

**Healthy Mothers, Healthy Babies Coalition of Georgia**  
**2006 Legislative Summary**  
**May 31, 2006**

The 2006 Session adjourned on Thursday, March 30<sup>th</sup> at midnight. In 2005, legislators used only 39 of 40 days, but this year all 40 days were used and every minute was needed to finish work on a number of important items, including passage of the FY 2007 budget. This was the second year in a two-year cycle, so bills that did not pass are dead. It is also an election year, and all House and Senate seats will be up for election.

The budget process was very different this year. Most of the public work done on the budget was done in the House and Senate Appropriations Subcommittees. The House Appropriations Subcommittee on Health (Department of Community Health and Department of Human Resources) chaired by Rep. Jeff Brown (R-LaGrange) met many times to study and discuss relevant issues and provided several opportunities for testimony from advocates and providers. The Appropriations Subcommittees on the House and Senate side clearly had major influence on final budget decisions made by the House and Senate leadership. However, once the House and Senate finalized their budgets and the work of the conference committees began, there were very few open meetings. In fact, the House-Senate conference committee on the FY 2007 budget met in public only once before they came together to present and sign the final document. In spite of the difficulty of monitoring the budget process, HMHB had one of the most successful years in recent memory in terms of funding for maternal and infant programs and services.

Governor Perdue had 40 days, through May 9, to sign or veto bills. Bills that were unsigned became law without his signature. Governor Perdue did not veto any line item in the amended FY 2006 or FY 2007 budgets.

**UPDATE ON HMHB LEGISLATIVE AGENDA**

**Maintain eligibility for Medicaid and PeachCare, the scope of covered services and affordable premiums and co-pays.**

- **Restore Medicaid eligibility for pregnant women and infants to 235% of the Federal Poverty Level (FPL).** Advocacy has not been effective to date. Restoring eligibility from 200% of poverty to the 235% level in effect prior to July 2004 remains a priority.
- **Restore coverage of essential services to the PeachCare dental program.** PeachCare dental services mirrored Medicaid until 2005 funding for the PeachCare was reduced and some services were eliminated. While some of those services have been restored, PeachCare currently offers fewer services than Medicaid. **In January, the Department of Community Health (DCH) informed legislators that additional PeachCare dental services will covered by the care management organizations (CMOs) that will eventually serve most Medicaid and PeachCare children and women.** Although the start-up date has been postponed twice, CMOs are scheduled to begin providing services June 1 in Atlanta and central Georgia. Other regions will phase in later this year.

- **Expand Medicaid to provide dental coverage to pregnant women.** Currently dental treatment for all Medicaid recipients, including pregnant women, is limited to emergency extractions. **After working on this issue for years, we've had a great victory and this will change on July 1, 2006, when pregnant women on Medicaid will be eligible for a range of dental services, including comprehensive oral and periodontal evaluations, cleanings, emergency treatment and other dental procedures.** \$2.5 million in state funds has been included in the Department of Community Health budget for FY 2007 and twenty-five dental codes have been approved. Education of legislators about the link between oral infections, tooth and gum problems and preterm births is what made the difference.

**Postpone consideration of the proposed Medicaid waiver for at least one year, or until the current transition of Georgia's Medicaid program to a managed care program is fully implemented. Do not accept a limitation on Georgia's current access to Medicaid federal funds.** Georgia health care advocates have won a tremendous victory on this issue! State officials have decided to wait on the Medicaid waiver so the Department can focus on big changes already in the works. The plan will be developed in 2007 instead of this year, and the changes will not be as comprehensive as originally planned.

**Oppose legislation that threatens health insurance benefits such as mammograms, pap smears and childhood immunizations.** Last year numerous bills were pushed that would have allowed health insurance to exclude many currently mandated services (mammograms, pap smears, birth control prescriptions, etc.) We had a tough fight but none of the bills passed. HMHB has monitored bills to cut services for several years. Thankfully, legislation to reduce mandated services did not move this session.

## OTHER ITEMS OF INTEREST

### FY 2007 Budget Highlights

- **\$500,000 in additional funding for the Babies Born Healthy program is included in the Department of Human Resources (DHR) budget.** Babies Born Healthy (BBH) is the only government program that pays for prenatal care for pregnant women under 250% of the federal poverty level who do not qualify for Medicaid. This DHR program is entirely state-funded. Due to the growing number of women in this category in Georgia, the program has consistently run out of funds before the fiscal year is over.
- **Language is included in the DHR budget "to create a study committee to evaluate the mission of the Division of Public Health, its community funding formula, and salaries of its employees."** HR 1663 (Rep. Donna Sheldon, R-Dacula) creating a House study committee on health departments focusing on the grant-in-aid formula passed. Recommendations are due by December 31, 2006.
- **\$400,000 is included in the DHR budget for supplemental Public Health Grant-In-Aid funding to the 10 counties that are spending the lowest per citizen based on population (Cherokee, Clayton, Cobb, Coweta, Fayette, Forsyth,**

**Gwinnett, Henry, Newton, and Paulding).** Although this is a very small amount of money, this is the first time in the past few years that Public Health Grant-In-Aid funding has not been cut. This funding seems to indicate that legislators are aware of the impact of the budget cuts to Public Health in the past few years.

### **Newborn Screening**

**HB 1066** (Rep. Judy Manning, 32<sup>nd</sup>) passed. The bill expands newborn screening from the current 13 tests to 29 tests for a fee of \$40. Newborn screening can prevent or ameliorate the development of chronic and life-threatening health problems or disabilities. Implementation delayed until January 1, 2007. Signed by the governor.

### **Illegal Immigration/Access to Health Care**

**SB 529** (Sen. Chip Rogers, 21<sup>st</sup>) passed and has been signed by Governor Perdue. The final version of SB 529 includes language from the 1996 federal law referring to the Attorney General's specification of state and local services that remain available to undocumented people and will not require verification. Among these are medical and public health services (including treatment and prevention of diseases and injuries) and mental health, disability, or substance abuse assistance necessary to protect life or safety and delivered in-kind in the community without being conditioned on patients' income or resources.

### **Health Insurance Coverage for Children**

**HB 1464** (Rep. Pat Gardner, 57<sup>th</sup>) **This groundbreaking bill would extend health insurance to all of Georgia's children, by taking advantage of untapped federal funds to help finance the coverage.** The bill creates PeachCare for All Kids A, B, and C. *PeachCare for All Kids A* increases the Medicaid income limit to about \$40,000 a year for a family of four (200% of the federal poverty level). Services would be the same as those now covered by Medicaid. There would be no cost sharing below 150% of poverty, but co-payments could be charged for those between 150% and 200% for non-preventive services. Public employees' children would be eligible in this category because it follows Medicaid rules and does not include the federal State Child Health Insurance Program rule that prevents these children from qualifying for PeachCare. *PeachCare for All Kids B* would cover children in families with incomes between 200% and 400% of the poverty level. Premiums could be charged as under the current PeachCare program, along with co-payments for non-preventive services. To comply with SCHIP law, PeachCare for All Kids B would require a 3-month wait if a family has voluntarily dropped other insurance. PeachCare for All Kids A and B would be eligible to draw down federal matching funds of 61-73% as Medicaid and PeachCare do now. *PeachCare for All Kids C* would be a buy-in program with group premiums set by the state for families not eligible for A or B. Services under PeachCare for All Kids B and C would be substantially the same as those covered under PeachCare now. There would be no pre-existing condition exclusions for any group. **Although HB 1464 was introduced late in the session and did not pass, a bi-partisan group of legislators signed on to the bill, and public hearings on the bill will be held throughout the state during the interim.**

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