

Legislative Report #4, February 9, 2014

The House and Senate will reconvene on Monday, February 10th at 10:00 am.

State Budget – The Senate passed [HB 743](#) 49-0 this week which is the state's 2014 Amended Budget which ends June 30th of this year. The legislation increases spending from \$19.9 billion to \$20.2 billion. It also increases funding for the Department of Community Health for Medicaid reimbursements. The House is expected to pass the FY 2015 budget this week.

HB 743 now goes back House where they will consider the changes made by the Senate.

[Amended FY 2014 Budget Tracking Document](#)

[FY 2015 State Budget Tracking Document](#)

Rural Health Day at the Capitol – [SR 846](#), which is sponsored by State Senator Tim Golden (R-Valdosta), and [HR 1245](#), which is sponsored by state representative Debbie Buckner (D-Junction City), recognize March 5th as Rural Health Day at the State Capitol. These resolutions applaud the Georgia Rural Health Association, which is a nonprofit advocate for rural healthcare consumers and dedicated healthcare professionals who serve rural Georgia

Thank you Senator Golden and Representative Buckner for sponsoring these resolutions! Please join us March 5th at the State Capitol for what is going to be a great day!

Community Based Faculty Tax Credit - [HB 922](#) was introduced in the Georgia House or Representatives this week by State Representative Ben Harbin (R-Augusta). The legislation creates a tax credit for community based faculty and is a recommendation from the 2013 Primary Care Summit. Additionally, it is a legislative priority of GRHA.

From the Georgia Health News Op-ed "Fix the primary care shortage before it's a crisis" published January 23, 2014:

"Research indicates that medical professionals tend to stay within 30 to 60 miles of where they received most of their training. But many Georgia medical school graduates are not choosing to complete their residency training here. In 2011, only 15.8 percent of Georgia's first-year residency slots were filled by Georgia medical school graduates.

The 2013 Primary Care Summit recommendations address challenges in educating our existing medical students by advocating tax credits for primary care community-based faculty members who host 3rd- and 4th-year Georgia medical students, physician assistant students, and nurse practitioner students in their practices for required training.

It is imperative that the training of these students be secured in communities across the state, as these three disciplines form the core primary care workforce. Estimates show such a tax credit would cause a minuscule loss of revenue to the state, but would have a major impact on the primary care workforce available to our rural citizens."

[Read more](#)

Bills to Watch

[HB 363](#) – provides for Licensure of Lactation Consultants – In House Health and Human Services Committee

[HB 707](#) - relating to general provisions regarding health, to the state or any political subdivision, from engaging in an activity that aids in the enforcement of the federal Patient Protection and Affordable Care Act of 2010; to endow the Attorney General with authority to bring suit to enjoin violations of such prohibition and issue advisory rulings – House Judiciary Committee

[HB 839](#) - would revise provisions relating to hospital authority board members to require increased oversight and control by the Local County or municipality governing body – In House Health and Human Services Committee

[HB 853](#) - would allow an exemption from Certificate of Need for private mental health facilities – In House Health and Human Services Committee

[HB 885](#) - allow the medicinal use of marijuana extracts for patients who suffer from seizures - In House Health and Human Services Committee

[SB 298](#) – would require a submission of a doctor's prescription with an application for a special parking decal for persons with disabilities in lieu of an affidavit when a notary public is not available – In the the Senate Public Safety Committee

[SB 291](#) - would move the Division of Aging Services out of the Department of Human Services and create a separate agency – In the House Human Resources Committee

[SB 292](#) - would launch a registry of Georgians with Alzheimer's disease and related disorders, tracking their prevalence in the state – In House Human Resources Committee

[SB 273](#) - would require the Department of Public Health to establish a committee to review maternal deaths and to report on their causes – In the House Health and Human Services Committee

[SB 308](#) - provides for the authorization of appropriations for the purposes of obtaining federal financial participation for medical assistance payments to providers of Medicaid expansion under the Affordable Care Act – In the Senate Appropriations Committee

[SB 338](#) - provide that stabilization centers in rural counties are exempt from certificate of need requirements; to provide for licensure by the Department of Community Health of stabilization centers – In the House Health and Human Services Committee



Pictured: Dr. Mary Mathis, Assistant Professor at Mercer University School of Medicine and GRHA Board Member and Matt Caseman, GRHA Executive Director, outside of the Rayburn House Office Building

NRHA Rural Health Policy Institute - Dr. Mary Mathis, Assistant Professor at Mercer University School of Medicine and GRHA Board Member, Matt Caseman, GRHA Executive Director and Kate Hill, GRHA Member and Clinical Director of the Compliance Team, recently visited congressional offices February 5th for the National Rural Health Association's Annual Policy Institute. The event offered an opportunity to learn first-hand about the development and implementation of health care policy at the federal level and a chance to meet with Georgia's congressional delegation.

NRHA developed three "asks" or items that advocates took to Capitol Hill. GRHA asked Georgia's senators and representatives to support:

- 1) Protecting and strengthening all rural Medicare programs.
- 2) Modifying the Medicare sequestration process to avoid disproportionate harm to the rural health safety net.
- 3) Appropriate funding levels for rural health programs for the remainder of fiscal year 2015.

Click [here](#) for a document outlining these requests.

To view other valuable documents from the Policy Institute click [here](#).

Article of Interest

In rural Georgia, federal health insurance marketplace proves unaffordable to many

By Jordan Rau, Published: February 2

ALBANY, Ga. - If Lee Mullins lived in Pittsburgh, he could buy mid-level health coverage for his family for \$940 a month. If he lived in Beverly Hills, he would pay \$1,405.

But Mullins, who builds custom swimming pools, lives in southwest Georgia. Here, a similar health plan for his family of four costs \$2,654 a month.

This largely agrarian pocket of Georgia, where peanuts and pecans are major crops and hunters bag alligators up to 10 feet long, is one of the most expensive places in the nation to buy health insurance through the new online marketplaces created by the federal health law. The only places with higher premiums are the Colorado mountain resort areas around Aspen and Vail, a high-cost-of-living area unlike Georgia.

[Read more](#)