Georgia Rural Health Association

Final Legislative Report, March 26, 2014

The 2014 General Assembly adjourned Sine Die on March 20th for the 40th Day at midnight. The Governor must sign or veto legislation within 40 days after sine die adjournment, or it becomes law without signature.

State Budget –The House and Senate agreed on compromise between their differences in the state's $20.8 billion FY 2015 budget. HB 744 would begin July 1st of this year.

Highlights include:

*The Georgia Board for Physician Workforce (GBPW) received an overall increase of 17.5% for FY2015 for medical education programs funded through its budget

*The Mercer School of Medicine Operating Grant was increased by $1.8 million

*The Morehouse School of Medicine Operating Grant was increased by $5 million

*The Physician for Rural Areas Loan Repayment Program was increased by $200,000 for 10 additional awards, and the Graduate Medical Education Program was increased by $640,921 which provides for a $333 increase in the capitation rate paid for each resident under contract in various GME programs

*Additionally, funding was included for five new family medicine residents at Gwinnett Medical Center and three new family medicine residents at Houston Healthcare Systems

*$1,000,000 to Provide Federally Qualified Health Center start-up grants for one integrated behavioral health center (Gilmer County) and one community health center (Clay County). (CC: Increase funds for one-time funding for four "new-start" grants for one integrated behavioral health center (Gilmer County) and three community health centers (Clay County, Decatur County, and Brooks County).)

*$300,000 to increase funding for Area Health Education Centers (AHEC) housing resources for medical students in six-week rural, primary care rotations.

* New Public Health funding for Hepatitis C screenings, an Alzheimer's Registry and training for early autism diagnosis and intervention providers; and funding for new Behavioral Health waiver slots and Child Support agent retention

To view the FY 2015 Budget Conference Committee Report Click here.

Community Based Faculty Tax Credit Passed!

HB 922 sponsored by State Representative Ben Harbin (R-Augusta), creates a tax deduction for community based faculty and is a recommendation from the 2013 Primary Care Summit. Additionally, it is a legislative priority of GRHA.

The Conference Committee Report for SB 391 passed the House and the Senate at 11:55 pm. Language from HB 922, which is the community based faculty tax deduction, was included in SB 391 giving it final approval for the 2014 legislative session. HB 922 was a legislative priority for the Georgia Rural Health Association.

Talking points on HB 922

*The tax deduction rewards Georgia community based physicians taking Georgia medical, physician assistant, and nurse practitioner students into their practices for the student required community clinical training rotations.

*Offshore and out of state programs have begun paying Georgia physicians $375-$500 per week to take students.

*Georgia's public and private colleges and universities need to be able to utilize the full cadre of Georgia community-based physicians in order to educate the students matriculating programs. The tax deduction provides a reward to the community based physician with creating an in-state bidding war for the valuable community resources.

*Maximum tax deduction earned each year is $10,000.

*Estimated fiscal impact for FY 2015, $250,350.

*Community-based training support is for core rotations (defined as: family medicine, internal medicine, pediatrics, obstetrics, and gynecology, emergency medicine, psychiatry, and general surgery).

Medical Student Scholarships - HB 998, sponsored by Representative Matt Hatchett (R-Dublin), revises the powers of the Georgia Board for Physician Workforce (GBPW) as it relates to medical student scholarships. It allows students who are accepted into an accredited medical school to repay the scholarships awarded by the GBPW by working in rural and underserved communities, as determined by the Board, which lack primary care and other critical need specialty physicians.

This legislation passed out of the House 159-2 and the Senate 54-0. It is now awaiting signature by the Governor.

Some Healthcare Legislation that Passed

HB 943 – limits coinsurance for chemotherapy. It also includes language from HB 707 (which is less restrictive from the original version) which prohibits the promotion of Medicaid Expansion using state and local resources as well as additional Affordable Care Act activities

HB 965 – legally protects certain drug users seeking emergency treatment and allows lay administration of opioid antagonists

HB 966 – provides for the creation of an Alzheimer's registry

HB 990 - requires the General Assembly approval to expand Medicaid

SB 98 – Does not allow insurance sold on an exchange to cover abortions

SB 207 - allows long-term care ombudsmen to investigate private home care providers

SB 342 - allows disclosure of HIV status to certain providers if patients have been lost to treatment

SB 391 – requires hospitals to participate in TRICARE and includes language from HB 922 (See above)

Articles of Interest

Impasse kills bills on Autism and medical marijuana

By Andy Miller
March 21, 2014

On the 40th and last day of the 2014 General Assembly session, political differences blocked legislation on medical marijuana for children with seizure disorders and a private insurance mandate for youngsters with autism.

Both measures got hung up and failed to pass as wrangling between different Republican factions in the GOP-controlled Legislature raged all day and into the evening. These disputes in the House and Senate continued even into the waning minutes of the session, which ended at midnight.

The House refused to budge on its opposition to a private insurance mandate to cover an autism therapy. The Senate held fast to its insistence that a bill legalizing non-smokable marijuana derivatives, such as cannabidiol (CBD) oil, also had to include a provision for the autism coverage.

In the end, the only outcome of the high-profile fight was agreement on a House-Senate study committee on the use of medical marijuana in Georgia.

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A health care Q & A with Governor Deal

By: Andy Miller
Published: Mar 18, 2014

Nathan Deal has been involved in many high-profile decisions on health care while serving as Georgia's governor.

Deal, who is running for re-election this year, has staked out his opposition to the Affordable Care Act (often called Obamacare) and to expanding the state's Medicaid program. He has also supported changes to the health plan covering state employees and educators, following a wave of criticism that occurred after new benefits framework debuted Jan. 1.

Georgia Health News recently emailed questions to Deal on a wide range of major health care issues in the state. We received his reply Monday, shortly before the scheduled close of the 2014 General Assembly.

In his answers, he discusses pending legislation, the federal law on ER care, the financial struggles of rural hospitals, and what he sees as ways the state can improve its health care system.

Here are GHN's questions and Gov. Deal's responses:

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More than 1 million in Georgia underinsured

By Tom Corwin
March 24, 2014

Even with the Affordable Care Act, 1.5 million in Georgia will be without health insurance because the state refuses to expand Medicaid, a nonpartisan group said Monday.

With the deadline for open enrollment in the Health Insurance Marketplaces ending March 31, a study found half of those surveyed did not know about the marketplaces and many lacked knowledge about basic insurance components, such as deductibles.

In a report designed to serve as a "baseline" for what progress might be attained through the Affordable Care Act, the Commonwealth Fund released a report that found in addition to 47 million that were uninsured in 2012 there were another 32 million who were underinsured. That was defined as having insurance coverage so poor that the family spent at least 10 percent or more of its income on medical costs.

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