

Georgia Rural Health Association

Legislative Report #8, March 17, 2013

Happy Saint Patrick's Day!

Lawmakers have set a schedule through the remainder of the 2013 regular session. There are six days remaining in the session.

Wednesday 20th In session - 35th Day

Thursday 21st In session - 36th Day

Friday 22nd In session - 37th Day

Monday 25th In session - 38th Day

Tuesday 26th In session - 39th Day

Wednesday NOT In session

Thursday 28th In session - 40th Day SINE Die

State Budget – This past week the House passed the FY 2014 state budget that begins July 1st by a vote of 159-15. [HB 106](#) is a \$19.8 billion spending plan, which increases state spending \$512 million over this year. It includes:

*\$40,000 to establish the Medical Recruitment Fair using a public/private partnership with the Georgia Alliance of Community Hospitals and the Georgia Rural Health Association.

*\$13.4 million to restore Medicaid reimbursement cuts to health-care providers.

*\$500,000 for start-up funds through the Georgia Association for Primary Health Care for two Federally Qualified Health Centers in Dawson and Chatham Counties.

*\$427,617 to increase all Rural Health Clinics and Federally Qualified Health Centers to the current Prospective Payment System base rate.

*Restores cuts to graduate medical education residency slots

*Funds 6 new family medicine residents

*Funds 2 new osteopathic residency programs

HB 106 is now in the Senate.

Patient Navigators - [HB 198](#) passed the Senate 37-15 this week. The legislation would provide for the licensing of health insurance navigators under the health insurance exchange provisions of Affordable

Care Act. Navigators are individuals who are authorized to provide insurance advice and guidance to uninsured individuals and groups seeking health care insurance coverage. The legislation would establish training and licensing procedures, including a requirement for 35 hours of training. The House has agreed to Senate changes in the bill and it is now headed to the governor for his signature.

In the News....

Medicaid expansion: An irresistible tide

By Andy Miller

A solid majority of states, if not all, will eventually expand their Medicaid programs, say two health experts from opposite ends of the political spectrum.

Roughly half the states so far have indicated they will go forward with expansion.

Cheryl Smith of Leavitt Partners, former director of the Utah health insurance exchange for small businesses, and MIT's Jonathan Gruber, a key architect of the Massachusetts health reform law, also told health care journalists Friday to get ready for a bumpy debut when the Affordable Care Act launches health insurance exchanges in January.

Exchanges will be new online marketplaces where individuals and small businesses can purchase health insurance, with new rules and consumer protections in place, such as a ban against insurer discrimination related to patients' medical conditions.

An exchange will operate in every state. Georgia will have the federal government run its exchange, as will dozens of other states.

Health insurance exchanges, part of the ACA, are "an idea whose time has come," Smith said at a Boston conference of the Association of Health Care Journalists.

[Read more](#)

Sequestration, Medicaid and Mortality

by Brock Slabach

Much has been reported in recent weeks about the impact of sequestration, the automatic federal spending cuts. The

Los Angeles Times states that as the Obama Administration implements the mandated sequester, health care will take a huge hit, second only to defense.

This disproportionate impact will affect areas of the health care system "already hobbled by years of retrenchment or underfunding."

Sequestration will push 63 rural hospitals from profitable to unprofitable operating margins while the overall average rural hospital operating margin is already -5.68 (unfortunately, that's a minus). It is estimated that due to sequestration more than 12,000 rural health jobs will be lost nationwide. (

See this report on the impact of Medicare question on rural communities.)

As National Rural Health Association past-president Tim Size, of the Rural Wisconsin Health Cooperative, points out in his blog, in rural, we've been here before. Rural providers have survived decades of change and, just like spring follows winter, we will again.

[Read more](#)