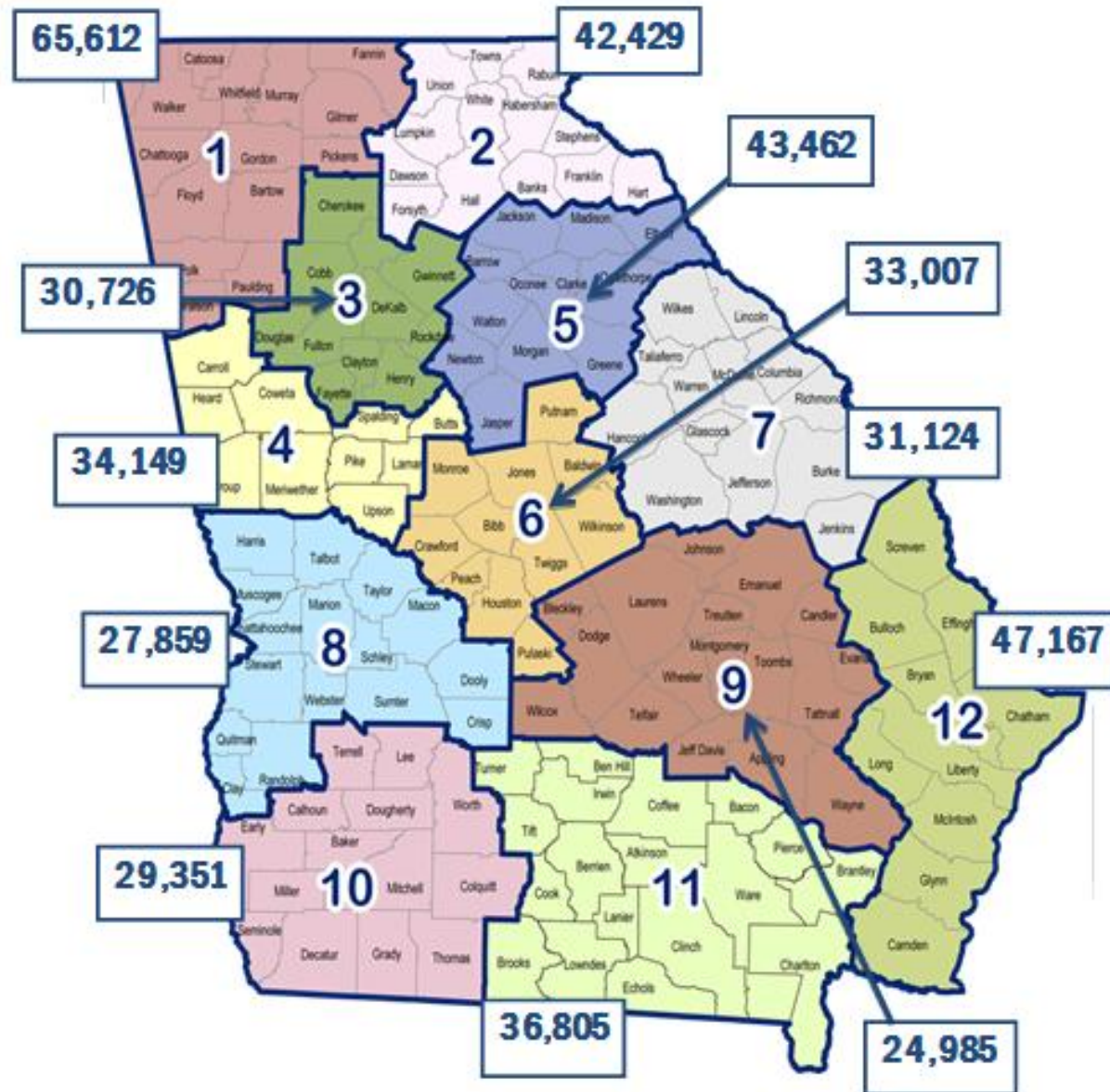
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Uninsured rate among Georgians ages 18 to 64 with income below 138 % of Federal Poverty Level (\$16,000/ individual; \$27,000/ family of 3):



Statewide, half of all Georgians ages 18 to 64 and with income below 138% of poverty were uninsured in 2010.

Uninsured Georgians, ages 18 to 64, with income below 138 % of Federal Poverty Level (\$16,000/ individual; \$27,000/ family of 3):



Statewide, nearly 45 percent of uninsured Georgians ages 18 to 64 would be eligible for Medicaid if Georgia expands.

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

Medicaid Expansion Is Good for Georgia's Health System

- + Medicaid improves access to care, health status, and financial security of enrollees who would likely otherwise be without coverage.²
- + Medicaid expansion in other states have reduced mortality, and based on an estimated 650,000 new enrollees, an approximate **3,693 lives could be saved** each year in Georgia by expanding coverage through Medicaid.³

Medicaid Expansion Is Good for Georgia's Economy

GEORGIA'S ECONOMY
WINS WITH
MEDICAID EXPANSION!

- + Expanding Medicaid in Georgia would create 70,343 new jobs and would infuse an additional **\$8.2 billion per year in economic activity** into our state's economy¹ each year.
- + This economic activity will result in an additional **\$276 million a year** in state and local tax revenue

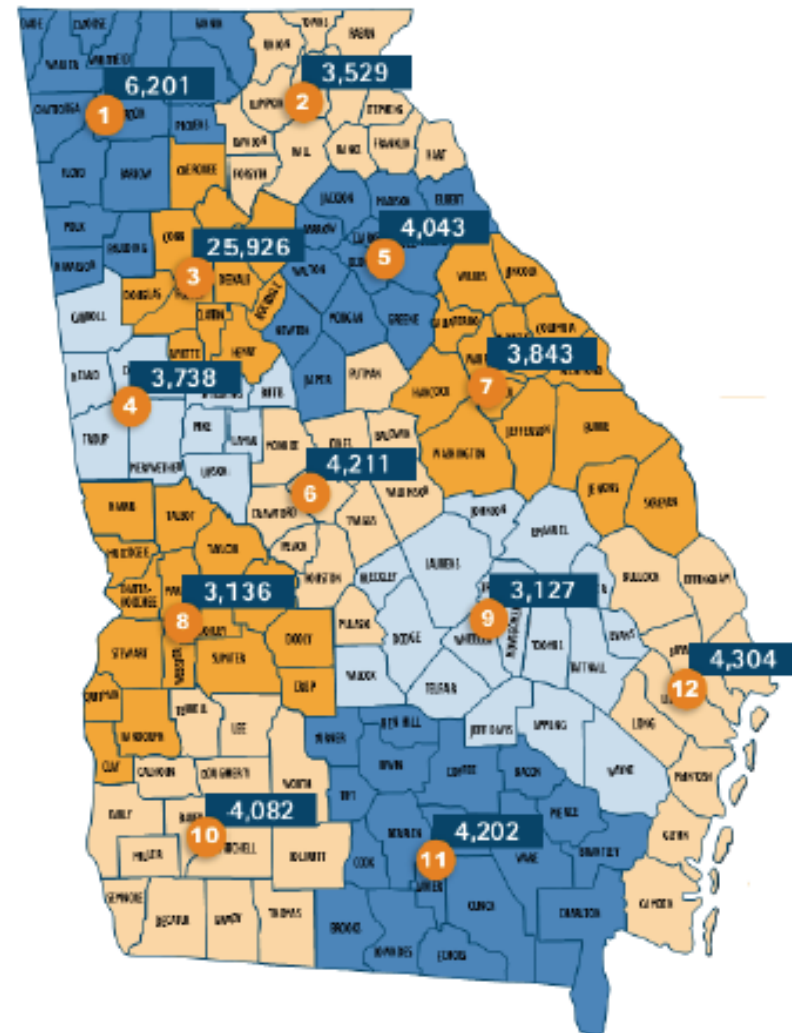
Medicaid Expansion Is A Good Bargain

- + Money has already been set aside at the federal level to cover 100% of the costs of Georgia's expansion for the first three years and at least 90% in future years. Should the federal reimbursement levels drop below this level, Georgia can pull out of the expansion at any time.
- + Expanding Medicaid will bring an estimated **\$40.5 billion in federal funds** into Georgia over a decade.
- + Medicaid expansion will free up state dollars that are currently covering programs such as mental health, the Georgia AIDS Drug Assistance Program, the State Hemophilia Program, and indigent care.

Medicaid Expansion Is Good for Georgia's Workforce

- + More than **38,000 new health care sector jobs** will be created. Other industries such as real estate, restaurants, transportation, and other businesses will also benefit from more than **30,000 new jobs**.
- + Under the current Medicaid program, low-income childless adults and most low-income parents do not qualify for coverage, leaving many working Georgians without access to adequate health care.
- + Georgia has one of the nation's highest uninsured rates; expanding Medicaid will help cover more than 650,000 people.

Jobs Created by Service Delivery Area



Source: Georgia State University
Analysis of Medicaid Expansion Impact

Medicaid Expansion Saves Money

- \$15B in new federal dollars in first 5 years
- Gov. Deal estimates costs \$4.5 bill over 10 yrs
 - 650,000 new enrollees = \$692 per person per year
 - Compare: Average ER visit ~ \$1000
- If Georgia fails to expand?
 - With decrease in DSH funds, safety-net hospitals may be at risk
 - Federal funds will go to other states

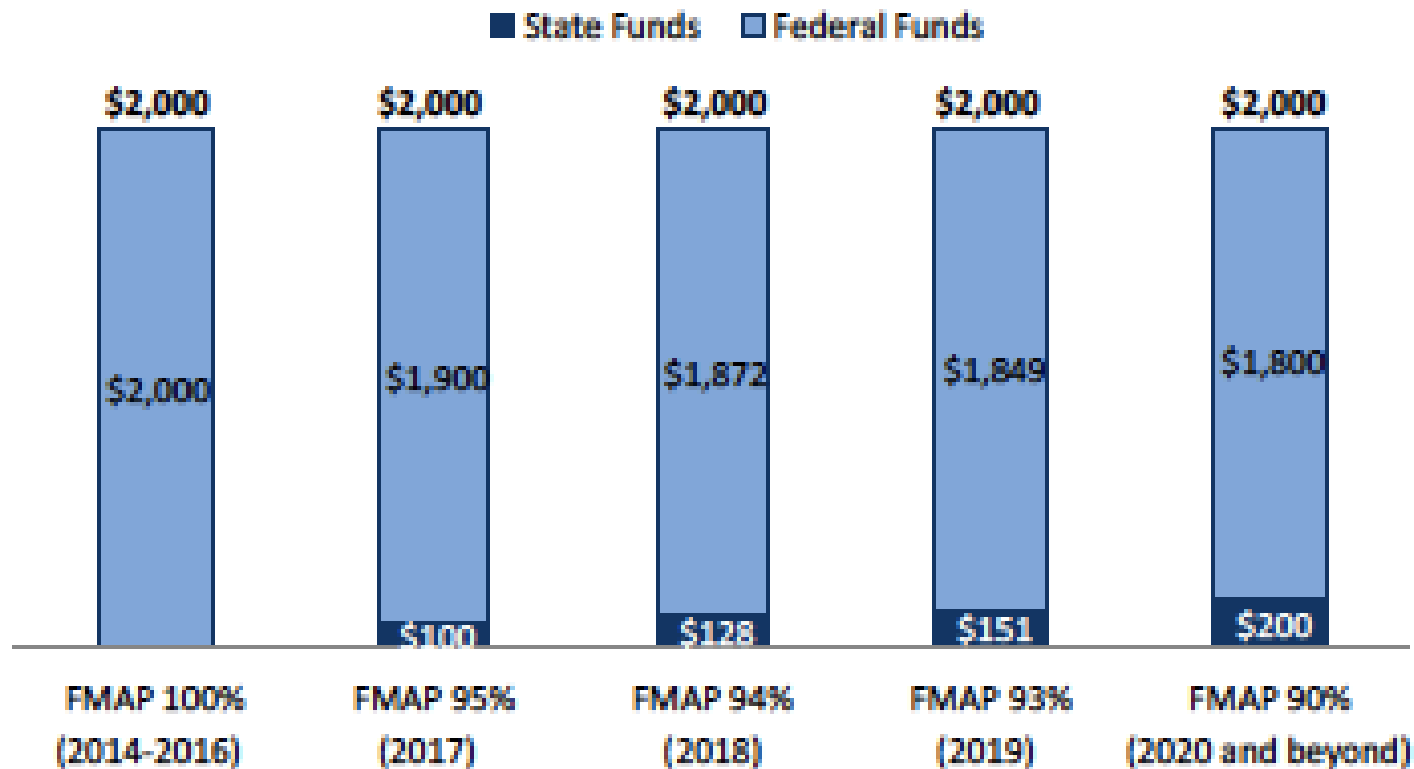
Medicaid Expansion Is Good for Georgia's Hospitals

- + Hospitals lost \$1.5 billion in uncompensated care in 2010. Increasing the number of insured patients by expanding Medicaid will help prevent struggling hospitals from closing and save Georgia taxpayers dollars that currently go toward covering uncompensated care.
- Reduces amount of previously uncompensated care
- Increases their Medicaid reimbursements in 2013-2014
- Offsets loss of DSH funding, which will be decreased by as much as \$14 billion by 2020



Financing the Expansion

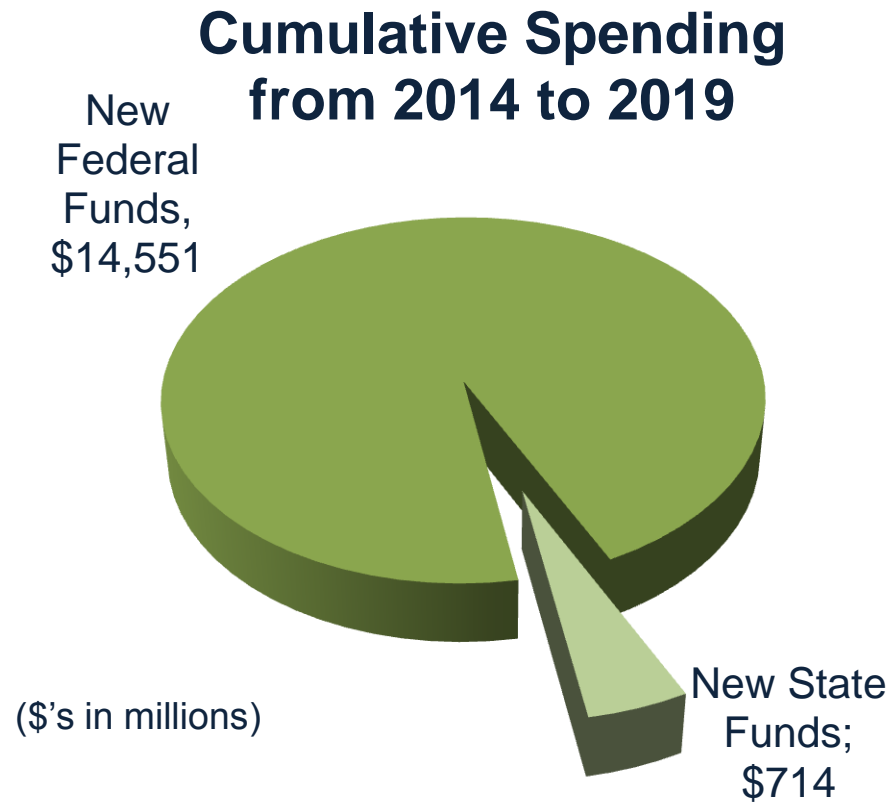
States Can Leverage Federal Funds for the Medicaid Expansion Population under the ACA



FMAP – Federal Medical Assistance Percentage

SOURCE: Kaiser Commission on Medicaid and the Uninsured Policy Brief – Medicaid Financing: An Overview of the Federal Medicaid Matching Rate (FMAP) – September 2012

Medicaid Expansion Costs for GA



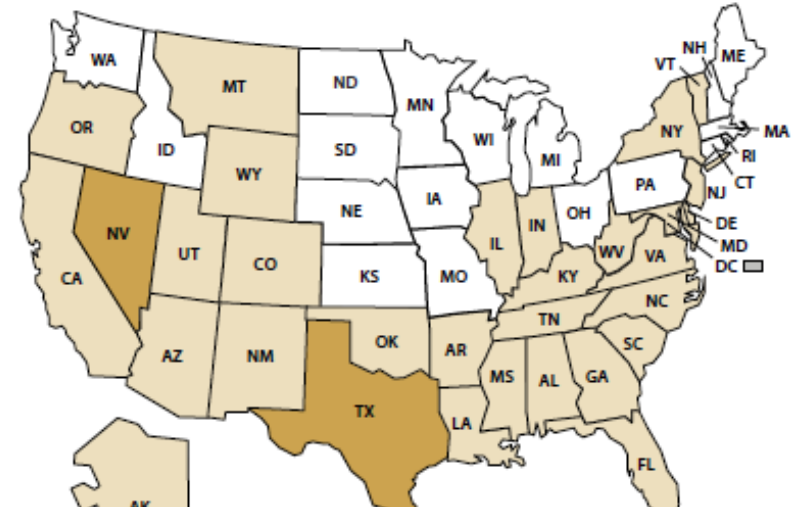
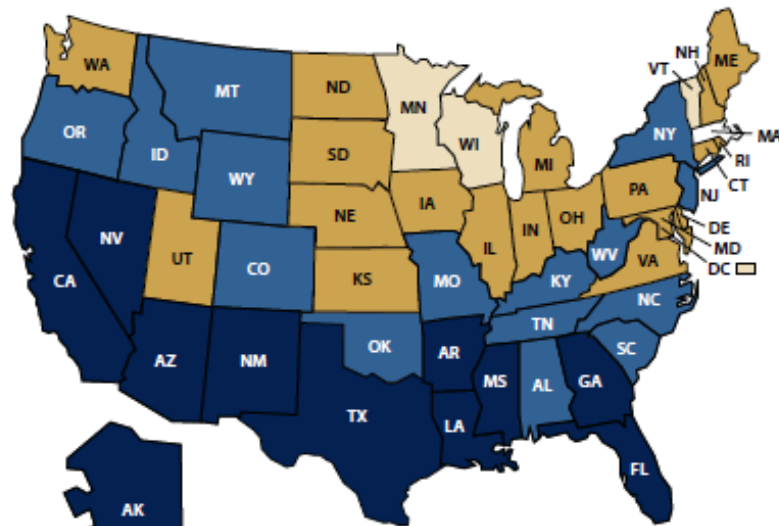
- New state funds average \$120 million for the first six years
- New state funds \approx 2.7% increase above baseline without reform

How does the ACA change the map?

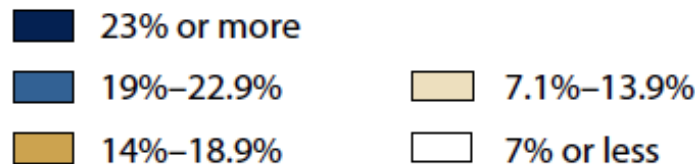
Uninsured Rate Among Adults Ages 19–64, 2008–09 and 2019

2008–2009

2019 (estimated)



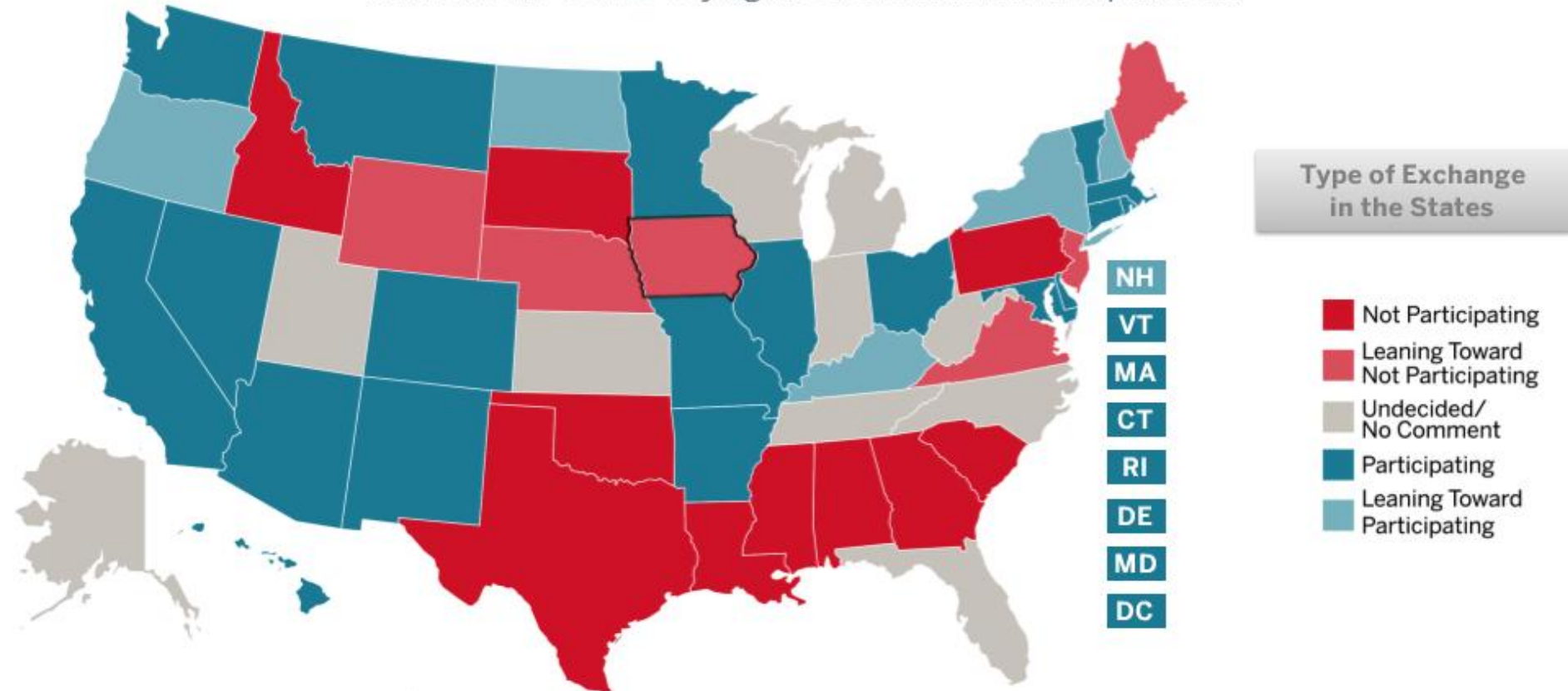
About 700,000 Uninsured Georgians could get public coverage



Data: U.S. Census Bureau, 2009–10 Current Population Survey ASEC Supplement; estimates for 2019 by Jonathan Gruber and Ian Perry of MIT using the Gruber Microsimulation Model for The Commonwealth Fund.
Source: Commonwealth Fund State Scorecard on Child Health System Performance, forthcoming 2011.

Does your state plan to expand?

What are the States Saying about ACA Medicaid Expansion?



An estimated 15.1 million currently uninsured adults could become eligible for Medicaid if all states expanded coverage up to 138% FPL.



COVER GEORGIA

“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

Do you need health insurance? Afraid you can't afford it?

You *may* qualify for low cost coverage if the state of Georgia decides to expand Medicaid as part of the nation's new health care reform law, the Affordable Care Act.

Find out if you would qualify for affordable coverage under the expansion



| How many family members do you support? | Is your monthly income equal to or less than: |
|---|---|
| 1 | \$1,321 |
| 2 | \$1,783 |
| 3 | \$2,245 |
| 4 | \$2,708 |
| | |
| (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 today.



COVER GEORGIA

We have an unprecedented opportunity to improve the health of Georgia patients and consumers, strengthen our state's health care delivery system, and bolster the state's economy by covering Georgia's uninsured through an expansion of Medicaid. This page will provide you with fact sheets, talking points and other resources you need to help build a case of support for the expansion.

1. Georgia Specific Reports & Fact Sheets
2. Talking Points & Messaging
3. National Resources



Georgia Budget & Policy Institute

Fact Sheet

Medicaid Expansion Would Benefit Georgia Parents and Other Adults Without Insurance

By Timothy Sweeney, Director of Health Policy



Expansion is a good deal



health
STAT

strategies | taking action | together

www.healthstatgeorgia.org

Medicaid expansion saves lives

- Expanding Medicaid will prevent 5,400 needless Georgia deaths each year (24 percentage points).
- 25% of Georgia adults (about 1.5 million) are uninsured, one of the highest rates in the nation.
- 61% of Georgians with incomes below 138% of the federal poverty level are uninsured.
- Expanding Medicaid will extend health care coverage to between 400,000 and 500,000 Georgians annually.
- Nearly 1 million Americans starting Medicaid see their own health improve.

Medicaid expansion saves Georgia money

- The federal government will cover more than 60% of the cost of expanding Medicaid.
- Expanding Medicaid is a great value. Increasing Georgia's contribution by less than 1% will pay 40% more Georgians access to care.
- If we don't expand Medicaid in Georgia, \$10 billion from Georgia taxpayers will be sent to other states.
- Expanding Medicaid saves money on other state and local programs, including safety net hospitals, mental health services. Counting these savings, Medicaid expansion will save Georgia money.

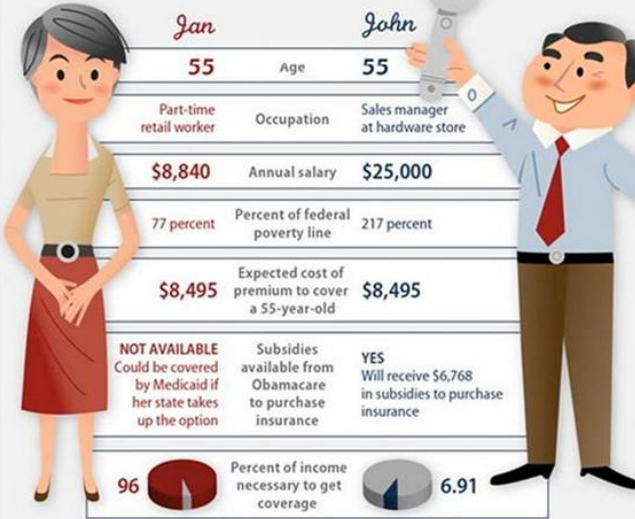
Medicaid expansion saves hospitals

- Caring for the uninsured costs Georgia hospitals, and costs more than \$1.5 billion per year. Expanding Medicaid is needed to help our hospitals shoulder the burden.
- Starting in 2014, federal law requires the cost of the uninsured will be cut sharply, making it harder for many hospitals to stay open. Expansion will help offset these cuts with new federal money, protecting hospitals as well as our all depend.
- Hospitals across all of Georgia, including those with health insurance.

Medicaid expansion protects Georgia's workforce and improves our economy

- Over the next ten years, expanding Medicaid will add more than \$75 billion to Georgia's economy.
- Georgia businesses depend on healthy workers. Poor health is the most likely reason for missing work, costing the United States \$18 billion per year.
- By improving Georgia's health, expanding Medicaid will make Georgia a more attractive state for employers, investment and economic jobs.

Source: Kaiser Family Foundation, "Health Reform Subsidy Calculator," available at <http://healthreform.kff.org/subsidycalculator.aspx?source=QL>. 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.



| Jan | | John |
|--|--|--|
| 55 | Age | 55 |
| Part-time retail worker | Occupation | Sales manager at hardware store |
| \$8,840 | Annual salary | \$25,000 |
| 77 percent | Percent of federal poverty line | 217 percent |
| \$8,495 | Expected cost of premium to cover a 55-year-old | \$8,495 |
| NOT AVAILABLE Could be covered by Medicaid if her state takes up the option | Subsidies available from Obamacare to purchase insurance | YES Will receive \$6,768 in subsidies to purchase insurance |
| 96 | Percent of income necessary to get coverage | 6.91 |

Source: Kaiser Family Foundation, "Health Reform Subsidy Calculator," available at <http://healthreform.kff.org/subsidycalculator.aspx?source=QL>. 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.



10 Reasons the Medicaid Expansion is Good for Women

Prepared by: Erin Armstrong
August 13, 2012



THE MEDICAID EXPANSION AND PEOPLE WITH HIV/AIDS

The U.S. Supreme Court ruled in June 2012 to uphold the Patient Protection and Affordable Care Act (ACA). However, in a disappointing move, the Court ruled that states that do not comply with the ACA's expansion of Medicaid to individuals up to 138% of federal poverty (around \$15,400 per year for an individual) cannot lose federal funding for the entire Medicaid program.¹ If states refuse to comply with the expansion, there could be a large number of the lowest income people left out of reform. This fact sheet was developed to assist HIV advocates with making the case for the Medicaid expansion in their state. Analysis of the implications of the Supreme Court decision by various stakeholders will continue, so regularly check the resources at the end of the fact sheet for the latest news and analyses.



Petitioning The Governor of GA ▼

**Governor Deal: Medicaid Expansion
Is A Good Deal For Georgia!**

Sign this petition

with 355 supporters

645 NEEDED

First Name

Last Name

Email

Street Address

City

State

[Outside U.S.?](#)

Zip Code

Why is this important to you?
(Optional)

Sign >

Holly M. ROME, GA

So many put off their health due to no insurance. I was one of them and now I am battling stage 4 Cervical Cancer. I am lucky I qualified for Breast/Cervical Cancer Medicaid Program. While I am grateful I have coverage now... had funding been more available to me for regular screenings & preventative tests, I would have found my cancer in time to truly cure it. Also, I feel that I am more costly to medicaid now than I would have been if this had been found early. Thank you.

Karen M. TUCKER, GA

I have worked with so many working families who do not have access to healthcare due to limited financial resources. I believe that our community's wellbeing could be enhanced significantly by better health outcomes. And put simply, it is the right thing to do for the people of Georgia.

Rachel P. DECATUR, GA

Everyone deserves quality health care!!

The Big Challenges: Structural, Budgetary, Political, Provider Capacity, Systems Readiness

- Need to coordinate efforts and invest in the process
- Difficult budget climate; federal \$ should be maximized
- Political climate: health reform is still a political hot potato
- Primary care physician shortages in Georgia, particularly in rural areas
- Medicaid provider reimbursement rates relatively low
- Need to ensure the newly insured get covered, stay covered, and get care
- Handling large influx of enrollment
- Determining newly eligible from previously eligible
- Ensuring state Exchange and Medicaid are able to integrate and provide seamless transition

ADVOCACY DEMYSTIFIED:

Tools and Strategies for Effective
Consumer Health Advocacy



Ad-vo-cate (*n. ad-vuh-kit*): one that defends or maintains a cause or proposal

Advocacy may seem overwhelming, but it's a lot easier—and can have a bigger impact—than you might imagine. You already have the knowledge, passion, and commitment to be a successful and effective health care advocate. *All you need are the right tools.*



The Three Tenets of Advocacy...

HOOK

THE HOOK IS THE START OF ANY CONVERSATION.

Make sure to tell the legislator (or whoever your audience is) who you are, where you live and why you are contacting them. Legislators hear from lobbyists all day long but they don't always hear from their constituents, whom they have a duty to represent.

LINE

THE LINE IS WHY THIS ISSUE IS IMPORTANT TO YOU.

Is it because of a personal experience? Do you know someone who is affected by a lack of access to care? In your professional capacity, is this an issue that you deal with often? Why do you care and more importantly, why should they? The line is the opportunity to make this a personal issue and not a vague, anonymous one.

SINKER

THE SINKER IS WHERE YOU TAKE THE OPPORTUNITY TO MAKE "THE ASK."

Do you want your legislators to support a public policy measure that will improve access to health care in Georgia? Do you want to encourage other partners in your local community to support a cause? Make sure to ask, "Can I count on your support?" He or she may not immediately have a firm answer, but this is an opportunity to spur your target audience to think about the issue more deeply and come up with a reason to support or oppose a solution. It is also a great opportunity to follow up with useful information that can help you make your case. What would you like to see done to make a change?

You Know Why You 're Speaking Out...Now Here 's How:

SOCIAL MEDIA

The power of social networking is that it is a simple way to share your opinions and proposed solutions to basic health care problems with friends and family and in turn get them thinking about the issues most important to them.

Like it, Tweet it, Share it

TELEVISION / RADIO / NEWSPAPER RELATIONSHIPS

See an article about health care that you agree with or disagree with? Writing a letter-to-the-editor to share your opinion and proposed solutions is a great way to maximize exposure for some of the most pressing health care issues across the state.

Take opportunities to meet with your local Editorial Board to inform them of key health care issues facing your community.

COMMUNITY-LEVEL ORGANIZATIONS

Are you a part of the local PTA? Do you attend Neighborhood Planning meetings or City Council Hearings? Do you volunteer with your church or other religious institutions?

Bringing the challenges and opportunities of the future of our health and health care to these groups and partners brings the people who have the most to gain from a local perspective into the problem solving process, helping ensure its success.

MAKE A CALL, SEND A LETTER, SEND AN EMAIL

Whenever you reach out to a legislator or key decision-maker, make sure to include your name, address, why you care about the issue and ask for a concrete deliverable.

"Hello, my name is X and I am a constituent of Legislator Y. I want to encourage my legislator to support Issue Z because it will improve my community's access to affordable, quality health care. Can I count on Y's support?"

Work with us to ensure a healthy future for all Georgians

follow us on
twitter



Find us on
Facebook

RESOURCES AVAILABLE:

Issue Briefs
Fact Sheets
Presentations
Up-to-date health care news
Advocacy opportunities

Contact me:
Amanda Ptashkin
aptashkin@healthyfuturega.org
or
404-890-5804

**Fill out our sign-up form or register at
www.healthyfuturega.org to become a
health advocate!**