House Bill 62

By: Representatives Park of the 107th, Beverly of the 143rd, Oliver of the 82nd, Mughal of the 105th, Clark of the 108th, and others

A BILL TO BE ENTITLED

AN ACT

To amend Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to public assistance, so as to enact the "Georgia Health and Economic Livelihood Partnership (HELP) Act"; to provide for legislative findings and intent; to provide for definitions; to provide for eligibility for coverage of health services; to provide for a third-party administrator; to provide for copayments; to provide for premiums; to provide for reforms to the state Medicaid program; to provide for healthcare services payment schedules; to provide for reduction in funding under certain conditions; to provide for an oversight committee; to provide for reports; to provide for rules and regulations; to amend Chapter 2 of Title 34 of the Official Code of Georgia Annotated, relating to the Department of Labor, so as to provide for a workforce development initiative; to provide for notice; to provide for a short title; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

This Act shall be known and may be cited as the "Georgia Health and Economic Livelihood Partnership (HELP) Act."

SECTION 2.

Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to public assistance, is amended by adding a new article to read as follows:

"ARTICLE 10

49-4-200.

(a) The General Assembly finds that:

(1) Improving the delivery of healthcare services to Georgians requires state government, healthcare providers, patient advocates, and other parties interested in high-quality, affordable healthcare to collaborate in order to:

(A) Increase the availability of high-quality healthcare to Georgians;

(B) Provide greater value for the tax dollars spent on the state Medicaid program;

(C) Reduce healthcare costs;

(D) Provide incentives that encourage Georgians to take greater responsibility for their personal health;

(E) Boost Georgia's economy by reducing the costs of uncompensated care; and

(F) Reduce or minimize the shifting of payment for unreimbursed healthcare costs to patients with health insurance;

(2) Providing greater value for the dollars spent on the state Medicaid program requires considering options for delivering services in a more efficient and cost-effective manner, including, but not limited to:

(A) Offering incentives to encourage healthcare providers to achieve measurable performance outcomes;

(B) Improving the coordination of care among healthcare providers who participate in the state Medicaid program;

(C) Reducing preventable hospital readmissions; and

(D) Exploring methods of Medicaid payment that promote quality of care and efficiencies;

(3) Assessing workforce readiness and providing necessary job training or skill development for individuals who need assistance with healthcare costs could help those individuals obtain employment that has healthcare coverage benefits or that would allow them to purchase their own health insurance coverage;

(4) It is important to implement additional fraud, waste, and abuse safeguards to protect and preserve the integrity of the Medicaid program and the unemployment insurance program for individuals who qualify for the programs; and

(5) State policymakers have an interest in testing the effectiveness of wellness incentives in order to collect and analyze information about the correlation between wellness incentives and health status.

(b) The intent of this article is:

(1) To modify and enhance Georgia's healthcare delivery system to provide access to high-quality, affordable healthcare for all Georgia citizens;

(2) To provide low-income Georgians with opportunities to improve their readiness for work or to obtain higher paying jobs; and

(3) To provide for the establishment of a program through a collaborative effort and maximization of the use of existing resources by the Department of Community Health and the Department of Labor to:

(A) Provide coverage of healthcare services for low-income Georgians;

(B) Improve the readiness of program participants to enter the workforce or obtain better paying jobs; and

(C) Reduce the dependence of Georgians on public assistance programs.

49-4-201.

As used in this article, the term:

(1) 'Department' means the Department of Community Health.

(2) 'HELP Act' or 'act' means the Georgia Health and Economic Livelihood Partnership Act provided for in this article and Code Section 34-2-17.

(3) 'Member' means an individual enrolled in the state Medicaid program pursuant to Article 7 of this chapter or receiving Medicaid-funded services pursuant to Code Section 49-4-202.

(4) 'Oversight committee' means the oversight committee established pursuant to Code Section 49-4-209.

(5) 'Program participant' or 'participant' means an individual enrolled in the HELP Act program established pursuant to this article and Code Section 34-2-17.

49-4-202.

(a) An individual is eligible for coverage of healthcare services provided pursuant to this article if the individual meets the requirements of 42 U.S.C. Section 1396a(a)(10)(A)(i)(VIII).

(b) Subject to appropriations, a segregated account shall be established by the department for the payment of costs, including benefits and administrative costs, of providing healthcare services to individuals who are eligible for coverage pursuant to subsection (a) of this Code section.

(c) It is the intent of the General Assembly that the federal medical assistance percentage received pursuant to 42 U.S.C. Section 1396d(y) be deposited in the segregated account established pursuant to subsection (b) of this Code section.

49-4-203.

(a) The department shall contract with one or more third-party administrators to assist in administering the delivery of healthcare services to members eligible under Code Section 49-4-202, including, but not limited to:

(1) Establishing networks of healthcare providers;

(2) Paying claims submitted by healthcare providers;

(3) Collecting the premiums provided for in Code Section 49-4-205;

(4) Coordinating care;

(5) Helping to administer the program; and

(6) Helping to administer the Medicaid program reforms as specified in Code Section 49-4-206.

(b) The department shall determine the basic healthcare services to be provided through the arrangement with a third-party administrator.

(c)(1) The department may exempt certain individuals who are eligible for Medicaid-funded services pursuant to Code Section 49-4-202 from receiving healthcare services through the arrangement with a third-party administrator if the individuals would be served more appropriately through the medical assistance program established pursuant to Article 7 of this chapter, because the individuals:

(A) Have exceptional healthcare needs, including, but not limited to, medical, mental health, or developmental conditions;

(B) Live in a geographical area for which the third-party administrator has been unable to make arrangements with sufficient healthcare providers to offer services to the individuals;

(C) Need continuity of care that would not be available or cost-effective through the arrangement with the third-party administrator; or

(D) Are otherwise exempt under federal law.

(2) The department shall:

(A) Adopt rules establishing criteria for determining whether a member is exempt from receiving healthcare services through an arrangement with a third-party administrator; and

(B) Provide coverage for exempted individuals through the state Medicaid program established in Article 7 of this chapter.

(d) For members participating in the arrangement with the third-party administrator, the department shall directly cover any service required under federal or state law that is not available through the arrangement with the third-party administrator.

(e) The department shall:

(1) Seek federal authorization from the United States Department of Health and Human Services through a waiver authorized by 42 U.S.C. Section 1315 and other waivers or through other means, as may be necessary, to implement all of the provisions of this article and Code Section 34-2-17; and

(2) Implement access to the healthcare services in accordance with the requirements necessary to receive the federal medical assistance percentage provided for by 42 U.S.C. Section 1396d(y).

(f) The department may provide Medicaid-funded services to members eligible pursuant to Code Section 49-4-202 only upon federal approval of any necessary waivers.

49-4-204.

(a) A program participant shall make copayments to healthcare providers for healthcare services received pursuant to this article.

(b) Except as provided in subsection (c) of this Code section, the department shall adopt a copayment schedule that reflects the maximum copayment amount allowed under federal law. The total amount of copayments collected pursuant to this Code section shall be capped at the maximum amount allowed by federal law and regulations.

(c) The department shall not require a copayment for:

(1) Preventive healthcare services;

(2) Generic pharmaceutical drugs;

(3) Immunizations provided according to a schedule established by the department that reflects guidelines issued by the federal Centers for Disease Control and Prevention; or

(4) Medically necessary health screenings ordered by a healthcare provider.

(d) Each healthcare provider participating in the third-party arrangement shall report the following information annually to the oversight committee:

(1) The total amount of copayments that the provider was unable to collect from participants; and

(2) The efforts the healthcare provider made to collect the copayments.

49-4-205.

(a)(1) A program participant shall pay an annual premium, billed monthly, equal to 2 percent of the participant's income as determined in accordance with 42 U.S.C. Section 1396a(e)(14).

(2) Premiums paid pursuant to this Code section shall be deposited in the general fund.

(b) Within 30 days of a participant's failure to make a required payment, the third-party administrator shall notify the participant and the department that payment is overdue and that all overdue premiums must be paid within 90 days of the date the notification was sent.

(c) If a participant with an income of 100 percent of the federal poverty level or less fails to make payment for overdue premiums, the department shall provide notice to the Department of Revenue of the participant's failure to pay. The Department of Revenue may collect the amount due for nonpayment by assessing the amount against the participant's annual income tax in accordance with Title 48.

(d) If a participant with an income of more than 100 percent but not more than 138 percent of the federal poverty level fails to make the overdue payments within 90 days of the date the notification was sent, the department shall:

(1) Follow the procedure established in subsection (c) of this Code section for collection of the unpaid premiums; and

(2) Consider the failure to pay to be a voluntary disenrollment from the program. The department may reenroll a participant in the program upon payment of the total amount of overdue payments.

(e) If a participant who has failed to pay the premiums does not indicate that the participant no longer wishes to participate in the program, the department may reenroll the person in the program when the Department of Revenue receives the unpaid premium from the participant.

(f) Participants who meet one of the following criteria are not subject to the voluntary disenrollment provisions of this Code section:

(1) Discharge from United States military service within the previous 12 months;

(2) Enrollment for credit in any unit of the University System of Georgia, any unit of the Technical College System of Georgia, or any other accredited college within Georgia offering at least an associate degree;

(3) Participation in a workforce program or activity established under Code Section 34-2-17; or

(4) Participation in any of the following healthy behavior plans developed by a healthcare provider or third-party administrator or approved by the department:

(A) A Medicaid health home;

(B) A patient-centered medical home;

(C) A cardiovascular disease, obesity, or diabetes prevention program;

(D) A program restricting the participant to obtaining primary care services from a designated provider and obtaining prescriptions from a designated pharmacy;

(E) A Medicaid primary care case management program established by the department;

(F) A tobacco use prevention or cessation program;

(G) A Medicaid waiver program providing coverage for family planning services;

(H) A substance abuse treatment program; or

(I) A care coordination or health improvement plan administered by the third-party administrator.

49-4-206.

(a) To ensure that the state Medicaid program is administered efficiently and effectively, the department shall strengthen existing programs that manage the way members obtain approval for medical services and shall establish additional programs designed to reduce costs and improve medical outcomes. The efforts may include but are not limited to:

(1) Establishing by rule requirements designed to strengthen the relationship between physicians and members enrolled in existing primary care case management programs;

(2) Strengthening data sharing arrangements with providers to reduce inappropriate use of emergency room services and overuse of other services;

(3) Expanding to additional members any existing programs in which case managers and providers work with members with high-risk medical conditions to provide preventive care and advice and to make referrals for medical services;

(4) Establishing, within existing funds, one or more pilot programs to improve the health of members, including, but not limited to, efforts to increase pain management, decrease emergency department overuse, and prevent drug or alcohol addiction or abuse;

(5) Reviewing existing primary care case management programs to evaluate and improve their effectiveness;

(6) Reducing fraud, waste, and abuse in the state Medicaid program before, during, and after enrollment by enhancing technology system support to provide knowledge-based authentication for verifying the identity and financial status of individuals seeking benefits, including the use of public records to confirm identity and flag changes in demographics; and

(7) Engaging members with chronic or other medical or behavioral health conditions in coordinated care models that more closely monitor and manage a member's health to

reduce costs or improve medical outcomes. Such coordinated care models may include but are not limited to:

(A) Patient-centered medical homes;

(B) Accountable care organizations;

(C) Managed care organizations as defined in 42 C.F.R. 438.2;

(D) Health improvement programs;

(E) Health homes for behavioral health or other chronic conditions; and

(F) Changes to current service delivery methods.

(b) The department may ask a third-party administrator under contract with the department to assist in efforts undertaken pursuant to subsection (a) of this Code section when the activity can appropriately be handled by the third-party administrator.

(c) A care coordination entity used to deliver Medicaid services shall meet all state standards for operation, including, but not limited to, solvency, consumer protection, nondiscrimination, network adequacy, care model design, and fraud and abuse standards.

49-4-207.

(a) The department and the Department of Corrections shall reimburse healthcare services for individuals identified in subsection (b) of this Code section at the rates adopted by the department for the state Medicaid program under Article 7 of this chapter, if the healthcare services are not otherwise covered by Medicaid, Medicare, a health insurer, or another private or governmental program that pays for healthcare costs.

(b) This Code section shall apply to individuals:

(1) In the custody of the Department of Corrections; or

(2) Who are residents, by commitment or otherwise, of a state operated hospital, mental healthcare facility, or chemical dependency center.

49-4-208.

If the federal medical assistance percentage for medical services provided to individuals eligible for Medicaid-funded services pursuant to Code Section 49-4-202 is set below the levels established in 42 U.S.C. Section 1396d(y)(1) on the effective date of this article, the continuation of coverage under this article is contingent on:

(1) The appropriation of additional state general funds or other action by the legislature;

(2) The ability of the department to increase premiums assessed under Code Section 49-4-205 to pay the difference; or

(3) A combination of legislative action and premium increases as necessary to provide for the increased state match obligation.

49-4-209.

(a) There is established an oversight committee on the HELP Act composed of members of the General Assembly and of other Georgia citizens.

(b) The oversight committee shall consist of nine voting members appointed no later than January 1, 2024, as follows:

(1) Two senators, one appointed by the President of the Senate and one appointed by the Senate Minority Leader;

(2) Two representatives, one appointed by the Speaker of the House and one appointed by the House Minority Leader; and

(3) Five individuals appointed by the Governor as follows:

(A) One representative of a hospital;

(B) One representative of a critical access hospital;

(C) One primary care physician;

(D) One representative of the state auditor's office; and

(E) One member of the general public or a staff member of the Governor's office.

(c) The state Medicaid director or the director's designee, the Commissioner of Labor or the commissioner's designee, and a designee of the third-party administrator shall be ex officio members of the committee.

(d) The chairperson and vice chairperson shall be elected by a majority of the committee members.

(e) The chairperson shall establish the meeting schedule. The oversight committee shall meet at least quarterly.

(f) Members of the oversight committee shall serve without compensation but shall receive the same expense allowance as that received by members of the General Assembly and the same mileage allowance for the use of a personal car or a travel allowance of actual transportation cost if traveling by public carrier as that received by all other state officials and employees.

(g) Members of the oversight committee shall serve four-year terms, except that legislative members shall serve for terms concurrent with their legislative terms.

(h) The oversight committee is attached to the department for administrative purposes, including staffing.

(i) The oversight committee may contract for services that will help members carry out their duties, subject to available funding.

49-4-210.

(a) To provide reports and make recommendations to the General Assembly, the oversight committee shall review:

(1) Data from and activities by the department and the Department of Labor related to the healthcare and workforce development activities undertaken pursuant to the HELP Act;

(2) The state Medicaid program; and

(3) The delivery of healthcare services in Georgia.

(b) The department and the Department of Labor shall report the following information to the oversight committee quarterly:

(1) The number of individuals who were determined eligible for Medicaid-funded services pursuant to Code Section 49-4-202;

(2) Demographic information on program participants;

(3) The average length of time that participants remained eligible for medical assistance;

(4) The number of participants who completed an employment or reemployment assessment;

(5) The number of participants who took part in workforce development activities;

(6) The level of participant engagement in wellness activities or incentives offered by healthcare providers or the third-party administrator;

(7) The number of participants who reduced their dependency on the HELP Act program, either voluntarily or because of increased income levels; and

(8) The total cost of providing services under this article and Code Section 34-2-17, including related administrative costs.

(c) The oversight committee shall review and provide comment on administrative rules proposed for carrying out activities under this article and Code Section 34-2-17. The oversight committee may ask the appropriate administrative rule review committee to object to a proposed rule as provided in Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'

(d) The oversight committee shall:

(1) Review how implementation of the HELP Act is being carried out, including the collection of copayments and premiums for healthcare services;

(2) Evaluate how healthcare services are delivered and whether new approaches could improve delivery of care, including, but not limited to, the use of medical homes and coordinated care organizations;

(3) Review ideas to reduce or minimize the shifting of the payment of unreimbursed healthcare costs to patients with health insurance;

(4) Evaluate whether providing incentives to healthcare providers for meeting measurable benchmarks may improve the delivery of healthcare services;

(5) Review options for reducing the inappropriate use of emergency department services;

(6) Review ways to monitor for the excessive or inappropriate use of prescription drugs;

(7) Examine ways to:

(A) Promote the appropriate use of healthcare services, particularly laboratory and diagnostic imaging services;

(B) Increase the availability of mental health services;

(C) Reduce fraud and waste in the Medicaid program; and

(D) Improve the data sharing among healthcare providers to identify patterns in the use of healthcare services across payment sources;

(8) Receive regular reports from the department on the department's efforts to pursue contracting options for administering services to members eligible for Medicaid-funded services pursuant to Code Section 49-4-202;

(9) Coordinate its efforts with any legislative committees that are working on matters related to healthcare and the delivery of healthcare services; and

(10) Recommend future funding options for the HELP Act program to future legislatures.

(e) The committee shall summarize and present its findings and recommendations in a final report to the Governor and the General Assembly no later than August 15 of each even-numbered year. Copies of the report shall also be provided to the health related House and Senate standing committees.

49-4-211.

(a) The department shall be authorized to promulgate rules and regulations consistent with and necessary to carry out the provisions of this article.

(b) The department and the Department of Labor may, in coordination, adopt rules as necessary for the implementation of the employment and reemployment assessments and workforce development activities provided for in Code Section 34-2-17.″

SECTION 3.

Chapter 2 of Title 34 of the Official Code of Georgia Annotated, relating to the Department of Labor, is amended by adding a new Code section to read as follows:

″34-2-17.

(a) The General Assembly finds that:

(1) Georgia has a disproportionately high number of uninsured individuals who do not have healthcare coverage compared to states that have expanded Medicaid;

(2) Georgians value independence and self-sufficiency;

(3) Investing in Georgia citizens is a legislative priority;

(4) Participants in the HELP Act program are largely low-wage workers; and

(5) An opportunity exists to match individuals who need self-sustaining employment with the jobs the economy needs, including newly created healthcare jobs.

(b) The purpose of this Code section is to create a collaborative effort between the Department of Labor and the Department of Community Health to:

(1) Identify workforce development opportunities for program participants;

(2) Gather information from state agencies on existing workforce development programs and opportunities; and

(3) Establish a comprehensive plan for coordinating efforts and resources to provide workforce development opportunities.

(c) The Department of Labor shall implement a workforce development program that:

(1) Focuses on specific labor force needs within the State of Georgia;

(2) Has the goal of reducing the number of people depending on social programs, including the HELP Act program; and

(3) Increases the earning capacity, economic stability, and self-sufficiency of program participants so that, among other benefits, they are able to purchase their own health insurance coverage.

(d) As used in this Code section, the term:

(1) 'Department' means the Department of Labor.

(2) 'HELP Act' or 'act' means the Georgia Health and Economic Livelihood Partnership Act provided for in Article 10 of Chapter 4 of Title 49 and this Code section.

(3) 'Program participant' means an individual participating in the HELP Act program.

(e) The department shall provide individuals receiving assistance for healthcare services pursuant to Article 10 of Chapter 4 of Title 49 with the option of participating in an employment or reemployment assessment and in the workforce development program provided for in this Code section. The assessment must identify any potential barriers to employment that exist for the member.

(f)(1) The department shall notify the Department of Community Health when a participant has received all services and assistance under subsection (d) of this Code section that can reasonably be provided to the individual.

(2) The department is not required to provide further services under this Code section after it has provided the notification provided for in paragraph (1) of this subsection.

(3) A participant who is no longer receiving services under this Code section does not meet the criteria of paragraph (3) of subsection (f) of Code Section 49-4-205 for the exemption granted under subsection (f) of Code Section 49-4-205.

(g) The department shall report the following information to the oversight committee provided for in Code Section 49-4-209:

(1) The activities undertaken to establish a workforce development program for program participants; and

(2) The number of participants in the workforce development program and the number of participants who have obtained employment or higher paying employment.

(h) The department shall reduce fraud, waste, and abuse in determining and reviewing eligibility for unemployment insurance benefits by enhancing technology system support to provide knowledge-based authentication for verifying the identity and employment status of individuals seeking benefits, including the use of public records to confirm identity and to flag changes in demographics.

(i) The department shall be authorized to promulgate rules and regulations consistent with and necessary to carry out the provisions of this Code section and may coordinate as necessary with the Department of Community Health in adoption of such rules and regulations."

SECTION 4.

All laws and parts of laws in conflict with this Act are repealed.